

Dear Parent or Guardian:

At the beginning of the second trimester, health classes will be starting the state required (OAR Rule 581-022-1440) comprehensive human sexuality education unit. Comprehensive means complete, medically accurate, and age-appropriate. Comprehensive **does not** mean that young people are encouraged (or taught how) to have sex; it teaches that most adults will have sexual relationships in their lives, and the fact that it takes learning throughout life from trusted adults to promote that these relationships are healthy and safe. These key components of comprehensive sexuality education encourage young people to choose abstinence as the safest way to prevent sexually transmitted infections and unintended pregnancy, but also provides the skills and knowledge necessary to equip them to make healthy and safe decisions. Students are encouraged to discuss topics with trusted adults or family members in order to make sure that their future choices align with their own core values and beliefs.

Our unit will be broken down into three main sections:

1. Sexual and reproductive anatomy and physiology. Puberty, menstruation, and reproduction.
2. Prevention of HIV and other sexually transmitted infections. How different forms of contraception work to prevent pregnancy.
3. Learning about gender roles, and laws around consent. Understanding different ways that people identify in order to promote inclusion and respect of all students.

If you have questions about any parts of the curriculum please contact your student's health teacher. Oregon law (ORS 336.035(2)) allows for parents to excuse their student from all or part of the comprehensive human sexuality education unit. Students that opt out will be assigned other health related assignments during that time.

Please only fill out the form below if you DO NOT want your student to participate in specific parts or the entire comprehensive human sexuality education unit.

I wish for my child, _____, to be excused from this portion of the sexuality education unit (indicate specific part or all below)

_____.

Parent/Guardian Signature _____ Date _____

If opting out, please return this form to your student's health teacher as soon as possible.

