

Comprehensive Sexuality Education Plan

Portland Public Schools

Adopted: xx.xx.xx



Board Meeting Date: June 26, 2018

Executive Committee Lead:

Department: ICA

Presenter/Staff Lead: Dr. Sarah Davis and
Dr. Jenny Withycombe

SUBJECT: Comprehensive Sexuality Education Policy and Plan

BACKGROUND

Oregon's Human Sexuality Law (ORS 336.455, 2009), the Healthy Teen Relationship Act (ORS 339.366, 2013), and Child Sexual Abuse Prevention Law (ORS 336.059, 2015) collectively contribute to the Oregon Department of Education's (ODE) Human Sexuality Administrative Rule (OAR-581-022-2050) and health education content standards and performance indicators. Under these laws, school districts are required to provide "a comprehensive plan of instruction focusing on human sexuality education" which is "complete, balanced, and medically accurate". Aligned to national standards, Oregon's performance indicators are additionally aimed at preventing sexual violence and promoting student safety. For example, the law requires that instruction recognize a diversity of sexual orientations, gender identities, and gender expressions, as well as focus on affirmative consent. The Oregon health education content standards ensure that comprehensive sexuality education teaches students positive attitudes and behaviors related to healthy relationships and sexuality, by using age-appropriate, and culturally inclusive materials, language, and methods.

The Portland Public Schools Comprehensive Sexuality Education Policy and the Portland Public Schools Comprehensive Sexuality Education Implementation Plan were developed in accordance with federal, state, and district laws, policies, health education standards, local and district data sources, and current best practices.

BOARD COMMITTEE REVIEW (IF APPLICABLE)

Presented at the June 11, 2018 Teaching and Learning committee meeting and was unanimously recommended to move forward to the full Board for a first reading.

RELATED POLICIES / BOARD GOALS AND PRIORITIES

- [ORS 336.059/SB 856](#) (Child Sexual Abuse Prevention Instruction)
- [SB 790](#) (Domestic Violence Education)
- [ORS 339.366/HB 4077](#) (Healthy Teens Relationship Act)
- [ORS 336.455](#) (Human Sexuality Education, K-12)
- [ORS 339.351-364](#) (Harassment, Bullying, Cyber-bullying and Intimidation)
- [ORS 339.366](#) Teen Dating Violence and Domestic Violence
- [OAR 581-022-2030](#) (District Curriculum)

- [OAR 581-022-2045](#) (Prevention Education in Drugs and Alcohol)
- [OAR 581-022-2050](#) (Human Sexuality Education)
- [OAR 581-022-2060](#) (Comprehensive Guidance and Counseling)
- [OAR 581-022-2310](#) (Equal Educational Opportunities)
- Title IX of the Educational Amendments Act
- [ORS 174-100](#) (Oregon Equality Act)
- [PPS Board Policy 1.80.020-P](#) (Non-Discrimination/Anti-Harassment)
- [PPS Board Policy 2.10.010-P](#) (Racial Educational Equity Policy)
- [PPS Board Policy 4.30.060-P](#) Anti-Harassment
- [PPS Administrative Directive 4.30.061-AD](#) (Transgender and Gender Non-Conforming Students)

[PPS Board Policy 4.30.070-P](#) (Teen Dating Violence/Domestic Violence)

PROCESS / COMMUNITY ENGAGEMENT

Through grant dollars from Advocates for Youth, the District involved community organizations and students through several processes. State, county, and community-based organizations focused on youth sexual health and healthy relationships provided guidance and feedback on the draft Comprehensive Sexuality Education Policy in two facilitated meetings. In the first meeting (February 2018), partners were provided with contextual information on the statutory requirements of the policy, and provided comment and direct feedback to the draft policy. In the second meeting (March 2018) partners confirmed the edits, discussed the implications for the administrative directive, and need for professional development systems. PPS students were engaged through the development of the student “Bill of Rights” document. Two listening sessions were held with middle and high school students at the PPS GSA Summit in April. Additionally, an online survey was available for two weeks in April and was distributed through student health center youth action councils, school counselors across the District and marketed during the GSA summit. A total of 90 students participated in the online survey. After online and in-person data collection commenced at the end of April, Planned Parenthood of the Columbia Willamette’s Teen Council was engaged to identify common themes and develop the final statements that make up the “Youth Bill of Rights”.

In preparation for implementation of the new Oregon Health Standards in the 2018-19 school year, we will be hosting regional parent nights across PPS. During these events the Health Team with partnering Community Organizations will talk with parents, preview instructional materials, answer questions and do information sessions on the standards and performance indicators.

ALIGNMENT WITH EQUITY POLICY IMPLEMENTATION PLAN

While the Comprehensive Sexuality Education Policy does not directly address the Key Performance Indicators in the 5-year Racial Equity Plan, a robust Comprehensive Sexuality Education Plan will address prevention and care needs of all students. Cultural sensitivity and inclusivity are a major component of the Health Standards and are core to this policy. Youth of color and LGBTQ+ youth were integral to the creation of the Student Bill of Rights. Additionally, racial, ethnic, and LGBTQ+ diverse community groups were pivotal to the creation of the Policy and Plan.

BUDGET / RESOURCE IMPLICATIONS

Current system conditions impact our ability to provide a specific number. However, the greatest budgetary implication related to this policy and the CSE plan stems from the need for professional development. Below is an excerpt from the policy.

V. Professional Development for Instructors and Administrators

In order to best support teachers and administrators in implementing an effective health program, purposeful, evidence-based, and ongoing collaborative professional development will be provided to improve educational practices. Any teacher who provides sexual health education instruction and any other staff member who supports a teacher in providing such instruction must participate in the District's Comprehensive Sexuality Education Professional Development series. To ensure all students at every grade level receive comprehensive sexual health instruction, each principal shall annually designate which building teachers will deliver instruction at their school and ensure these teachers successfully complete the required training.

PPS Comprehensive Sexuality Education Professional Development Series

- Year 1: 2-Day In-person professional development training including, but not limited to, sexuality education basics, trauma informed practices in health education, and cultural relevance in sexual health.
- Year 2: One 3-hour webinar provided either by the district or an approved outside organization. Certificates of completion to be submitted to the building principal/point person and the Health and Physical Education Program Administrator.
- Year 3: 1-Day In-person professional development training serving as a “refresher” on current policies, local data, and best practices in sexuality education.
- Year 4: One 3-hour webinar provided either by the district or a approved outside organization. Certificates of completion to be submitted to the building principal/point person and the Health Education Director.
- Year 5: Cycle Restarts.

NEXT STEPS / TIMELINE / COMMUNICATION PLAN

Parent Communication; Teacher Assignment; Professional Development (Middle - High - Elementary); Counselor support

QUESTIONS FOR BOARD DISCUSSION

ATTACHMENTS

Comprehensive Sexuality Education Policy
Youth Bill of Rights
Comprehensive Sexuality Education Plan

Portland Public School District 1st Reading

DATE: June 26, 2018

Public Comment for Policy X.XX.XXX-P: Comprehensive Sexuality Education Policy

The Portland Public School District is providing Notice of Proposed Revised Policy and Public Comment to offer interested parties reasonable opportunity to submit data or comments on the proposed policies noted below.

Public comment may be submitted in writing directly to the district or through the district website noted below. Written comments must be submitted by 5:00pm on the Last Date for Comment listed below.

1st Reading by: Julia Brim-Edwards, Chair, Portland Public School Board
Summary: Student Wellness through Nutrition, Physical Education, Physical Activity, and School-Based Activities

Draft Policy Web Site: <http://www.pps.net/Page/boardpolicies>
(click on blue "draft policy" box)

Recommended for 1st Reading by: Board of Education

Policy Contact: Rosanne Powell, Board Office Manager

Last Date for Comment: July 17, 2018

Address: P.O. Box 3107, Portland, OR 97208-3107

Telephone: 503-916-3741

E-mail: schoolboard@pps.net

Last Date for Comment: July 17, 2018

K-12 Comprehensive Sexuality Education Plan: Portland Public Schools

Editor(s):

Jenny Withycombe, PhD*

Health and Physical Education Teacher on Special Assignment

Sarah Davis, PhD*

Assistant Director of STEAM

Consultant(s) and Contributors:

Elizabeth Thorne, MPH

VP of Policy and Programs, Cairn Guidance

Sasha Grenier

Sexual Health and School Health Specialist, Oregon Department of Education

Committee Members

Gaye Chapman^{!!} Health Cleveland High School	Tracy Klosterman[!] Health and PE Astor K-8	Seth Miller^{!!} Special Education Cleveland High School
James Hendrickson[!] 5 th Grade Chapman Elementary	Barb Macon^{!!} Health Roosevelt High School	Carolyn Myers^{!!} Health Virtual Scholars
Timm Goldhammer^{!!} Health Lincoln High School	Cheryl McClure[!] Health and PE Bridger K-8	Sylvia Scott^{!!} Health Wilson High School
Logan Heyerly[!] Health, Math, Science Lent K-8	Erin McNulty^{!!} Health Grant High School	Alice Shapiro[!] Educator Portland Public
Megan Jackson^{!!} Health, AVID Wilson High School	Maggie Michaels^{!!} Educator Portland Public	Jackie Wallace Sosa[!] 2 nd Grade Kelly Elementary
Mary Kane* Legal Team Portland Public	Beth Madison* Principal Robert Gray MS	Regina Sackrider* Equity Portland Public

Key:

* Oversight

! 5-8 Subcommittee

!! 9-12 Subcommittee

Community Partner Members

<p>Sally Blackwood Cares NW</p>	<p>Megan Foster Oregon Sexual Assault Task Force</p>	<p>Shelagh Johnson Oregon Health Authority</p>
<p>Camelia Hison Planned Parenthood CW</p>	<p>Emily Squires Sexual and Gender Minority Youth Center</p>	<p>Sasha Grenier Oregon Department of Education</p>
<p>Jennifer Melo Planned Parenthood CW</p>	<p>Vanessa La Torre Latino Network</p>	<p>Rachel Ginocchio Modern Families</p>
<p>Lexie Zimbleman Planned Parenthood CW</p>	<p>Veronica Sunderland- Perez Latino Network</p>	<p>Susan Vanthof Multnomah County Health Department</p>
<p>Pamela Zigo Volunteers of America</p>	<p>Daniel Guilfoyle Native American Youth and Family Association</p>	<p>Amanda Barreto Teen Council</p>
<p>Jenna Harper Sexual Assault Resource Center</p>	<p>Molly Franks Multnomah County Health Department</p>	

Table of Contents

I. Introduction	4
II. Policy	5
III. Student Bill of Rights	8
IV. Oregon Health Standards Overview	10
V. Operational Definitions	11
VI. Plan of Instruction	15
<i>Comprehensive Sexuality Education Topic Overview</i>	15
<i>Implementation Guidelines</i>	16
VII. Family Involvement	18
VIII. Special Considerations	19
IX. Professional Development for Instructors and Administrators	20
<i>PPS Comprehensive Sexuality Education Professional Development Series</i>	20
X. Role of Community Organizations	21
XI. K-12 Comprehensive Sexuality Education Scope and Sequence	22
XII. Portland Public Schools Comprehensive Sexuality Education	23
Scope and Sequence, K-12	23
<i>KINDERGARTEN</i>	24
<i>FIRST GRADE</i>	25
<i>SECOND GRADE</i>	26
<i>THIRD GRADE</i>	27
<i>FOURTH GRADE</i>	28
<i>FIFTH GRADE</i>	30
<i>SIXTH GRADE</i>	32
<i>SEVENTH GRADE</i>	33
<i>EIGHTH GRADE</i>	34
<i>HIGH SCHOOL HEALTH 1</i>	36
<i>HIGH SCHOOL HEALTH 2</i>	37
Appendix A	39
Summary of Oregon Legislation Regarding Comprehensive Sexuality Education	39
Appendix B	42
Guidelines for Training Individuals Who Will Teach Comprehensive Sexuality	42
Appendix C	44
Sample Parent Notification/Opt Out Letters	44

I. Introduction

OAR Rule 581-022-1440, which was approved by the Oregon State Board of Education in December 2015, states that each school district shall provide an age-appropriate, comprehensive plan of instruction for sexuality education. Furthermore, the creation of that plan will include “parents, teachers, school administrators, local health department staff, other community representatives, and persons from the medical community who are knowledgeable of the latest scientific information and effective education strategies.” Finally, this plan will be approved by the district Board of Education and reviewed and updated biennially.

In December of 2016 the Oregon Department of Education adopted new Health Education Standards. In July of 2017, Portland Public Schools received a \$6000 grant, called the *Build Local Capacity to Prevent HIV and STDs in Adolescents (10-19 years old) through CDC-Developed School Based Approaches for Health Education and Safe and Supportive Environments Tier II Community Action Planning Capacity Building Assistance project*. This project was funded by Advocates for Youth and was a planning grant to allow PPS to create a plan of action for the creation of our Comprehensive Sexuality Education Plan.

In October of 2017 PPS was one of three districts nationally to receive the \$30,000 follow-up grant to fund the creation of our Comprehensive Sexuality Education Plan. Utilizing this funding, the PPS Health and PE TOSA assembled a team that met the parameters set in OAR Rule 581-022-1440 (see pages 1 and 2 for a list of team members).

Beginning in January of 2018, in both full- and small-group sessions, this group met for approximately 30 hours, with team members doing additional work between meetings. The first draft was completed in May of 2018, was reviewed by the full committee, and then by members of their networks. Additionally, the document was reviewed by a team of PPS K-12 health instructors and the Sexual Health and School Health Specialist from the Oregon Department of Education, Office of Student Services. The edits recommended by the wider audience are represented in this document.

II. Policy

X.XX.XXX-P Comprehensive Sexuality Education Policy

Portland Public School District (PPS) is committed to creating safe and healthy learning environments to support the growth and development of every student. Health literacy, *the ability to access, understand, appraise, apply and advocate for health information and services in order to maintain or enhance one's own health and the health of others*, is a critical component of education in PPS; one that is necessary to build skills and provide functional knowledge for students to be healthy throughout their lives. PPS also recognizes the role of inclusive and comprehensive sexuality education in promoting health equity, supporting healthy development, and preventing violence.

Oregon's Human Sexuality Law (ORS 336.455, 2009), the Healthy Teen Relationship Act (ORS 339.366, 2013), and Child Sexual Abuse Prevention Law (ORS 336.059, 2015) collectively contribute to the Oregon Department of Education's (ODE) Human Sexuality Administrative Rule (OAR-581-022-2050) and [health education content standards and performance indicators](#). Under these laws, school districts are required to provide "a comprehensive plan of instruction focusing on human sexuality education" which is "complete, balanced, and medically accurate". Aligned to national standards, Oregon's performance indicators are additionally aimed at preventing sexual violence and promoting student safety. For example, the law requires that instruction recognize a diversity of sexual orientations, gender identities, and gender expressions, as well as focus on affirmative consent. The Oregon health education content standards ensure that comprehensive sexuality education teaches students positive attitudes and behaviors related to healthy relationships and sexuality, by using age-appropriate, and culturally inclusive materials, language, and methods.

The Portland Public Schools Comprehensive Sexuality Education Policy and the Portland Public Schools Comprehensive Sexuality Education Plan were developed by teachers, school administrators, local and state health departments, staff and other professionals from the medical community knowledgeable of the latest scientific information and effective education strategies and in accordance with federal, state, and district laws, policies, health education standards, local and district data sources, and current best practices.

- [ORS 336.059/SB 856](#) Child Sexual Abuse Prevention Instruction
- [SB 790](#) Domestic Violence Education
- [ORS 339.366/HB 4077](#) Healthy Teens Relationship Act
- [ORS 336.455](#) Human Sexuality Education, K-12
- [ORS 339.351-364](#) Harassment, Bullying, and Intimidation
- [ORS 339.366](#) Teen Dating Violence and Domestic Violence
- [OAR 581-022-2030](#) District Curriculum
- [OAR 581-022-2045](#) Prevention Education in Drugs and Alcohol
- [OAR 581-022-2050](#) Human Sexuality Education
- [OAR 581-022-2060](#) Comprehensive Guidance and Counseling

K-12 Comprehensive Sexuality Education Plan: Portland Public Schools

- [OAR 581-022-2310](#) Equal Educational Opportunities
- Title IX-Educational Amendments Act
- [ORS 174-100](#) Oregon Equality Act
- [PPS 1.80.020-P](#) Non-Discrimination/Anti-Harassment
- [PPS 2.10.010-P](#) Racial Educational Equity Policy
- [PPS 4.30.060-P](#) Anti-Harassment
- [PPS 4.30.061-AD](#) Transgender and Gender Non-Conforming Students
- [PPS Board Policy 4.30.070-P](#) Teen Dating Violence/Domestic Violence

Health education can contribute to significant improvements in students' lives. Specifically, research shows that effective comprehensive sexuality education leads to a delay in the initiation and frequency of sex, reduces the number of new partners, and increases the correct use of barrier and contraception methods. Highly effective sex education and STI prevention education programs:

- Recognize the harm caused to sexual health by racism, homophobia, transphobia and other forms of oppression;
- Offer developmentally- and culturally appropriate sexual health information in a safe and inclusive environment;
- Are developed in cooperation with members of the community, especially a diverse representation of young people;
- Use language and activities that are inclusive of LGBTQ+ students;
- Respect community values and assist youth to clarify their individual, family, and community values;
- Assist youth in developing skills in identifying healthy boundaries and communicating boundaries, refusal, and negotiation;
- Provide medically accurate information about abstinence and available contraception options including barrier methods (i.e. dental dams, external and internal condoms);
- Include clear goals for preventing STIs and/or unplanned pregnancy;
- Focus on specific health behaviors related to the goals, with clear messages about these behaviors;
- Develop social-emotional learning skills: self awareness, social awareness, self-management, healthy relationships and decision making;
- Engage families and promote family communication around sexual health;
- Rely on participatory teaching methods, are implemented by trained educators and teaches the State and District approved scope and sequence for health education to fidelity.

Beginning the 2018-19 academic year, each school shall provide comprehensive K-12, age and developmentally appropriate, culturally inclusive, medically accurate and evidence-informed comprehensive sexuality education. This curriculum shall be implemented in safe and supportive learning environments where **ALL** students feel valued. All Portland Public Schools shall take a skills-based approach to teach comprehensive sexuality education that addresses a variety of topics, such as healthy and unhealthy relationships, consent, abstinence **and** protection methods, and HIV/STI prevention. Health education curricula will align with the PPS Comprehensive Sexuality Education Plan (CSEP), which integrates the [Oregon Health Education Content Standards](#) and all Federal, State, and District laws and

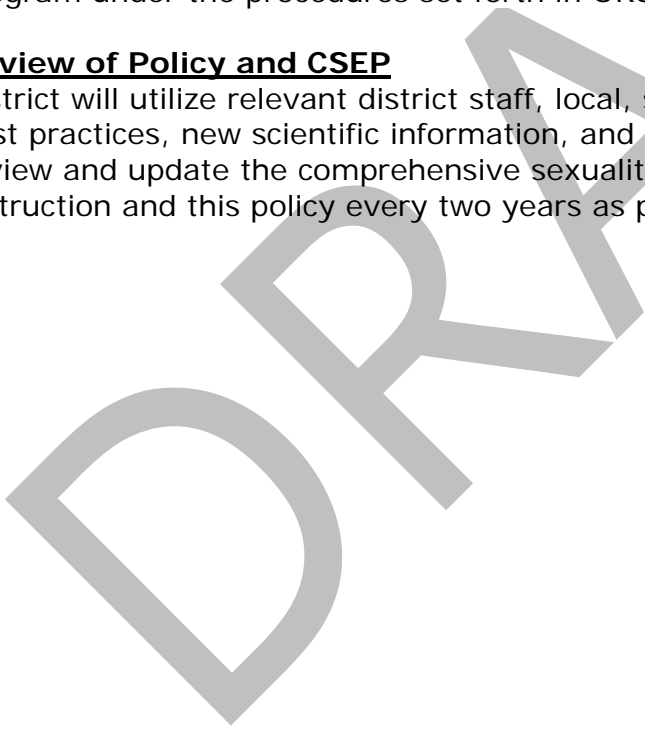
policies. Qualified and trained teachers as outlined in the CSEP will implement it.

All schools will follow relevant promotion and graduation requirements that include: comprehensive sexuality education (CSE) annually in grades K-5, inclusive of HIV education starting in grade 4; a minimum of three quarters of health education (inclusive of CSE) in total in grades 6 to 8 taught by a qualified health educator; two semesters of health education (inclusive of CSE) in total in grades 9 to 12 taught by a certified health teacher. Additionally, all students in grades K-12 **must** receive at least **4** lessons in child sexual abuse prevention (ORS 336.059/SB 856) **each** year. These are the minimum requirements for health education programming, which **must** include comprehensive sexuality education. In addition, health education (inclusive of CSE) will be integrated into the Common Core curricula where possible.

The District recognizes the critical role families play in education and will encourage family communication and involvement. Parents shall be notified in advance of any human sexuality or AIDS/HIV instruction. When practicable, any curriculum and/or materials will be made available for parent preview. Any parent may request that his/her child be excused from that portion of the instructional program under the procedures set forth in ORS 336.035 (2).

Review of Policy and CSEP

District will utilize relevant district staff, local, state and national data, emerging best practices, new scientific information, and effective education strategies to review and update the comprehensive sexuality education plan (CSEP) of instruction and this policy every two years as prescribed by OAR 581-022-2050.



III. Student Bill of Rights

Portland Public School District Student “Bill of Rights” in Sexuality Education

Introduction and Process

Portland Public Schools received grant funding from Advocates for Youth to develop a Comprehensive Sexuality Education Plan (CSEP). Partners from state, county, and community-based organizations participated in the process of developing the CSEP and involving students was a central value to all partners involved. To this end, the District worked to gain student input through the development of a student “Bill of Rights” document. The intention of the document is to codify the expectations and values students have for their experience of sexuality education in schools.

Information was gathered through multiple strategies. Two listening sessions were held with middle and high school students in attendance at the PPS GSA Summit. The listening session covered current experiences with sexuality education, how students felt their sexuality education could be improved, and development of statements they think should be in a bill of rights document. Additionally, an online survey was available for two weeks in April and was sent out through partners working with student groups in the District, including student health center youth action groups and school counselors, as well as being advertised during the GSA summit. 90 students responded to the online survey, in addition to over 60 participants at the GSA Summit.

Once data collection was complete, the Teen Council at Planned Parenthood Columbia Willamette was engaged to help comb through the data, identify themes and draft the final student “Bill of Rights” document. Teen Council was an ideal group of young people to engage in this work because they could also speak from their experience as students and have additional expertise in best practices in sexuality education as they provide sexuality education in schools. It is intended that as the CSEP is updated every two years, so too will the student “Bill of Rights” document, providing an opportunity for students to be engaged in the CSEP process.

Student Bill of Rights

As the District implements a comprehensive plan of instruction for sexuality education as required by Oregon Law, we the students of PPS, ask leaders, teachers and partners to consider the following values we expect in our sexuality education.

All students should have the right to:

1. Have their views and values be respected regardless of gender, race, religion, sexual identity, orientation, culture or any other intersectional identity.
2. Teachers who are informed, well-trained, enthusiastic, non-biased, open to change, and non-stigmatic.

3. Equitable representation amongst educators. This means having the opportunity to learn from people who represent the diversity of students' cultures and communities.

4. Early, consistent, and standardized curriculum that includes the following topics: consent; mental health; decision-making; gender; boundaries; sexuality; pleasure; birth control; healthy relationships; STI/STD awareness; resources; communication skills; biology of reproductive systems and genital awareness; non-definitive "sex". Curriculum should be inclusive of and relevant to LGBTQ+ students, students from different cultures, backgrounds and beliefs; include real-world examples; hypothetical experiences; and opportunities to practice learned skills.

5. Feel safe in the classroom when asking questions, learning, contributing or not contributing.

6. A voice in the planning, delivery, and updating of curriculum and classroom activities.

DRAFT

IV. Oregon Health Standards Overview

The [Oregon Health Education Content Standards](#) were developed to establish, promote, and support positive health behaviors for students in grades K-12. The standards provide a framework for teachers, administrators, and policy makers in designing and/or selecting curricula, allocating instructional resources, and assessing student achievement and progress. Importantly, the standards provide students, families, and communities with concrete expectations for health education. In Oregon, there are eight primary standards of Health Education divided into two categories, Content and Skills. Standard one focuses on teaching students the information (content) they need to engage in health promotion and disease prevention. Standards two through eight focus on a variety of skills necessary for students to enhance their own health and the health of their communities.

The skills targeted in Standards 2-8 include:

- Analyzing the influence of family, peers, culture, media, and technology on a student's health behaviors
- Teaching students how to access valid and reliable health information
- Building each student's interpersonal communication skills
- Enhancing student decision-making skills
- Practicing goal-setting to enhance health and avoid risks
- Supporting the engagement in self-management and personal responsibility
- Empowering students to advocate for their personal, family, and community health

V. Operational Definitions

PPS shall develop and maintain a developmentally appropriate, comprehensive plan of instruction focusing on functional knowledge and the skills necessary to develop healthy relationships, promote diverse understandings of healthy sexuality, and prevent violence and disease. The comprehensive plan of instruction shall be developed in accordance with the following concepts:

“Age and developmentally appropriate” Research-informed regarding the appropriate time to introduce specific topics and skills.

“Balanced” Instruction that provides information with the understanding of, and strength of the preponderance of evidence.

“Best practice” A practice/curriculum that is based in proven theory and practices, and has some evidence of effectiveness, but has not specifically gone through a randomized controlled trial that is needed to become an evidence-based practice.

“Comprehensive plan of instruction” (as defined by Oregon education statutes) means K–12 programs that emphasize abstinence, but not to the exclusion of condom and contraceptive skills-based education. The human sexuality information provided is complete, balanced, and medically accurate. Opportunities are provided for young people to develop and understand their values, attitudes, beliefs and decisions about sexuality as a means of helping young people exercise responsibility regarding sexual relationships and sexual health decisions.

“Explicit Consent” Voluntary, non-coerced and clear communication indicating a willingness to engage in a particular act. “Explicit consent” includes an affirmative verbal response or voluntary acts unmistakable in their meaning.

“Comprehensive” Inclusive of multiple types of student learning activities that go beyond raising awareness and focus on building skills. Course materials will enhance students’ understanding of sexuality as a healthy aspect of development and will provide medically-accurate and balanced information.

“Culturally responsive” Recognition that the diverse cultural characteristics of students and educators as assets. Culturally responsive teaching empowers students intellectually, socially, emotionally and politically by using cultural referents to impart knowledge, skills and attitudes. Instruction will recognize each school community, including those that have been historically oppressed, have powerful and often unrecognized, sources of resilience and protective factors that must be honored through dialogue.

“Gender expression” The way a person expresses gender, such as clothing, hairstyles, activities, or mannerisms.

“Gender identity” A person’s deeply held sense of psychological knowledge of their

own gender, regardless of the gender they were assigned at birth. Everyone has a gender identity. "Gender identity" is sometimes also referred to as a person's "affirmed gender."

"Gender nonconforming" or "Gender variant" People whose gender expression differs from stereotypical expectations, such as "feminine" boys, "masculine" girls, and those who are perceived as androgynous.

"Gender transitioning" The process of changing one's gender expression to accord with one's gender identity.

"Gender role" Socially determined sets of behaviors assigned to people based on their biological sex.

"Gender sensitive" Materials and instruction strategies that are sensitive to individual's similarities and differences regarding gender role, gender identity and/or sexual orientation.

*Additional examples of other terms transgender and gender nonconforming students may use to refer to themselves are "trans," "gender fluid," "non-binary," "gender queer," "two-spirit."

"Healthy relationship" A relationship in which both people feel a healthy sense of "self". Each person feels comfortable and safe when spending time with the other person. Two individuals try to meet each other's needs, and each can ask for help and support, within and outside of the relationship without fear of criticism or harm.

"Guaranteed and viable curriculum" Each student will have access to an effective teacher, and access to the same content, knowledge and skills in each section or class. The plan of instruction will ensure adequate instruction time over multiple sessions so that the programming lays the foundation of knowledge and skills and adds layers of complexity over time.

"Inclusive" The learning environment and instruction material will be strive to create an open and affirming space for all students. Instruction and material will: Be tailored to affirm the validity of all types of relationships, identities and family structures in accordance with District Administrative Directive 4.30.061-AD. Ensure students with learning differences or on IEP/504 plans will not be excluded from sexuality education, but rather, provided the accommodations and time needed for instruction.

"Medically accurate" Supported by peer-reviewed research conducted in compliance with accepted scientific methods, and recognized as accurate and objective by leading medical, psychological, psychiatric and public health organizations and agencies; and, where relevant, published in peer-reviewed scientific journals.

"Non-consensual sexual behavior" Any sexual act that is inflicted upon a person who is unable to grant consent or that is unwanted and compelled through the use

of physical force, manipulation, threats, or intimidation.

“Pronoun” A word or phrase that may be substituted for a person’s name. Transgender and gender non-conforming individuals often use pronouns such as he/him or she/her but may feel more comfortable being addressed as “they.”

“Sex” The physical makeup of a human being, referred to as their biological or natal sex. A person’s biological sex is sometimes also referred to as their “assigned gender.”

“Sexual intercourse” A type of sexual contact or activity involving one of the following: Vaginal sex; Oral sex; or Anal sex.

“Sexuality” A broad term that is inclusive of sex, gender identity, sexual orientation, sexual preference, relationships, and the way these things interact with emotional, physical, social, and spiritual life.

“Sexual orientation” An individual’s actual or perceived heterosexuality, homosexuality, bisexuality or other romantic and/or sexual attraction.

“Shame or fear based” Terminology, activities, scenarios, context, language, and/or visual illustrations that are used to devalue, ignore, and/or disgrace students who have had or are having sexual relationships. Not all curricula or activities that describe risks of sexual activities can be considered “fear-based.”

“Skills-based” Instructional strategies that have students practice a desired skill.

“Student bystander behavior” Behaviors in which students who witness or learn about a peer’s harmful behaviors or attitudes intervene when it is safe to do so.

“Teen dating violence” A pattern of behavior in which a person uses or threatens to use physical, mental, or emotional abuse to control another person who is in a dating relationship with the person, where one or both persons are 13 to 19 years of age; and/or behavior by which a person uses or threatens to use sexual violence against another person who is in a dating relationship with the person, where one or both persons are 13 to 19 years of age.

“Theory-driven and evidence-informed” Practices use the best available research and practice knowledge to guide program design and implementation. This informed practice allows for innovation while incorporating knowledge of culturally responsive and trauma-informed practices and the lessons learned from the existing research literature, curricula, guidelines, and standards. Uses participatory methods to give students opportunities to practice the skills and appeals to diverse learning styles.

“Transgender” People whose gender identity is different from their gender assigned at birth.

“Trauma-informed” A realization of the widespread impact of trauma and potential paths for recovery; recognize the signs and symptoms of trauma in students, families, staff and communities; and respond by fully integrating knowledge about trauma into policies, procedures, and practices, and seek to actively resist re-traumatization and promote healing. Sexuality education will adhere to best practices in trauma-informed education including: safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment, voice and choice; and attendance to cultural, historical and gender issues.

DRAFT

VI. Plan of Instruction

No later than the 2018-19 school year, each school shall provide comprehensive K-12, age and developmentally appropriate, culturally inclusive, medically accurate and evidence-informed comprehensive sexual health education. This curriculum shall be implemented in safe and supportive learning environments where ALL students feel valued. All Portland Public Schools shall take a skills-based approach to teach comprehensive sexuality education that addresses a variety of topics, such as healthy and unhealthy relationships, consent, abstinence and protection methods, and HIV/STI prevention. Health education curricula will align with the PPS Comprehensive Sexuality Education Plan (CSEP), which integrates the Oregon Health Education Content Standards and all Federal, State, and District laws and policies. It will be implemented by qualified and trained teachers as outlined in the CSEP.

All schools will follow relevant promotion and graduation requirements that include: comprehensive sexuality education (CSE) annually in grades K-5, inclusive of HIV education starting in grade 4; a minimum of three quarters of health education (inclusive of CSE) in total in grades 6 to 8 taught by a qualified health educator; two semesters of health education (inclusive of CSE) in total in grades 9 to 12 taught by a certified health teacher. Additionally, all students in grades K-12 must receive at least 4 lessons in child sexual abuse prevention (ORS 336.059/SB 856) each year. These are the minimum requirements for health education programming, which must include comprehensive sexuality education. In addition, health education (inclusive of CSE) will be integrated into other content areas where possible.

Skills (Health Education Standards #2-8) taught throughout K-12 programming include: Accessing reliable resources, analyzing influences on behaviors and decision making, developing strong interpersonal communication, sexual decision making, personal goal setting, and personal and community advocacy.

Comprehensive Sexuality Education Topic Overview

- Grades K-2
 - Different kinds of families, my space-your space, understanding feelings, friendships, understanding our bodies, gender roles, feeling safe, bullying is never ok.
- Grades 3-5
 - Healthy relationships, puberty, hygiene, reproductive anatomy, abstinence and protection methods (grades 4-5), germs and the immune system (inclusive of HIV/STI prevention education in grades 4-5), consent and boundary setting, sexual harassment, gender and advertising, staying safe online.
- Grades 6-12
 - Healthy and unhealthy relationships, understanding consent,

reproductive anatomy and puberty, gender identity, sexual orientation, and sex/gender expression, abstinence and protection methods, HIV/STI prevention education, staying safe online, sexual exploitation, teen dating violence.

Implementation Guidelines

Schools will adhere to the following implementation guidelines:

- Identify school-based point person(s) for implementing and enforcing this policy.
- Identified school point person will determine, in collaboration with the principal, how their school will meet the policy requirements relating to time, staffing and implementation.
- Identified school point person will collect/monitor (or assign another individual to collect/ monitor) relevant student and community information that can assist in identifying priority areas for sexuality education.
- Outcome evaluation is necessary to determine effectiveness and monitor changes in student health behavior. For student information, the point person will collect, analyze and utilize health data of PPS students. This should include, but not be limited to, the Oregon Healthy Teens Survey and the Student Wellness Survey (Middle and High School). Data should be used to review and modify the health education programming annually in order to ensure that it is meeting the needs of the students.
- Additional surveys may be required as needed for grant accounting purposes. In such instances, school compliance is mandatory for all designated schools in order to maintain fidelity.
- For community information, the point person will be aware of community trends and use this information to assist in identifying priority areas for health education.
- Align with the PPS Health Scope and Sequence, which integrates the Oregon Health Education Content Standards and all Federal, State, and District laws and policies. These documents also provides guidance for understanding and implementing a skills-based approach to health education which is supported by the National Health Education Standards and characteristics of effective health education (from the CDC).
- The principal or identified school point person shall ensure that staff are willing, empathetic, competent, and have received sufficient training, support, and supervision to deliver high-quality sexuality education instruction.
- The identified school point person will contact the Portland Public Schools Health and Physical Education Program Administrator with any questions regarding the appropriateness of the curriculum chosen for their school.
- Schools will evaluate their sexuality education curriculum/programming in order to identify areas that need further support. Should schools decide to utilize community partners to support their health education curriculum, they will refer to the PPS Community Partner Approved List to identify the most appropriate community partners to meet their needs. Community partners are an important, valuable aspect of quality health education and can

meaningfully support health education in PPS (see Section X).

- Identified school point person should actively seek out opportunities within the school, both at the cross-curricular and the larger school community level, to promote sexual health and sexuality education programming, including opportunities to develop cultural proficiency in students around diversity in health issues.
- For example, the school recognizes World AIDS Day and creates a school-wide initiative to host a fundraiser for a specific AIDS charity. In health education, students examine HIV transmission and ways to prevent it. In science, students learn how HIV attacks the immune system. In language arts, students read a piece of literature pertaining to HIV/AIDS. In math, students calculate incidence rates of HIV in their community and state. While in social studies, students examine the history of the AIDS Memorial Quilt.
- Schools will engage families in their child's sexuality education by providing access to curricular materials and health-related information. In addition, schools will involve families and the community in the planning, evaluation and promotion of the sexuality education programming (see Section VII).
- Include cross-curricular, interdepartmental collaborations to enhance the value and meaning of the sexuality education programming.
- Stay current in the fields of sexuality and sexuality health education through the review, analysis, and implementation (when appropriate) of: national health policies and procedures, research in best practice, guidelines from international, national and state organizations, etc.
- Professional development is an essential component for effective policy implementation. Therefore, school personnel will attend relevant professional development opportunities. Schools will support and encourage school personnel in their professional development (see Section IX)
- We recognize that effectively implementing a comprehensive skills-based sexuality education program can be challenging. The Health and Physical Education Department is committed to providing training, support and resources to schools and school personnel to help in the implementation of this plan (see Appendix B).

VII. Family Involvement

The District recognizes the critical role families play in education and will encourage family communication and involvement. The District shall provide to families/caregivers:

- Opportunities for families to connect with teachers and administrators around sexuality education.
- Programming on child sexual abuse prevention.
- An opportunity to review all sexuality education instructional materials.
- Notification in advance of sexuality education. The notice should minimally include: how to review instructional materials; that a written objection submitted to the district will excuse a student with no disciplinary or academic consequence and; opt-out procedures detailed in this plan.

DRAFT

VIII. Special Considerations

In accordance with ORS 336.035(2), any parent or guardian may direct in writing that a minor student in their care be excused from any class within the course concerning sexually transmitted diseases including recognition of causes, sources and symptoms, and the availability of diagnostic and treatment centers.

The opt-out protocol will outline:

- Documentation of a follow up conversation with parents/guardians once opt-out is received;
- Parent/guardian indication of what component of the course from which they wish to opt-out;
- Demonstration of how student will still receive instruction in the area (i.e. by a family member, specific book, or other resource);
- Where the student will go during class time and describe a comparable assignment the student will engage in.

DRAFT

IX. Professional Development for Instructors and Administrators

In order to best support teachers and administrators in implementing an effective health program, purposeful, evidence-based, and ongoing collaborative professional development will be provided to improve educational practices. Any teacher who provides sexual health education instruction and any other staff member who supports a teacher in providing such instruction must participate in the District's Comprehensive Sexuality Education Professional Development series. To ensure all students at every grade level receive comprehensive sexual health instruction, each principal shall annually designate which building teachers will deliver instruction at their school and ensure these teachers successfully complete the required training.

PPS Comprehensive Sexuality Education Professional Development Series

- Year 1: 2-Day In-person professional development training including, but not limited to, sexuality education basics, trauma informed practices in health education, and cultural relevance in sexual health.
- Year 2: One 3-hour webinar provided either by the district or an approved outside organization. Certificates of completion to be submitted to the building principal/point person and the Health and Physical Education Program Administrator.
- Year 3: 1-Day In-person professional development training serving as a "refresher" on current policies, local data, and best practices in sexuality education.
- Year 4: One 3-hour webinar provided either by the district or a approved outside organization. Certificates of completion to be submitted to the building principal/point person and the Health Education Director.
- Year 5: Cycle Restarts.

X. Role of Community Organizations

Schools may retain the services of an approved community-based organization or consultant to enhance the curriculum and/or provide culturally-specific sexual health education. The education provided by a community organization or consultant may not supplant or replace sexuality education provided by the classroom teacher. The classroom teacher will collaborate with the community-based organization or consultant prior to delivery of material. The classroom teacher must stay present, engaged, and work with the community organization or consultant to connect material to concepts covered already.

Prior to beginning a partnership, the school that wishes to work with a community-based organization must provide copies of lesson materials and activities to the Health and Physical Education Program Administrator. Each community-based organization must receive approval from the District before beginning work in any PPS school. Approvals will be granted for a period of no less than 2 years and no more than 5 years. It is the mutual responsibility of the District and the community-based organization to adhere to the agreed upon timeline.

DRAFT

XI. K-12 Comprehensive Sexuality Education Scope and Sequence

Horizontal and Vertical Articulation of CSEP

<p><u>Skills Taught Throughout:</u> Accessing Reliable Resources Analyzing Influences Interpersonal Communication Sexual Decision Making Personal Goal Setting</p>			
<p><u>Grades K-2</u></p>	<p><u>Grades 3-5</u></p>	<p><u>Grades 6-8</u></p>	<p><u>Grades 9-12</u></p>
<ul style="list-style-type: none"> • Different Kinds of Families • My Space-Your Space • Understanding Feelings <ul style="list-style-type: none"> • Friendships • Understanding Bodies <ul style="list-style-type: none"> • Gender Roles • Feeling Safe • Bullying is NEVER OK 	<ul style="list-style-type: none"> • Healthy Relationships <ul style="list-style-type: none"> • Puberty/Hygiene • Germs and the Immune System <ul style="list-style-type: none"> • Needle Safety • Consent/Boundary Setting • Sexual Harassment • Gender and Advertising • Staying Safe Online 	<ul style="list-style-type: none"> • Healthy/Unhealthy Relationships <ul style="list-style-type: none"> • Consent • Reproductive Anatomy/Puberty <ul style="list-style-type: none"> • Gender • Abstinence/Protection Methods • HIV/STD Transmission and Prevention <ul style="list-style-type: none"> • HPV Prevention Education • Staying Safe Online • Sexual Exploitation 	<ul style="list-style-type: none"> • Healthy Relationships <ul style="list-style-type: none"> • Consent • STD Risk Reduction • Protection Methods and Contraception • Orientation and Identity <ul style="list-style-type: none"> • Teen Dating Violence • Sexual Exploitation • Accessing Health Resources

XII. Portland Public Schools Comprehensive Sexuality Education Scope and Sequence, K-12

Oregon Health Education Content Standards Skill Key:

- Standard 1: Concepts (Content Knowledge) – CC
- Standard 2: Analyzing Influences – INF
- Standard 3: Accessing Information – AI
- Standard 4: Interpersonal Communication – IC
- Standard 5: Decision Making – DM
- Standard 6: Goal Setting – GS
- Standard 7: Self Management – SM
- Standard 8: Advocacy

Performance Indicator Key:

HE.1.1.14 Describe different kinds of family structures.

HE – Health Education

HE.1 – Health Education, Standard 1

HE.1.1 – Health Education, Standard 1, Grade 1

HE.1.1.14 – Health Education, Standard 1, Grade 1, Performance Indicator 14

*Note: In alignment with the National Health Education Content Standards and the National Sexuality Standards, the Oregon Health Education Content Standards are now skills-based. Although functional knowledge is important, best practices in healthy behavior outcomes show that giving students the skills to make healthy choices results in better outcomes across the lifespan. Therefore, assessments will focus on skills, rather than on content. Each grade level will have 1 or more standards (skills) that is assessed for each unit (listed at the top of the scope and sequence page). The performance indicators for each assessed skill will be bolded. That does not mean that other skills will not be taught throughout the unit, just that they will not be assessed.

K-12 Comprehensive Sexuality Education Plan: Portland Public Schools

KINDERGARTEN – ACCESSING INFORMATION (AI)*

OVERVIEW	OREGON PERFORMANCE INDICATORS
<ul style="list-style-type: none"> • Understanding our bodies • Stages of growth • Germs and the immune system • Different kinds of families • Gender roles • Bodily autonomy • Bullying is NEVER OK • Asking for help 	<ul style="list-style-type: none"> • HE.1.K.1 Identify dimensions of health (e.g. physical, mental, social, emotional, and environmental). • HE.1.K.4 Name reproductive body parts, using proper anatomical terms, and stages in the basic growth processes of all people. • HE.1.K.5 List potentially unsafe body fluids and objects to avoid. • HE.1.K.6 Identify ways to prevent communicable and non-communicable disease and understand. • HE.1.K.7 Recognize that there are many ways to express gender. • HE.1.K.8 Recognize the importance of treating others with respect including gender expression. • HE.1.K.10 Recognize everyone has the right to say who touches their body, when and how. • HE.1.K.11 Recognize that it is never ok to touch someone, or make someone touch you if they don't want to. • HE.1.K.14 Identify different kinds of family structures. • HE.1.K.15 Define consent as it relates to personal boundaries. • HE.2.K.4 Provide examples of how friends and family influence how people think they should act on the basis of their gender. • <u>HE.3.K.2-4 Identify sources of support if someone is touching them in a way that makes them feel uncomfortable and/or if they are experiencing sexual abuse.</u> • HE.4.K.5 Discuss ways to communicate respectfully with and about people of all gender identities, gender expressions and sexual orientations. • HE.4.K.6 Discuss effective ways to communicate personal boundaries and show respect for the boundaries of others. • HE.4.K.7 Practice asking for help and support, if they or someone they know is being hurt or feels unsafe. • HE.7.K.3 Recognize how to clearly say no, and or leave an uncomfortable situation.

K-12 Comprehensive Sexuality Education Plan: Portland Public Schools

FIRST GRADE – ACCESSING INFORMATION (AI)*

OVERVIEW	OREGON PERFORMANCE INDICATORS
<ul style="list-style-type: none"> • Understanding our bodies • Stages of growth • Germs and the immune system • Bodily autonomy • Different kinds of families • Gender roles • Bullying is NEVER OK • Accessing reliable resources 	<ul style="list-style-type: none"> • HE.1.1.4 Name reproductive body parts, using proper anatomical terms, and stages in the basic growth processes of all people. • HE.1.1.6 Explain that it is important to stay away from potentially unsafe body fluids and objects. • HE.1.1.5 Describe ways to prevent communicable and non-communicable disease and understand the difference. • HE.1.1.7 Explain that there are many ways to express gender. • HE.1.1.8 Recognize the importance of treating others with respect including gender expression. • HE.1.1.10 Explain that everyone has the right to say who touches their body, when and how. • HE.1.1.11 Explain that it is never ok to touch someone, or make someone touch you if they don't want to. • HE.1.1.14 Describe different kinds of family structures. • HE.1.1.15 Describe consent as it relates to personal boundaries. • HE.2.1.4 Provide examples of how friends and family influence how people think they should act on the basis of their gender. • <u>HE.3.1.2 List sources of support, such as parents or other trusted adults, to seek information about sexual and reproductive health, including pregnancy and birth.</u> • <u>HE.3.1.3 Identify sources of support if someone is touching them in a way that makes them feel uncomfortable and/or if they are experiencing sexual abuse.</u> • <u>HE.3.1.4 List who to report to at home, school and in the community if they see or encounter unsafe objects or situations.</u> • HE.4.1.5 Discuss ways to communicate respectfully with and about people of all gender identities, gender expressions and sexual orientations. • HE.4.1.6 Identify effective ways to communicate personal boundaries and show respect for the boundaries of others. • HE.4.1.7 Practice asking for help and support, if they or someone they know is being hurt or feels unsafe. • HE.7.1.3 Describe how to clearly say no, and or leave an uncomfortable situation.

SECOND GRADE – ANALYZING INFLUENCES (INF)*

OVERVIEW	OREGON PERFORMANCE INDICATORS
<ul style="list-style-type: none"> • Understanding our bodies • Stages of growth • Germs and the immune system • Bodily autonomy • Different kinds of families • Gender roles • Bullying is NEVER OK • Accessing reliable resources 	<ul style="list-style-type: none"> • HE.1.2.4 Identify reproductive body parts, using proper anatomical terms and stages in the basic growth processes of all people. • HE.1.2.5 Demonstrate ways to prevent communicable and non-communicable disease and understand the difference. • HE.1.2.6 Explain why it is important to stay away from potentially unsafe body fluids and objects. • HE.1.2.7 Recognize differences and similarities of how individuals identify regarding gender. • HE.1.2.8 Recognize the importance of treating others with respect including gender expression. • HE.1.2.10 Explain that everyone has the right to say who touches their body, when and how. • HE.1.2.11 Explain that it is never ok to touch someone, or make someone touch you if they don't want to. • HE.1.2.15 Explain different kinds of family structures. • HE.1.2.16 Practice consent as it relates to personal boundaries. • <u>HE.2.2.1-3 Identify how peers, family, and school influence thoughts, feelings, and personal health practices and behaviors.</u> • <u>HE.2.2.4 Provide examples of how friends, family, media, society and culture influence how people think they should act on the basis of their gender.</u> • <u>HE.2.2.5 Identify positive and negative ways friends and peers can influence various relationships.</u> • <u>HE.2.3.9 Identify potential impacts of power differences (e.g., age, status or position) as they relate to personal boundaries.</u> • HE.3.2.2 Describe the qualities of reliable sources of support, such as parents or other trusted adults, when seeking information about sexual and reproductive health, including pregnancy and birth. • HE.3.2.3-4 List sources of support if someone is touching them in a way that makes them feel uncomfortable and/or if they are experiencing sexual abuse. • HE.4.2.5 List ways to communicate respectfully with and about people of all gender identities, gender expressions and sexual orientations. • HE.4.2.6 List effective ways to communicate personal boundaries and show respect for the boundaries of others. • HE.4.2.7 Practice asking for help and support, if they or someone they know is being hurt or feels unsafe. • HE.7.2.3 Demonstrate how to clearly say “no” and/or how to leave an unsafe/uncomfortable situation.

THIRD GRADE – ACCESSING INFORMATION (AI)*

OVERVIEW	OREGON PERFORMANCE INDICATORS
<ul style="list-style-type: none"> • Human anatomy and function • Germs and the immune system • Sexual orientation • Gender expression • Healthy relationships • Bodily autonomy • Consent/Boundary setting • Accessing reliable resources 	<ul style="list-style-type: none"> • HE.1.3.6 Identify human reproductive systems including reproductive anatomy and function. • HE.1.3.7 Explain why it is important to stay away from potentially unsafe body fluids and objects. • HE.1.3.8 Identify practices that prevent the spread of communicable diseases. • HE.1.3.9 Recognize how puberty prepares human bodies for the potential to reproduce. • HE.1.3.10 Define sexual orientation. • HE.1.3.11 Recognize differences and similarities of how individuals identify regarding gender or sexual orientation. • HE.1.3.12 Recognize the importance of treating others with respect regarding gender expression and sexual orientation. • HE.1.3.13 Identify the characteristics of a healthy relationship. • HE.1.3.14 Explain that everyone has the right to say who touches their body, when and how. • HE.1.3.15 Explain that it is never ok to touch someone, or make someone touch you. • HE.1.3.19 Define consent as it relates to personal boundaries. • <u>HE.3.3.3 Recognize sources of support, such as parents or other trusted adults, to seek information about sexual and reproductive health, including pregnancy and birth.</u> • <u>HE.3.3.4 Recognize sources of medically-accurate information about human sexual and reproductive anatomy, puberty and personal hygiene.</u> • <u>HE.3.3.5 Recognize people at home, school or in the community who can provide medically accurate information and/or support about healthy sexuality, including sexual orientation and gender identity.</u> • <u>HE.3.3.6 Recognize sources of support, such as parents or other trusted adults they can talk to about healthy and unhealthy relationships.</u> • <u>HE.3.3.7 Recognize source of support, such as parents or other trusted adults, including school staff; they can tell if they are experiencing sexual abuse.</u> • <u>HE.3.3.8 Recognize sources of support such as parents or other trusted adults they can tell if they are being teased, harassed or bullied based on gender identity, sexual orientation, and gender expression.</u> • <u>HE.3.3.9 Recognize sources of support such as parents or other trusted adults they can tell if they are feeling uncomfortable about being touched.</u> • HE.4.3.5 Describe ways to communicate respectfully with and about people of all gender identities, gender expressions and sexual orientations. • HE.4.3.7 Identify effective ways to communicate personal boundaries and show respect for the boundaries of others. • HE.4.3.8 Identify ways to ask for help, if they or someone they know is being hurt or feels unsafe. • HE.7.3.4 List ways to treat yourself and others with dignity and respect, with regard to race, ability, other identities, gender, gender identity, and sexual orientation.

FOURTH GRADE – ACCESSING INFORMATION (AI)*

OVERVIEW	OREGON PERFORMANCE INDICATORS
<ul style="list-style-type: none"> • Physical, social, and emotional changes during puberty • Transmission of HIV/AIDS, Hep B/C and pregnancy • Sexual orientation • Gender expression • Healthy relationships • Bodily autonomy/consent • Accessing reliable resources 	<ul style="list-style-type: none"> • HE.1.4.6 Identify human reproductive systems including reproductive anatomy and function. • HE.1.4.7 Recognize that abstinence is the most effective method of protection from STD/HIV and pregnancy. • HE.1.4.8 Understand the methods of transmission for HIV/AIDS, and Hepatitis B and C. • HE.1.4.9 Define sexual orientation. • HE.1.4.10 Describe differences and similarities of how individuals identify regarding gender or sexual orientation. • HE.1.4.12 Describe the characteristics of a healthy relationship. • HE.1.4.13 Explain that everyone has the right to say who touches their body, when and how. • HE.1.4.14 Describe why it is never ok to touch someone, or make someone touch you if they don't want to. • HE.1.4.17 Identify how media and technology influence our ideas about healthy relationships. • HE.1.4.18 Discuss consent as it relates to personal boundaries. • HE.2.4.6 Describe how friends, family, media, society and culture influence how people think they should act on the basis of their gender. • HE.2.4.9 Describe potential impacts of power differences (e.g., age, status or position) as they relate to personal boundaries. • <u>HE.3.4.3 Identify sources of support, such as parents or other trusted adults, to seek information about sexual and reproductive health, including pregnancy and birth.</u> • <u>HE.3.4.4 Describe sources of medically-accurate information about human sexual and reproductive anatomy.</u> • <u>HE.3.4.5 Identify people at home, school or in the community who can provide medically accurate information and/or support about puberty and health care practices during puberty.</u> • <u>HE.3.4.6 Identify people at home, school or in the community who can provide medically accurate information and/or support about healthy sexuality, including sexual orientation and gender identity.</u> • <u>HE.3.4.7 Identify sources of support, such as parents or other trusted adults they can talk to about healthy and unhealthy relationships.</u> • <u>HE.3.4.8 Identify sources of support such as parents or other trusted adults, including school staff, they can tell if they are experiencing sexual abuse.</u> • <u>HE.3.4.9 Identify sources of support such as parents or other trusted adults they can tell if they are being teased, harassed or bullied based on gender identity, sexual orientation, and gender expression.</u> • <u>HE.3.4.10 Identify sources of support such as parents or other trusted adults they can tell if they are being sexually harassed or abused.</u>

K-12 Comprehensive Sexuality Education Plan: Portland Public Schools

	<ul style="list-style-type: none">• HE.4.4.5 Practice ways to communicate respectfully with and about people of all gender identities, gender expressions and sexual orientations.• HE.4.4.7 Describe effective ways to communicate personal boundaries and show respect for the boundaries of others.• HE.4.4.8 Describe how to ask for help and support, if they or someone they know is being hurt or feels unsafe.• HE.7.4.4 List ways to manage the physical and emotional changes associated with puberty, including personal health care practices.
--	---

DRAFT

FIFTH GRADE – ANALYZING INFLUENCES (INF), DECISION MAKING (DM) *

OVERVIEW	OREGON PERFORMANCE INDICATORS
<ul style="list-style-type: none"> • Physical, social, and emotional changes during puberty • Transmission of HIV/AIDS, Hep B/C and pregnancy • Sexual orientation • Gender expression • Healthy relationships • Bodily autonomy/consent • “Sexual Harassment” and Sexual abuse” • Analyzing influences 	<ul style="list-style-type: none"> • HE.1.5.6 Discuss human reproductive systems including reproductive anatomy and function. • HE.1.5.7 Discuss how abstinence is the most effective method of protection from STD/HIV and pregnancy. • HE.1.5.8 Discuss that HIV and STDs can be spread through sexual contact with someone who has HIV/STD. • HE.1.5.9 Identify health care practices related to physical changes during puberty. • HE.1.5.10 Explain differences and similarities of how individuals identify regarding gender or sexual orientation. • HE.1.5.11 Identify the physical, social and emotional changes that occur during puberty and adolescence. • HE.1.5.12 Discuss ways of expressing gender. • HE.1.5.13 Describe the importance of treating others with respect including gender expression and sexual orientation. • HE.1.5.15 Explain that everyone has the right to say who touches their body, when and how. • HE.1.5.16 Discuss why it is never ok to touch someone, or make someone touch you if they don't want to. • HE.1.5.21 Practice how consent relates to personal boundaries. • <u>HE.3.5.3 Discuss the sources of support, such as parents or other trusted adults, to seek information about sexual and reproductive health, including pregnancy and birth.</u> • <u>HE.3.5.4 Demonstrate how to access sources of medically-accurate information about human sexual and reproductive anatomy.</u> • <u>HE.3.5.5 Demonstrate how to access resources, including people at home, school or in the community who can provide medically accurate information and/or support about puberty and health care practices during puberty.</u> • <u>HE.3.5.6 Discuss the qualities of people at home, school or in the community who can provide medically accurate information and/or support about healthy sexuality, including sexual orientation and gender identity.</u> • <u>HE.3.5.7 Discuss the sources of support, such as parents or other trusted adults, they can talk to about healthy and unhealthy relationships.</u> • <u>HE.3.5.8 Discuss the sources of support, such as parents or other trusted adults, including school staff, they can tell if they are experiencing sexual abuse.</u> • <u>HE.3.5.9 Discuss sources of support such as parents or other trusted adults they can tell if they are being teased, harassed or bullied based on gender identity, sexual orientation, and gender expression.</u> • <u>HE.3.5.10 Discuss sources of support such as parents or other trusted adults they can tell if they are being sexually harassed or abused.</u>

	<ul style="list-style-type: none">• <u>HE.5.5.1 Analyze health-related situations that might require a decision.</u>• <u>HE.5.5.2 Analyze when assistance is needed in making a health-related decision.</u>• <u>HE.5.5.3 Analyze a healthy option when making a decision.</u>• <u>HE.5.5.4 Reflect the outcomes of a health-related decision.</u>• HE.6.5.3 Define sexual violence including but not limited to interpersonal violence (physical, verbal, emotional and sexual violence).• HE.7.5.4 Demonstrate ways to treat yourself and others with dignity and respect, with regard to gender, gender identity, and sexual orientation.• HE.7.5.5 Demonstrate ways to manage the physical and emotional changes associated with puberty, including personal health care practices.
--	---

DRAFT

SIXTH GRADE – INTERPERSONAL COMMUNICATION (IC), DECISION MAKING (DM)*

OVERVIEW	OREGON PERFORMANCE INDICATORS
<ul style="list-style-type: none"> • Reproductive anatomy/puberty • Gender roles, identity, and expectations • Abstinence and protection methods • HIV/STI transmission and prevention • Healthy relationships • Understanding boundaries and consent • Forms of communication • Staying safe online 	<p>HE.1.6.16 Identify the human sexual and reproductive systems including body parts and their functions.</p> <p>HE.1.6.18 Define sexual abstinence as it relates to pregnancy prevention.</p> <p>HE.1.6.19 Recognize that HIV/STDs can be spread through sexual contact with someone who has HIV/STD.</p> <p>HE.1.6.21 Identify the differences between biological sex, sexual orientation, and gender identity and expression.</p> <p>HE.1.6.22 Describe the physical, social, cognitive and emotional changes of adolescence.</p> <p>HE.1.6.25 Define sexual intercourse and its relationship to human reproduction.</p> <p>HE.1.6.27 Identify everyone has the right to say who touches their body and how.</p> <p>HE.1.6.29 Describe the advantages and disadvantages of communicating, within relationship using technology and social media.</p> <p>HE.1.6.34 Identify various methods of contraception: abstinence, condoms, and emergency contraception.</p> <p>HE.1.6.35 Define how sexuality includes a multitude of sexual expressions and behaviors that are a normal part of being human.</p> <p>HE.1.6.36 Define the health benefits, risks and effectiveness rates of various methods of contraception, including abstinence, condoms, and emergency contraception.</p> <p>HE.1.6.37 Identify myths and facts of how STDs are transmitted and not transmitted.</p> <p>HE.1.6.38 Identify ways to prevent HIV and other STDs.</p> <p>HE.1.6.39 Recognize the importance of getting tested for HIV/STDs when people are sexually active.</p> <p>HE.1.6.41 Identify consent as a freely given yes.</p> <p>HE.1.6.43 Identify that no one has the right to touch anyone else without giving and receiving consent.</p> <p>HE.1.6.44 Identify why a person who has been raped or sexually assaulted is not at fault.</p> <p>HE.4.6.5 Identify how to communicate respectfully with and about people of all gender identities, gender expressions and sexual orientations.</p> <p>HE.4.6.6 Explain communication skills that foster healthy relationships.</p> <p>HE.4.6.7 Explain effective ways to communicate personal boundaries and show respect for the boundaries of others.</p> <p>HE.4.6.8 List a variety of clear communication skills to report and/or access help in dangerous situations.</p> <p>HE.4.6.9 Explain effective communication skills about the use of contraception including abstinence, condoms, and other safer sex practices.</p> <p>HE.4.6.10 Explain effective communication skills to ensure affirmative consent in all sexual relationships.</p> <p>HE.4.6.11 Explain the use of effective communication skills to reduce or eliminate risk for STDs, including HIV.</p> <p>HE.5.6.9 Describe how the decision-making process can be used to enhance or establish healthy relationships.</p> <p>HE.5.6.10 Practice a decision making process to make healthy choices around sexual health.</p> <p>HE.5.6.11 Practice a decision making process to give or receive consent.</p>

SEVENTH GRADE – ACCESSING INFORMATION (AI), SELF MANAGEMENT (SM)*

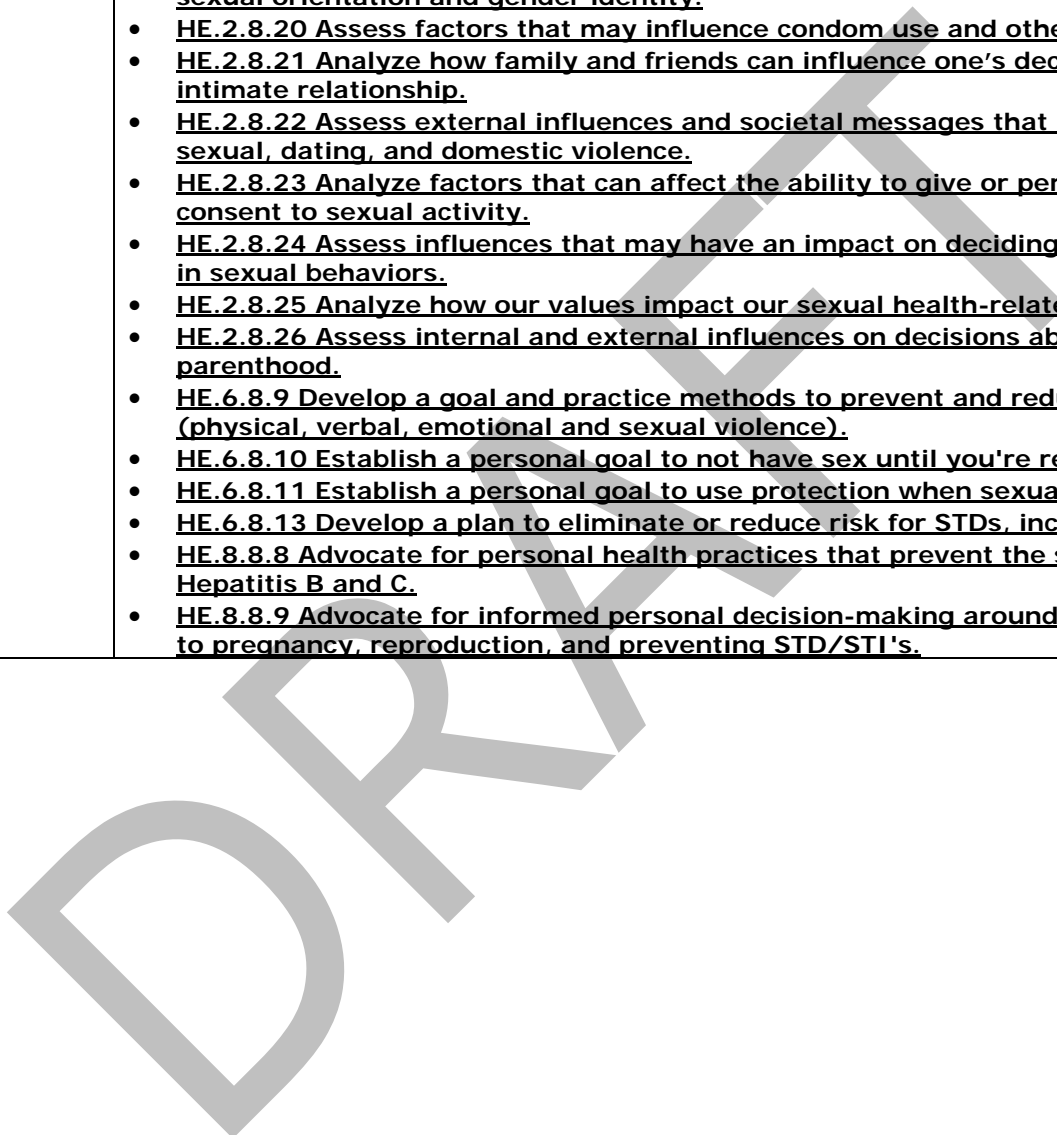
OVERVIEW	OREGON PERFORMANCE INDICATORS
<ul style="list-style-type: none"> • Reproductive anatomy/puberty • Gender roles, identity, and expectations • Abstinence and protection methods • HIV/STI transmission and prevention • Healthy relationships • Understanding boundaries and consent • Talking about sensitive topics • Accessing reliable resources 	<p>HE.1.7.17 Describe the human sexual and reproductive systems including body parts and their functions.</p> <p>HE.1.7.19 Describe how sexual abstinence relates to pregnancy prevention.</p> <p>HE.1.7.20 Define how HIV and STDs can be spread through sexual contact with someone who has HIV/STD.</p> <p>HE.1.7.24 Define gender roles, gender identity and sexual orientation across cultures.</p> <p>HE.1.7.38 Define the health benefits, risks and effectiveness rates of various methods of contraception, including abstinence, condoms, and emergency contraception.</p> <p>HE.1.7.41 Describe the importance of getting tested for HIV and other STDs when people.</p> <p>HE.1.7.44 Discuss how affirmative consent mitigates confusion within a sexual relationship.</p> <p>HE.1.7.45 Describe why no one has the right to touch anyone else without giving and receiving consent.</p> <p>HE.1.7.46 Explain why a person who has been raped or sexually assaulted is not at fault.</p> <p>HE.1.7.47 Recognize the signs and symptoms of pregnancy.</p> <p>HE.3.7.7 Describe sources of medically- accurate information about human sexual and reproductive anatomy.</p> <p>HE.3.7.8 Describe medically accurate sources of information about puberty, development and sexuality.</p> <p>HE.3.7.9 Describe accurate information about healthy sexuality, including sexual orientation and gender identity.</p> <p>HE.3.7.14 Describe medically-accurate information about STDs and HIV transmission and prevention.</p> <p>HE.3.7.15 Describe medically-accurate resources that provide assistance around sexual health, pregnancy, and emergency contraception.</p> <p>HE.3.7.16 Describe medically-accurate sources of pregnancy-related information and support including pregnancy options, safe surrender policies and prenatal care.</p> <p>HE.7.7.10 Describe ways to treat yourself and others with dignity and respect, with regard to gender, gender identity, and sexual orientation.</p> <p>HE.7.7.13 Describe the steps to correctly use a condom.</p> <p>HE.7.7.14 Assess the criteria for evaluating the health of a relationship.</p> <p>HE 7.7.15 Practice ways to treat your friends, family and partner with dignity and respect.</p>

K-12 Comprehensive Sexuality Education Plan: Portland Public Schools

EIGHTH GRADE – ANALYZING INFLUENCES (INF), GOAL SETTING (GS), ADVOCACY (AV)*

OVERVIEW	OREGON PERFORMANCE INDICATORS
<ul style="list-style-type: none"> • Reproductive anatomy/puberty • Gender roles, identity, and expectations • Abstinence and protection methods • HIV/STI transmission and prevention • Healthy relationships • Understanding boundaries and consent • Analyzing influences • Goal setting • Advocating for others 	<ul style="list-style-type: none"> • HE.1.8.17 Explain the human sexual and reproductive systems including body parts and their functions. • HE.1.8.19 Explain how sexual abstinence relates to pregnancy prevention. • HE.1.8.20 Explain how HIV and STDs can be spread through sexual contact with someone who has HIV/STD. • HE.1.8.21 Explain the health care practices related to physical changes during puberty. • HE.1.8.22 Explain the differences biological sex, sexual orientation, and gender identity and expression. • HE.1.8.23 Explain the physical, social, cognitive and emotional changes of adolescence. • HE.1.8.24 Explain gender roles, gender identity and sexual orientation across cultures. • HE.1.8.25 Examine diversity among people, including age, disability, national origin, race, ethnicity, color, marital status, biological sex, sexual orientation, gender identity and expression. • HE.1.8.26 Explain sexual intercourse and its relationship to human reproduction. • HE.1.8.28 Explain why everyone has the right to say who touches their body and how. • HE.1.8.32 Discuss situations and behaviors that constitute bullying, sexual harassment, sexual abuse, sexual assault, incest, rape, stalking, domestic violence, and dating violence. • HE.1.8.33 Compare and contrast the differences between physical, verbal, relational, sexual, and dating violence. • HE.1.8.36 Explain various methods of contraception, including abstinence, condoms, and emergency contraception. • HE.1.8.37 Explain that sexuality includes a multitude of sexual expressions and behaviors that are a normal part of being human. • HE.1.8.38 Explain the health benefits, risks and effectiveness rates of various methods of contraception, including abstinence, condoms, and emergency contraception. • HE.1.8.39 Explain the differences between the myths and facts of how STDs are transmitted and not transmitted. • HE.1.8.40 Explain ways to prevent HIV and other STDs. • HE.1.8.41 List the reasons why it is important to get tested for HIV and other STDs when people are sexually active. • HE.1.8.44 Discuss consent as a freely given yes. • HE.1.8.45 Demonstrate an understanding of how affirmative consent mitigates the impact and consequences of sexual pressure. • HE.1.8.46 Discuss that no one has the right to touch anyone else without giving and receiving consent. • HE.1.8.47 Discuss why a person who has been raped or sexually assaulted is not at fault. • HE.1.8.48 Describe the signs, symptoms, and stages of a pregnancy. • HE.1.8.49 Identify physical, emotional, and social effects of sexually activity. • HE.1.8.50 Discuss the impacts of bullying, sexual harassment, sexual abuse, sexual assault, incest, rape, stalking, domestic violence, and dating violence.

	<ul style="list-style-type: none">• <u>HE.2.8.19 Assess external influences that have an impact on one’s attitudes about gender, sexual orientation and gender identity.</u>• <u>HE.2.8.20 Assess factors that may influence condom use and other safer sex decisions.</u>• <u>HE.2.8.21 Analyze how family and friends can influence one’s decisions within a healthy intimate relationship.</u>• <u>HE.2.8.22 Assess external influences and societal messages that impact attitudes about sexual, dating, and domestic violence.</u>• <u>HE.2.8.23 Analyze factors that can affect the ability to give or perceive the provision of consent to sexual activity.</u>• <u>HE.2.8.24 Assess influences that may have an impact on deciding whether or when to engage in sexual behaviors.</u>• <u>HE.2.8.25 Analyze how our values impact our sexual health-related decisions.</u>• <u>HE.2.8.26 Assess internal and external influences on decisions about pregnancy options and parenthood.</u>• <u>HE.6.8.9 Develop a goal and practice methods to prevent and reduce interpersonal violence (physical, verbal, emotional and sexual violence).</u>• <u>HE.6.8.10 Establish a personal goal to not have sex until you're ready.</u>• <u>HE.6.8.11 Establish a personal goal to use protection when sexually active.</u>• <u>HE.6.8.13 Develop a plan to eliminate or reduce risk for STDs, including HIV.</u>• <u>HE.8.8.8 Advocate for personal health practices that prevent the spread of HIV/AIDS and Hepatitis B and C.</u>• <u>HE.8.8.9 Advocate for informed personal decision-making around sexual activity as it relates to pregnancy, reproduction, and preventing STD/STI's.</u>
--	---



HIGH SCHOOL HEALTH 1 – ACCESSING INFORMATION (AI), GOAL SETTING (GS), SELF MANAGEMENT (SM)*

OVERVIEW	OREGON PERFORMANCE INDICATORS
<ul style="list-style-type: none"> • Healthy relationships • Consent • STIs • Protection methods • Orientation and identity • Teen dating violence • Sexual exploitation • Effective communication • Decision making models • Pregnancy • Sexting 	<ul style="list-style-type: none"> • HE.1.12.5 Describe the importance of accessing medical care and self-care and exams. • HE.1.12.13 Compare and contrast human sexual and reproductive systems including body parts and their functions. • HE.1.12.14 Define contraceptive methods including emergency contraception and describe their mechanism of action. • HE.1.12.15 Identify health care practices related to physical changes during adolescent development and early adulthood. • HE.1.12.22-23 Describe characteristics of healthy and unhealthy romantic and/or sexual relationships, that are free from threats, coercion or abuse. (Raphael House, CaresNW) • HE.1.12.26 Describe a range of ways to express affection within healthy relationships. • HE.1.12.33 Describe the importance of getting tested for HIV and other STIs when people are sexually active. • HE.1.12.34 Explain that sexuality includes a multitude of sexual expressions and behaviors that are a normal part of being human. • HE.1.12.35 Describe prenatal practices that can contribute to a healthy pregnancy and possible risk factors. (i.e. healthy nutrition, behaviors, etc.) • HE.1.12.36 Define affirmative consent as a freely given enthusiastic yes. • HE.1.12.40 Explain how fertilization occurs, the stages of pregnancy, and responsibility of parenting. • HE.1.12.41 Explain the ovulation cycle and its relationship to fertilization and pregnancy. • <u>HE.3.12.11 Access medically-accurate information about STDs and HIV transmission and prevention, including local STD and HIV testing and treatment services with support for disclosure of STD status.</u> • <u>HE.3.12.12 Access medically-accurate information and resources about contraceptive methods, including abstinence, emergency contraception, and condoms.</u> • <u>HE.6.12.7 Set a personal goal to use protection when sexually active.</u> • <u>HE.6.12.9 Develop short and long-term goals to maintain sexual health.</u> • <u>HE.7.12.4 Demonstrate ways to treat yourself and others with dignity and respect, with regard to gender, gender identity, gender expression, and sexual orientation.</u>

HIGH SCHOOL HEALTH 2 – ACCESSING INFORMATION (AI), ANALYZING INFLUENCES (INF), INTERPERSONAL COMMUNICATION (IC), SELF MANAGEMENT (SM), ADVOCACY (AV)*

OVERVIEW	OREGON PERFORMANCE INDICATORS
<ul style="list-style-type: none"> • Healthy relationships • Consent • STIs • Protection methods • Orientation and identity • Teen dating violence • Sexual exploitation • Effective communication • Decision making models • Pregnancy • Sexting 	<p>HE.1.12.18 Describe the intersections of varied identities, including gender, race, ethnicity, sexual orientation, ability, etc.</p> <p>HE.1.12.19 Discuss the importance of treating people with HIV or other STIs with respect.</p> <p>HE.1.12.20 Describe the human sexual response cycle, including the role hormones play.</p> <p>HE.1.12.27 Discuss the impacts of bullying, sexual harassment, sexual abuse, sexual assault, incest, rape, stalking, and dating violence.</p> <p>HE.1.12.28 Define sexual consent and explain its implications for sexual decision-making.</p> <p>HE.1.12.30 Explain Oregon’s laws related to bullying, sexual harassment, coercion, sexual abuse, sexual assault, incest, rape, stalking, domestic violence, and dating violence.</p> <p>HE.1.12.31 Identify the laws related to reproductive and sexual health care service (i.e., confidentiality, contraception, pregnancy options, safe surrender policies, prenatal care).</p> <p>HE.1.12.32 Explain Oregon laws relating to minors’ rights around contraception pregnancy, adoption, abortion and parenting.</p> <p>HE.2.12.10 Analyze potential impacts of power differences (e.g., age, status or position) within sexual relationships.</p> <p>HE.2.12.11, 16 Analyze how the perception of norms and external influences (family, media, peers) influences healthy and unhealthy behaviors within relationships.</p> <p>HE.3.12.5-7 Access community resources that provide medically-accurate information regarding sexuality (sexual pregnancy and pregnancy options, reproductive health, and gender/sexual orientation/identity).</p> <p>HE.3.12.9 Access accurate information and resources for survivors of sexual abuse, incest, rape, sexual harassment, sexual assault, domestic violence, dating violence, and stalking.</p> <p>HE.3.12.10 Access resources for help if they or someone they know are being bullied or harassed, or have been sexually abused or assaulted or otherwise feel unsafe.</p> <p>HE.3.12.11-12 Access medically-accurate information about STI/HIV testing and treatment, contraceptive methods, and support for disclosure.</p> <p>HE.7.12.6 Describe how alcohol and other drug use can affect one’s ability to perceive or provide consent.</p> <p>HE.7.12.8 Demonstrate the steps to correctly use a condom and/or other barrier methods.</p> <p>HE.7.12.10 Demonstrate respect for the boundaries of others and practice affirmative consent.</p> <p>HE.4.12.8 Practice effective communication skills to ensure affirmative consent in all sexual relationships.</p> <p>HE.4.12.10 Demonstrate effective skills to negotiate agreements about the use of technology in relationships.</p> <p>HE.8.12.9 Advocate for access to products, services and medical care to maintain sexual and reproductive health.</p>

DRAFT

Appendix A

Summary of Oregon Legislation Regarding Comprehensive Sexuality Education

OAR 581-021-0200: Standard Education for Oregon Students

Each school district assures students receive a Standard Education for Oregon Students is comprised of Common Curriculum Goals consisting of Essential Learning Skills and Common Knowledge and Skills. These consist of facts, concepts, principles, rules, procedures and methods of inquiry associated. **Health Education** is one of the subject matters included.

OAR 581-022-1910 Exemptions for State Required Programs

The school district may excuse students from a state required program or learning activity, where necessary, to accommodate students' disabilities or religious beliefs. The process involves a written request from the student's parent or guardian or the student, if over 17 years of age or legally emancipated minor, listing the reason for the request. There needs to be a proposed alternative for an individualized learning activity which substitutes for the period of time exempt from the program and meets the goals of the learning activity or course being exempt. An evaluation of the request and approval by appropriate school personnel (the alternative should be consistent with the student's educational progress and career goals as described in OARS 581-022-1670 and 581-022-1510) is needed prior to an approval by the district school board, and upon completion of the alternative, credit shall be granted to the student.

OAR 581-022-2000-2030: Diploma Requirements and District Curriculum

Each school district shall provide a K–12 instructional program that is consistent with the Common Curriculum Goals (CCGs) and academic content standards (including Health Education and many other disciplines).

OAR 581-22-2045: Prevention Education in Drugs and Alcohol

Mandates that each district have a comprehensive plan for alcohol and drug abuse prevention that is part of the district's comprehensive health education program and includes:

- The effects of alcohol, tobacco, and other drug use including anabolic steroids and performance enhancing and controlled substances;
- All laws relating to the use, especially by minors, of alcohol and other illegal drugs;
- The availability of school and community resources;
- Understanding and managing peer pressure;
- Understanding the consequences of consuming alcohol and other drugs;
- Making informed and responsible decisions;
- Motivating students to adopt positive attitudes towards health and wellness.

OAR 581-022-2050 Human Sexuality Education, HIV/STD, Hepatitis B/C Prevention

- Defines: age-appropriate, balanced, best practice, comprehensive plan of instruction, consensual, culturally inclusive, gender expression, gender identity, gender role, gender sensitive, healthy relationship, medically accurate, non-consensual sexual behavior, research-based, sexual intercourse (vaginal, oral, and anal), sexual orientation, shame or fear based, skills-based, and student bystander behavior.
- Requires school districts teach age-appropriate, comprehensive sexuality education, HIV/AIDS and STD prevention annually during K-8 and at least twice during grades 9-12. Stresses that sexuality is a normal and healthy aspect of human development. Requires instruction annually in child sexual abuse prevention for all students' grades K-12.
- Parents, teachers, school administrators, local health department staff, other community representatives, and persons from the medical community, shall work together to develop the plan of instruction.
- Parents may request that his/her child is excused from a part or all of the instruction.
- The comprehensive plan of instruction shall include skills-based instruction and aligns with the Oregon Health Education Content Standards and

K-12 Comprehensive Sexuality Education Plan: Portland Public Schools

Benchmarks.

- Promotes abstinence for school-age youth and mutually monogamous relationships with an uninfected partner for adults as the safest and mostly responsible sexual behavior to reduce the risk of unintended pregnancy and exposure to HIV, Hepatitis B/C and other sexually transmitted infectious diseases;
- Care will be taken to not devalue or ignore students who have had or are having sexual relationships. **Shame or fear based tactics must not be used.**
- Materials and information will be sensitive of students who have experienced sexual abuse.

ORS 336.455 Human Sexuality Education

Requires school districts to provide comprehensive human sexuality education as part of health education curriculum K-12.

- Course material and instruction for all human sexuality education courses shall enhance students understanding of sexuality as a normal and healthy aspect of human development. Course instruction shall:
 - Be medically accurate.
 - Promote abstinence for school-age youth and mutually monogamous relationships with an uninfected partner for adults as the most effective way to prevent pregnancy and the transmission of sexually transmitted diseases. However, abstinence may not be taught to the exclusion of other material and instruction on contraceptive and disease reduction measures. Human sexuality education courses shall acknowledge the value of abstinence while not devaluing or ignoring those students who have had or are having sexual intercourse.
 - Include a discussion about the characteristics of the emotional, physical and psychological aspects of a healthy relationship and a discussion about the benefits of delaying pregnancy beyond the adolescent years as a means to better ensure a healthy future for parents and their children.
 - Stress that sexually transmitted diseases are serious possible outcomes of sexual contact.
 - Provide students with information about Oregon laws that address young people's rights and responsibilities related to childbearing and parenting.
 - Advise students of the circumstances in which it is unlawful under ORS 163.435 and 163.445 for persons 18 years of age or older to have sexual relations with persons younger than 18 years of age to whom they are not married.
 - Teach students that no form of sexual expression is acceptable when the expression physically or emotionally harms oneself or others. Materials and information shall be presented in a manner sensitive to the fact that there are students who have experienced sexual abuse.
 - Assist students in the development and practice of effective communication skills, the development of self-esteem and the ability to resist peer pressure.
- Encourage family communication and involvement to help students learn to make responsible decisions.

ORS 339.351 to 364 Harassment, Bullying and Intimidation (revised 2016)

Requires that each district updated their adopted policy and procedures prohibiting harassment, intimidation or bullying and:

- Defines harassment and includes specific language regarding 'protected class'
- Statement of the scope of the policy: behavior at school-sponsored activities, on school-provided transportation and at any official school bus stop
- Description of the behavior expectations for each student
- Identifies consequences and appropriate remedial actions
- Identifies procedures for reporting and prompt investigations
- Describes the manner in which a school district will respond to behaviors, including consequences/remedial actions, and the option for person to request a district review the actions taken
- Prohibits reprisal or retaliation against any person who reports, including

consequences

- Identifies consequences and appropriate remedial action for false accusations
- Describes how the policy is to be publicized
- Identifies school officials responsible for ensuring that policy is implemented.

Senate Bill 856 – Erin’s Law

Requires that each district adopt a child sexual abuse prevention program for students in K-12. School districts must include in the program:

- Developmentally appropriate, culturally sensitive and evidence-based instruction for each grade level
- A minimum of four instructional sessions per school year, with each year’s instruction building on the previous year’s instruction
- Age-appropriate curriculum including role-playing, discussion, activities and books to educate students regarding child sexual abuse prevention
- Instruction providing students with the knowledge and tools to communicate incidents of sexual abuse
- Instruction regarding “safe touch,” “unsafe touch,” “safe secrets,” “unsafe secrets,” and how to escape and report a sexual abuse situation
- Techniques to recognize child sexual abuse, skills to reduce vulnerability and encouragement to report child sexual abuse

House Bill 4077 – Healthy Teens Relationship Act

Requires that each school district board shall adopt a policy that:

- States that teen dating violence is unacceptable and is prohibited and that each student has the right to a safe learning environment
- Incorporates age-appropriate education about teen dating violence into new or existing training programs for students in grades 7 through 12 and school employees
- Establishes procedures for the manner in which employees of a school are to respond to incidents of teen dating violence that take place at the school, on school grounds, at school-sponsored activities or in vehicles used for school-provided transportation
- Identifies by job title the school officials who are responsible for receiving reports related to teen dating violence, which shall be the same school officials identified in the policy adopted by a school district under ORS 339.356; and
- Notifies students and parents of the teen dating violence policy adopted by the board.

Appendix B

Guidelines for Training Individuals Who Will Teach Comprehensive Sexuality¹

Skill 1: Professional Disposition

- Demonstrate the ability to teach in ways that communicate that sexual development is an inherent part of child and adolescent development.
- Describe the importance of sexuality education as an integral part of K-12 health education.
- Demonstrate awareness of their own personal values, beliefs, biases and experiences related to sexuality education.
- Demonstrate how their personal values, beliefs, biases and experiences can influence the way they teach sexuality education.
- Model self-efficacy to teach sexuality education in age and developmentally-appropriate ways.
- Select their own continuing professional development needs relating to school-based sexuality education.

Skill 2: Diversity and Equity

- 2.1 Demonstrate the ability to create a safe and inclusive classroom environment for all students.
- 2.2 Describe how students' diverse backgrounds and experiences may affect students' personal beliefs, values and knowledge about sexuality.
- 2.3 Demonstrate the ability to select or adapt sexuality education materials that both reflect the range of characteristics of the students and community and respect the visible and invisible diversities that exist in every classroom.

Skill 3: Content Knowledge

- 3.1 Describe accurate and current content, as reflected in the National Sexuality Education Standards¹, in the following topic areas:
 - anatomy and physiology;
 - puberty and adolescent development;
 - sexual orientation and gender identity and expression;
 - pregnancy and reproduction;
 - sexually transmitted diseases and HIV;
 - healthy relationships; and
 - personal safety.
- 3.2 Explain the stages of child and adolescent sexual development including cognitive, physical and emotional changes.
- 3.3 Describe at least three health behavior theories relevant to sexual health promotion.
- 3.4 Describe current federal and state laws relating to sexuality that have an impact on youth.
- 3.5 Demonstrate the ability to identify accurate and reliable sources of information to keep their own sexuality-related content knowledge current and relevant.
- 3.6 Demonstrate the ability to identify valid and reliable sexual health information, health products and community services relevant to students.

Skill 4: Legal And Professional Ethics

- 4.1 Explain how to determine relevant state and school district reporting laws and procedures relating to student disclosure regarding sexual abuse, incest, dating violence, and other associated sexual health issues.
- 4.2 Explain the policies and ethics associated with student confidentiality relating to sexuality and sexual health issues.
- 4.3 Describe when and from whom to seek guidance on sexuality-related ethical/legal matters when there is no policy or the policy is unclear.
- 4.4 Differentiate between professional and unprofessional conduct with students, both in and outside of the classroom and school.

Skill 5: Planning

¹ For a full review of teacher preparation standards for teaching sexuality education see: <http://www.futureofsexed.org/documents/teacher-standards.pdf>

- 5.1 Apply learning and behavioral theories to sexuality education lesson planning.
- 5.2 Apply state and/or district laws, policies and standards to select and adapt curriculum content that is appropriate and permissible for a district.
- 5.3 Identify appropriate resources and policies to guide instructional planning.
- 5.4 Plan effective strategies to teach sexuality education in the cognitive, affective and behavioral learning domains.
- 5.5 Plan age- and developmentally-appropriate sexuality education instruction.

Skill 6: Implementation

- 6.1 Demonstrate strategies for creating a safe, respectful learning environment that fosters open discussion about a wide range of sexuality-related topics.
- 6.2 Demonstrate effective classroom management skills specific to sexuality education.
- 6.3 Convey accurate and developmentally-appropriate information about sexuality.
- 6.4 Engage learners using realistic and relevant situations relating to sexuality education.

Skill 7: Assessment

- 7.1 Use multiple strategies to assess knowledge, skills and attitudes about sexuality that are measurable, observable and aligned with learning objectives.
- 7.2 Analyze assessment results and determine any necessary changes for future sexuality education instruction.
- 7.3 Apply assessment results to the continuous improvement of their sexuality education instruction.

DRAFT

Appendix C Sample Parent Notification/Opt Out Letters

Notification Letter for Sexuality Education (COPY ON SCHOOL LETTERHEAD)

Dear Parent or Guardian:

This school year your child will receive sexuality education as part of Portland Public School's overall health education curriculum. Depending on your child's grade level, topics may include:

- Personal Safety
- Human Reproduction and Childbirth
- Puberty
- HIV/AIDS and Sexually Transmitted Infections (STDs)
- Contraception and Pregnancy Prevention
- Abstinence
- Healthy Relationships
- Decision Making

You are welcome to contact your child's Health Teacher to preview the lessons we'll be teaching your student and/or the lessons are also available on the organization's website here (<http://www.advocatesforyouth.org/3rs-curr-lessonplans>).

Portland Public Schools acknowledges that parents/guardians are the primary sexuality educators for their child/children and we are committed to partnering with you to provide supplementary resources to support you in this role.

Parents/guardians have the option of excluding their child from any portion of sexuality education instruction if it is in conflict with conscience, moral, or religious beliefs. If this is the case with your child, please fill out the exclusion form and send it to your child's health education teacher. Students who are excused will be assigned study hall for the time.

Sincerely,

Name of Principal or Superintendent
Portland Public Schools

I wish for my child, _____, to be excused from:

- _____ Personal Safety (all grades)
- _____ Human Reproduction and Childbirth (introduced in 5th grade)
- _____ Puberty (introduced in 4th grade)
- _____ HIV/AIDS and Sexually Transmitted Infections (introduced in 5th grade)
- _____ Contraception and Pregnancy Prevention (introduced in middle school)
- _____ Abstinence (all grades)
- _____ Healthy Relationships (all grades)
- _____ Decision Making (all grades)

Parent/Guardian Signature _____

Date _____

Student's Health Teacher
