National Sexuality Education Standards

Core Content and Skills, K–12

FoSE
Future of Sex Education

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The American Association of Health Education (www.aahperd.org/aahe) serves educators and other professionals who promote the health of all people through education and health promotion strategies.

The American School Health Association (www.ashaweb.org) works to build the capacity of its members to plan, develop, coordinate, implement, evaluate and advocate for effective school health strategies that contribute to optimal health and academic outcomes for all children and youth.

The National Education Association – Health Information Network (www.neahin.org) works to improve the health and safety of the school community through disseminating information that empowers school professionals and positively impacts the lives of their students.

The Society of State Leaders of Health and Physical Education (www.thesociety.org) utilizes advocacy, partnerships, professional development and resources to build the capacity of school health leaders to implement effective health education and physical education policies and practices that support success in school, work and life.

The Future of Sex Education (FoSE) Initiative is a partnership between **Advocates for Youth, Answer** and the **Sexuality Information and Education Council of the U.S. (SIECUS)** that seeks to create a national dialogue about the future of sex education and to promote the institutionalization of comprehensive sexuality education in public schools. To learn more, please visit **www.futureofsexed.org**.

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Introduction and Background

The goal of the *National Sexuality Education Standards: Core Content and Skills, K–12* is to provide clear, consistent and straightforward guidance on the *essential minimum, core content* for sexuality education that is developmentally and age-appropriate for students in grades K–12.The development of these standards is a result of an ongoing initiative, the Future of Sex Education (FoSE). Forty individuals from the fields of health education, sexuality education, public health, public policy, philanthropy and advocacy convened for a two-day meeting in December 2008 to create a strategic plan for sexuality education policy and implementation. A key strategic priority that emerged from this work was the creation of national sexuality education standards to advance the implementation of sexuality education in US public schools.

Specifically, the *National Sexuality Education Standards* were developed to address the inconsistent implementation of sexuality education nationwide and the limited time allocated to teaching the topic. Health education, which typically covers a broad range of topics including sexuality education, is given very little time in the school curriculum. According to the School Health Policies and Practices Study, a national survey conducted by the Centers for Disease Control and Prevention's Division of Adolescent School Health to assess school health policies and practices, a median total of 17.2 hours is devoted to instruction in HIV, pregnancy and STD prevention: 3.1 hours in elementary, 6 hours in middle and 8.1 hours in high school.[1]

Given these realities, the *National Sexuality Education Standards* were designed to:

- Outline what, based on research and extensive professional expertise, are the **minimum, essential content and skills** for sexuality education K–12 given student needs, limited teacher preparation and typically available time and resources.
- Assist schools in designing and delivering sexuality education K–12 that is **planned, sequential** and **part of a comprehensive school health education approach.**
- Provide a clear rationale for teaching sexuality education content and skills at different grade levels that is **evidence-informed, age-appropriate** and **theory-driven.**
- Support schools in **improving academic performance** by addressing a content area that is both **highly relevant to students** and **directly related to high school graduation rates.**
- Present sexual development as a **normal, natural, healthy part of human development** that should be a part of every health education curriculum.
- Offer clear, concise **recommendations for school personnel** on what is age-appropriate to teach students at different grade levels.
- Translate an emerging body of **research related to school-based sexuality education** so that it can be put into practice in the classroom.

The *National Health Education Standards*[2] (NHES) heavily influenced the development of the *National Sexuality Education Standards*. First created in 1995 and updated in 2007, the NHES were developed by the Joint Committee on National Health Education Standards of the American Cancer Society and widely adopted by states and local school districts. The NHES focus on a student's ability to understand key concepts and learn particular skills for using that content. These standards were developed to serve as the underpinning for health education knowledge and skills students should attain by grades 2, 5, 8 and 12. **The NHES do not address any specific health content areas, including content for sexuality education.**

The *National Sexuality Education Standards* were further informed by the work of the CDC's *Health Education Curriculum Analysis Tool (HECAT)*[3]; existing state and international education standards that include sexual health content; the *Guidelines for Comprehensive Sexuality Education: Kindergarten – 12th Grade*[4]; and the *Common Core State Standards for English Language Arts and Mathematics*[5], recently adopted by most states.

Rationale for Sexuality Education in Public Schools

For years, research has highlighted the need to provide effective, comprehensive sexuality education to young people. The US has one of the highest teen pregnancy rates in the industrialized world.[6] Each year in the US, more than 750,000 women ages 15–19 become pregnant,[7] with more than 80 percent of these pregnancies unintended.[8] Furthermore, while young people in the US ages 15–25 make up only one-quarter of the sexually active population, they contract about half of the 19 million sexually transmitted diseases (STDs) annually. This equates to one in four sexually active teenagers contracting a sexually transmitted disease each year.[9] And young people ages 13–29 account for about one-third of the estimated 50,000 new HIV infections each year, the largest share of any age group.[10]

There is also a pressing need to address harassment, bullying and relationship violence in our schools, which have a significant impact on a student's emotional and physical well-being as well as on academic success. According to the 2009 National School Climate Survey, nearly 9 out of 10 lesbian, gay, bisexual or transgender (LGBT) students reported being harassed in the previous year. Two-thirds of LGBT students reported feeling unsafe and nearly one-third skipped at least one day of school because of concerns about their personal safety. LGBT students who reported frequent harassment also suffered from lower grade point averages.[11]

Similarly, teen relationship violence continues to be a pressing problem. Although frequently under-reported, ten percent of teens are physically harmed by their boyfriend or girlfriend in a given year.[12]

Studies have repeatedly found that health programs in school can help young people succeed academically. The most effective strategy is a strategic and coordinated approach to health that includes family and community involvement, school health services, a healthy school environment and health education, which includes sexuality education.[13] [14] [15] In fact, an extensive review of school health initiatives found that **programs that included health education had a positive effect on overall academic outcomes, including reading and math scores**.[15]

Evaluations of comprehensive sexuality education programs show that many of these programs can help youth delay the onset of sexual activity, reduce the frequency of sexual activity, reduce the number of sexual partners, and increase condom and contraceptive use.[16] [17] Researchers recently examined the National Survey of Family Growth to determine the impact of sexuality education on sexual risk-taking for young people ages 15-19, and found that **teens who received comprehensive sexuality education were 50 percent less likely to report a pregnancy** than those who received abstinence-only education.[18]

The CDC has also repeatedly found that student health behaviors and good grades are related, stating: "…students who do not engage in health-risk behaviors receive higher grades than their classmates who do engage in health-risk behaviors."[19]

Further, studies show that physical and emotional health-related problems may inhibit young people from learning by reducing their motivation to learn; diminishing their feelings of connectedness to school; and contributing to absenteeism and drop out.[13] [20]

An example related to sexuality education is teen pregnancy. Teen pregnancy often takes a particular toll on school connectedness for both partners, representing a major disruption in many teens' lives and making it difficult to remain in and/or engaged in school. Many pregnant and parenting teens experience lower grades and higher dropout rates than their non-parenting peers. In fact, research shows that only 51 percent of pregnant and parenting teens graduate from high school as compared to 89 percent of their non-pregnant and parenting peers.[21]

Given the evidence that connects lower risk behaviors to academic success, schools clearly have as vested an interest in keeping students healthy as do parents and other community members. In providing comprehensive sexuality education programs, schools support student health and as such further foster young people's academic achievement.

Parents overwhelmingly favor comprehensive sexuality education in public school at the national and state

levels.[22 23 24 25] In 2004, National Public Radio (NPR), the Kaiser Family Foundation and the Kennedy School of Government released a poll that indicated:

- Ninety-three percent of parents of junior high school students and 91 percent of parents of high school students believe it is very or somewhat important to have sexuality education as part of the school curriculum.
- Ninety-five percent of parents of junior high school students and 93 percent of parents of high school students believe that birth control and other methods of preventing pregnancy are appropriate topics for sexuality education programs in schools.
- Approximately 75 percent of parents believed that the topic of sexual orientation should be included in sexuality education programs and "discussed in a way that provides a fair and balanced presentation of the facts and different views in society."
- Eighty-eight percent of parents of junior high school students and 85 percent of parents of high school students believe information on how to use and where to get contraceptives is an appropriate topic for sexuality education programs in schools.[26]

The *National Sexuality Education Standards* set forth minimum, essential sexuality education core content and skills responsive to the needs of students and in service to their overall academic achievement and sexual health. They fulfill a key recommendation of the White House Office of National AIDS Policy's *National HIV and AIDS Strategy for the United States*, which calls for educating all Americans about the threat of HIV and how to prevent it. This recommendation includes the goal of educating young people about HIV and emphasizes the important role schools can play in providing access to current and accurate information. The strategy notes that it is important to provide access to a baseline of information that is grounded in the benefits of abstinence and delaying or limiting sexual activity, while ensuring that youth who make the decision to be sexually active have the information they need to take steps to protect themselves.[27]

In addition, the *National Sexuality Education Standards* satisfy a key recommendation of the Office of the Surgeon General's *National Prevention and Health Promotion Strategy,* which calls for the provision of effective sexual health education, especially for adolescents. This strategy notes that medically accurate, developmentally appropriate, and evidence-based sexual health education provides students with the skills and resources that help them make informed and responsible decisions.[28]

National Sexuality Education Standards

The Role of Education Standards

Educational standards are commonplace in public education and are a key component in developing a rich learning experience for students. The purpose of standards in general is to provide clear expectations about what students should know and be able to do by the conclusion of certain grade levels. Other equally important components of the student learning experience include pre-service teacher training, professional development and ongoing support and mentoring for teachers, clear school policies that support sexuality education implementation and the teachers who deliver sexuality education, a sequential, age-appropriate curriculum that allows students to practice key skills and assessment tools for all of these elements.

Standards are an important part of the educational process, but they do not provide specific guidance on *how* a topic area should be taught. They also generally do not address special needs students, students for whom English is their second language, or students with any of the other unique attributes of a given classroom or school setting.

In addition, although recommendations made here are based on grade level, children of the same age often develop at different rates and some content may need to be adapted based on the needs of the students.

Sexuality education standards specifically should accomplish the following:

- Provide a framework for curriculum development, instruction and student assessment.
- Reflect the research-based characteristics of effective sexuality education.
- Be informed by relevant health behavior theories and models.
- Focus on health within the context of the world in which students live.
- Focus on the emotional, intellectual, physical and social dimensions of sexual health.
- Teach functional knowledge and essential personal and social skills that contribute directly to healthy sexuality.
- Focus on health promotion, including both abstinence from and risk reduction pertaining to unsafe sexual behaviors.
- Consider the developmental appropriateness of material for students in specific grade spans.
- Include a progression from more concrete to higher-order thinking skills.

- Allow for the integration of more general health content as appropriate.[2]

Goal of the National Sexuality Education Standards

The goal of the *National Sexuality Education Standards: Core Content and Skills, K–12* is:

To provide clear, consistent and straightforward guidance on the essential minimum, core content for sexuality education that is age-appropriate for students in grades K–12.

Guiding Values and Principles

The *National Sexuality Education Standards* are informed by the following guiding values and principles based on current theory, research in the field and the *National Health Education Standards* Review and Revision Panel:

1. Academic achievement and the health status of students are interrelated, and should be recognized as such.
2. All students, regardless of physical or intellectual ability, deserve the opportunity to achieve personal health and wellness, including sexual health.
3. Instruction by qualified sexuality education teachers is essential for student achievement.
4. Sexuality education should teach both information and essential skills that are necessary to adopt, practice, and maintain healthy relationships and behaviors.
5. Students need opportunities to engage in cooperative and active learning strategies, and sufficient time must be allocated for students to practice skills relating to sexuality education.
6. Sexuality education should encourage the use of technology to access multiple valid sources of information, recognizing the significant role that technology plays in young people's lives.
7. Local curriculum planners should implement existing or develop new curricula based on local health needs.
8. Students need multiple opportunities and a variety of assessment strategies to determine their achievement of the sexuality education standards and performance indicators.
9. Improvements in public health, including sexual health, can contribute to a reduction in health care costs.
10. Effective health education can contribute to the establishment of a healthy and productive citizenry.[2]

Theoretical Framework

The *National Sexuality Education Standards* seek to address both the functional knowledge related to sexuality and the specific skills necessary to adopt healthy behaviors and reflect the tenets of social learning theory, social cognitive theory and the social ecological model of prevention. From s*ocial learning theory,* which recognizes that "learning occurs not merely within the learner but also in a particular social context,"[29] there are several key concepts addressed within the *National Sexuality Education Standards*, including:

Personalization. The ability of students to perceive the core content and skills as relevant to their lives increases the likelihood that they will both learn and retain them. Ensuring that students see themselves represented in the materials and learning activities used can assist in furthering personalization.

CHARACTERISTICS OF EFFECTIVE SEXUALITY EDUCATION

Focuses on specific behavioral outcomes.

Addresses individual values and group norms that support health-enhancing behaviors.

Focuses on increasing personal perceptions of risk and harmfulness of engaging in specific health risk behaviors, as well as reinforcing protective factors.

Addresses social pressures and influences.

Builds personal and social competence.

Provides functional knowledge that is basic, accurate and directly contributes to health- promoting decisions and behaviors.

Uses strategies designed to personalize information and engage students.

Provides age-and developmentally-appropriate information, learning strategies, teaching methods and materials.

Incorporates learning strategies, teaching methods and materials that are culturally inclusive.

Provides adequate time for instruction and learning.

Provides opportunities to reinforce skills and positive health behaviors.

Provides opportunities to make connections with other influential persons.

Includes teacher information and plan for professional development and training to enhance effectiveness of instruction and student learning.[2]

Susceptibility. It is widely understood that many young people do not perceive that they are susceptible to the risks of certain behaviors, including sexual activity. Learning activities should encourage students to assess the relative risks of various behaviors, without exaggeration, to highlight their susceptibility to the potential negative outcomes of those behaviors.

Self-Efficacy. Even if students believe they are susceptible, they may not believe they can do anything to reduce their level of risk. Helping students overcome misinformation and develop confidence by practicing skills necessary to manage risk are key to a successful sexuality education curriculum.

Social Norms. Given that middle and high school students are highly influenced by their peers, the perception of what other students are, or are not, doing influences their behavior. Debunking perceptions and highlighting positive behaviors among teens (i.e., the majority of teens are abstinent in middle school and early high school and when they first engage in sexual intercourse many use condoms) can further the adoption of health-positive behaviors.

Skills. Mastery of functional knowledge is necessary but not sufficient to influence behaviors. Skill development is critical to a student's ability to apply core content to their lives.[29]

In addition to social learning theory, *social cognitive theory* (SCT) is reflected throughout the *National Sexuality Education Standards.* Like social learning theory, SCT emphasizes self-efficacy, but adds in the motivation of the learners and an emphasis on the affective or emotional learning domain, an invaluable component of learning about human sexuality.[30]

Finally, the *social ecological model of prevention* also informed the development of these standards. This model focuses on individual, interpersonal, community and society influences and the role of these influences on people over time. Developmentally, the core content and skills for kindergarten and early elementary focus on the individual student and their immediate surroundings (e.g., their family). At the middle and high school levels, core content and skills focus on the expanding world of students that includes their friends and other peers, the media, society and cultural influences.[31]

Topics and Key Indicators

There are seven topics chosen as the minimum, essential content and skills for K–12 sexuality education:

Anatomy and Physiology *(AP)* provides a foundation for understanding basic human functioning.

Puberty and Adolescent Development *(PD)* addresses a pivotal milestone for every person that has an impact on physical, social and emotional development.

Identity *(ID)* addresses several fundamental aspects of people's understanding of who they are.

Pregnancy and Reproduction *(PR)* addresses information about how pregnancy happens and decision-making to avoid a pregnancy.

Sexually Transmitted Diseases and HIV *(SH)* provides both content and skills for understanding and avoiding STDs and HIV, including how they are transmitted, their signs and symptoms and testing and treatment.

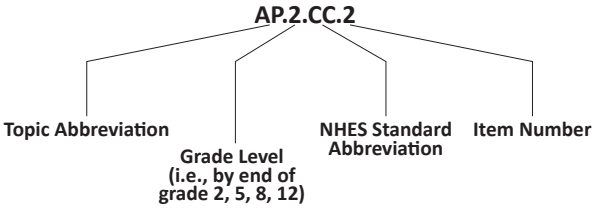
Healthy Relationships *(HR)* offers guidance to students on how to successfully navigate changing relationships among family, peers and partners. Special emphasis is given in the *National Sexuality Education Standards* to the increasing use and impact of technology within relationships.

Personal Safety *(PS)* emphasizes the need for a growing awareness, creation and maintenance of safe school environments for all students.

These seven topics are organized following the eight *National Health Education Standards.*

The *National Sexuality Education Standards* present performance indicators – what students should know and be able to do by the end of grades 2, 5, 8, and 12 – based on the eight *National Health Education Standards* listed in the following table. In addition, the standards are divided into seven specific sexuality education topics. The key to reading the indicators appears to the right. The tables on the following pages present the standards and performance indicators first by grade level and then by topic areas.

Key To Indicators



NATIONAL HEALTH EDUCATION STANDARDS

Core Concepts CC	Standard 1 Students will comprehend concepts related to health promotion and disease prevention to enhance health.
Analyzing Influences INF	Standard 2 Students will analyze the influence of family, peers, culture, media, technology and other factors on health behaviors.
Accessing Information AI	Standard 3 Students will demonstrate the ability to access valid information and products and services to enhance health.
Interpersonal Communication IC	Standard 4 Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.
Decision-Making DM	Standard 5 Students will demonstrate the ability to use decision-making skills to enhance health.
Goal–Setting GS	Standard 6 Students will demonstrate the ability to use goal-setting skills to enhance health.
Self Management SM	Standard 7 Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.
Advocacy ADV	Standard 8 Students will demonstrate the ability to advocate for personal, family and community health.

Standards by Grade Level

GRADE K-2

	Core Concepts CC	Analyzing Influences INF	Accessing Information AI	Interpersonal Communication IC	Decision-Making DM	Goal Setting GS	Self-Management SM	Advocacy ADV
ANATOMY & PHYSIOLOGY								
By the end of the 2nd grade, students should be able to:	Use proper names for body parts, including male and female anatomy **AP.2.CC.1**							
PUBERTY AND ADOLESCENT DEVELOPMENT								
	No items							
IDENTITY								
By the end of the 2nd grade, students should be able to:	Describe differences and similarities in how boys and girls may be expected to act **ID.2.CC.1**	Provide examples of how friends, family, media, society and culture influence ways in which boys and girls think they should act **ID.2.INF.1**						
PREGNANCY AND REPRODUCTION								
By the end of the 2nd grade, students should be able to:	Explain that all living things reproduce **PR.2.CC.1**							
SEXUALLY TRANSMITTED DISEASES AND HIV								
	No items							
HEALTHY RELATIONSHIPS								
By the end of the 2nd grade, students should be able to:	Identify different kinds of family structures **HR.2.CC.1**			Demonstrate ways to show respect for different types of families **HR.2.IC.1**				
	Describe the characteristics of a friend **HR.2.CC.2**			Identify healthy ways for friends to express feelings to each other **HR.2.IC.2**				

	Core Concepts CC	Analyzing Influences INF	Accessing Information AI	Interpersonal Communication IC	Decision-Making DM	Goal Setting GS	Self-Management SM	Advocacy ADV
PERSONAL SAFETY								
By the end of the 2nd grade, students should be able to:	Explain that all people, including children, have the right to tell others not to touch their body when they do not want to be touched **PS.2.CC.1**		Identify parents and other trusted adults they can tell if they are feeling uncomfortable about being touched **PS.2.AI.1**	Demonstrate how to respond if someone is touching them in a way that makes them feel uncomfortable **PS.2.IC.1**			Demonstrate how to clearly say no, how to leave an uncomfortable situation, and how to identify and talk with a trusted adult if someone is touching them in a way that makes them feel uncomfortable **PS.2.SM.1**	
	Explain what bullying and teasing are **PS.2.CC.2**							
	Explain why bullying and teasing are wrong **PS.2.CC.3**		Identify parents and other trusted adults they can tell if they are being bullied or teased **PS.2.AI.2**	Demonstrate how to respond if someone is bullying or teasing them **PS.2.IC.2**				

GRADE 3-5

	Core Concepts CC	Analyzing Influences INF	Accessing Information AI	Interpersonal Communication IC	Decision-Making DM	Goal Setting GS	Self-Management SM	Advocacy ADV
ANATOMY & PHYSIOLOGY								
By the end of the 5th grade, students should be able to:	Describe male and female reproductive systems including body parts and their functions **AP.5.CC.1**		Identify medically-accurate information about female and male reproductive anatomy **AP.5.AI.1**					
PUBERTY AND ADOLESCENT DEVELOPMENT								
By the end of the 5th grade, students should be able to:	Explain the physical, social and emotional changes that occur during puberty and adolescence **PD.5.CC.1**	Describe how friends, family, media, society and culture can influence ideas about body image **PD.5.INF.1**	Identify medically-accurate information and resources about puberty and personal hygiene **PD.5.AI.1**				Explain ways to manage the physical and emotional changes associated with puberty **PD.5.SM.1**	
	Explain how the timing of puberty and adolescent development varies considerably and can still be healthy **PD.5.CC.2**		Identify parents or other trusted adults of whom students can ask questions about puberty and adolescent health issues **PD.5.AI.2**					
	Describe how puberty prepares human bodies for the potential to reproduce **PAD.5.CC.3**							
IDENTITY								
By the end of the 5th grade, students should be able to:	Define sexual orientation as the romantic attraction of an individual to someone of the same gender or a different gender **ID.5.CC.1**		Identify parents or other trusted adults of whom students can ask questions about sexual orientation **ID.5.AI.1**				Demonstrate ways to treat others with dignity and respect **ID.5.SM.1**	Demonstrate ways students can work together to promote dignity and respect for all people **ID.5.ADV.1**

	Core Concepts CC	Analyzing Influences INF	Accessing Information AI	Interpersonal Communication IC	Decision-Making DM	Goal Setting GS	Self-Management SM	Advocacy ADV
PREGNANCY AND REPRODUCTION								
By the end of the 5th grade, students should be able to:	Describe the process of human reproduction **PR.5.CC.1**							
SEXUALLY TRANSMITTED DISEASES AND HIV								
By the end of the 5th grade, students should be able to:	Define HIV and identify some age appropriate methods of transmission, as well as ways to prevent transmission **SH.5.CC.1**							
HEALTHY RELATIONSHIPS								
By the end of the 5th grade, students should be able to:	Describe the characteristics of healthy relationships **HR.5.CC.1**	Compare positive and negative ways friends and peers can influence relationships **HR.5.INF.1**	Identify parents and other trusted adults they can talk to about relationships **HR.5.AI.1**	Demonstrate positive ways to communicate differences of opinion while maintaining relationships **HR.5.IC.1**			Demonstrate ways to treat others with dignity and respect **HR.5.SM.1**	
PERSONAL SAFETY								
By the end of the 5th grade, students should be able to:	Define teasing, harassment and bullying and explain why they are wrong **PS.5.CC.1**	Explain why people tease, harass or bully others **PS.5.INF.1**	Identify parents and other trusted adults they can tell if they are being teased, harassed or bullied **PS.5.AI.1**	Demonstrate ways to communicate about how one is being treated **PS.5.IC.1**			Discuss effective ways in which students could respond when they are or someone else is being teased, harassed or bullied **PS.5.SM.1**	Persuade others to take action when someone else is being teased, harassed or bullied **PS.5.ADV.1**
	Define sexual harassment and sexual abuse **PS.5.CC.2**		Identify parents or other trusted adults they can tell if they are being sexually harassed or abused **PS.5.AI.2**	Demonstrate refusal skills (e.g. clear "no" statement, walk away, repeat refusal) **PS.5.IC.2**				

GRADES 6-8

	Core Concepts CC	Analyzing Influences INF	Accessing Information AI	Interpersonal Communication IC	Decision-Making DM	Goal Setting GS	Self-Management SM	Advocacy ADV
ANATOMY AND PHYSIOLOGY								
By the end of the 8th grade, students should be able to:	Describe male and female sexual and reproductive systems including body parts and their functions **AP.8.CC.1**		Identify accurate and credible sources of information about sexual health **AP.8.AI.1**					
PUBERTY AND ADOLESCENT DEVELOPMENT								
By the end of the 8th grade, students should be able to:	Describe the physical, social, cognitive and emotional changes of adolescence **PD.8.CC.1**	Analyze how friends, family, media, society and culture can influence self-concept and body image **PD.8.INF.1**	Identify medically-accurate sources of information about puberty, adolescent development and sexuality **PD.8.AI.1**		Demonstrate the use of a decision-making model and evaluate possible outcomes of decisions adolescents might make **PD.8.DM.1**			
IDENTITY								
By the end of the 8th grade, students should be able to:	Differentiate between gender identity, gender expression and sexual orientation **ID.8.CC.1**	Analyze external influences that have an impact on one's attitudes about gender, sexual orientation and gender identity **ID.8.INF.1**	Access accurate information about gender identity, gender expression and sexual orientation **ID.8.AI.1**	Communicate respectfully with and about people of all gender identities, gender expressions and sexual orientations **ID.8.IC.1**				Develop a plan to promote dignity and respect for all people in the school community **ID.8.ADV.1**
	Explain the range of gender roles **ID.8.CC.2**							
PREGNANCY AND REPRODUCTION								
By the end of the 8th grade, students should be able to:	Define sexual intercourse and its relationship to human reproduction **PR.8.CC.1**							
	Define sexual abstinence as it relates to pregnancy prevention **PR.8.CC.2**	Examine how alcohol and other substances, friends, family, media, society and culture influence decisions about engaging in sexual behaviors **PR.8.INF.1**		Demonstrate the use of effective communication skills to support one's decision to abstain from sexual behaviors **PR.8.IC.1**				

	Core Concepts CC	Analyzing Influences INF	Accessing Information AI	Interpersonal Communication IC	Decision-Making DM	Goal Setting GS	Self-Management SM	Advocacy ADV
PREGNANCY AND REPRODUCTION (CONTINUED)								
By the end of the 8th grade, students should be able to:	Explain the health benefits, risks and effectiveness rates of various methods of contraception, including abstinence and condoms **PR.8.CC.3**		Identify medically-accurate resources about pregnancy prevention and reproductive health care **PR.8.AI.1**	Demonstrate the use of effective communication and negotiation skills about the use of contraception including abstinence and condoms **PR.8.IC.2**	Apply a decision-making model to various sexual health decisions **PR.8.DM.1**		Describe the steps to using a condom correctly **PR.8.SM.1**	
	Define emergency contraception and its use **PR.8.CC.4**		Identify medically-accurate information about emergency contraception **PR.8.AI.2**					
	Describe the signs and symptoms of a pregnancy **PR.8.CC.5**		Identify medically-accurate sources of pregnancy-related information and support including pregnancy options, safe surrender policies and prenatal care **PR.8.AI.3**					
	Identify prenatal practices that can contribute to a healthy pregnancy **PR.8.CC.6**							
SEXUALLY TRANSMITTED DISEASES AND HIV								
By the end of the 8th grade, students should be able to:	Define STDs, including HIV, and how they are and are not transmitted **SH.8.CC.1**		Identify medically-accurate information about STDs, including HIV **SH.8.AI.1**					
	Compare and contrast behaviors, including abstinence, to determine the potential risk of STD/HIV transmission from each **SH.8.CC.2**	Analyze the impact of alcohol and other drugs on safer sexual decision-making and sexual behaviors **SH.8.INF.1**		Demonstrate the use of effective communication skills to reduce or eliminate risk for STDs, including HIV **SH.8.IC.1**		Develop a plan to eliminate or reduce risk for STDs, including HIV **SH.8.GS.1**	Describe the steps to using a condom correctly **SH.8.SM.1**	

GRADES 6-8 (CONTINUED)

	Core Concepts CC	Analyzing Influences INF	Accessing Information AI	Interpersonal Communication IC	Decision-Making DM	Goal Setting GS	Self-Management SM	Advocacy ADV
SEXUALLY TRANSMITTED DISEASES AND HIV (CONTINUED)								
By the end of the 8th grade, students should be able to:	Describe the signs, symptoms and potential impacts of STDs, including HIV **SH.8.CC.3**		Identify local STD and HIV testing and treatment resources **SH.8.AI.2**					
HEALTHY RELATIONSHIPS								
By the end of the 8th grade, students should be able to:	Compare and contrast the characteristics of healthy and unhealthy relationships **HR.8.CC.1**	Analyze the ways in which friends, family, media, society and culture can influence relationships **HR.8.INF.1**					Explain the criteria for evaluating the health of a relationship **HR.8.SM.1**	
	Describe the potential impacts of power differences such as age, status or position within relationships **HR.8.CC.2**							
	Analyze the similarities and differences between friendships and romantic relationships **HR.8.CC.3**			Demonstrate communication skills that foster healthy relationships **HR.8.IC.1**				
	Describe a range of ways people express affection within various types of relationships **HR.8.CC.4**			Demonstrate effective ways to communicate personal boundaries and show respect for the boundaries of others **HR.8.IC.2**				
	Describe the advantages and disadvantages of communicating using technology and social media **HR.8.CC.5**	Analyze the impact of technology and social media on friendships and relationships **HR.8.INF.2**		Demonstrate effective skills to negotiate agreements about the use of technology in relationships **HR.8.IC.3**		Develop a plan to stay safe when using social media **HR.8.GS.1**	Describe strategies to use social media safely, legally and respectfully **HR.8.SM.2**	

	Core Concepts CC	Analyzing Influences INF	Accessing Information AI	Interpersonal Communication IC	Decision-Making DM	Goal Setting GS	Self-Management SM	Advocacy ADV
PERSONAL SAFETY								
By the end of the 8th grade, students should be able to:	Describe situations and behaviors that constitute bullying, sexual harassment, sexual abuse, sexual assault, incest, rape and dating violence **PS.8.CC.1**		Identify sources of support such as parents or other trusted adults that they can go to if they are or someone they know is being bullied, harassed, abused or assaulted **PS.8.AI.1**	Demonstrate ways to communicate with trusted adults about bullying, harassment, abuse or assault **PS.8.IC.1**			Describe ways to treat others with dignity and respect **PS.8.SM.1**	Advocate for safe environments that encourage dignified and respectful treatment of everyone **PS.8.ADV.1**
	Discuss the impacts of bullying, sexual harassment, sexual abuse, sexual assault, incest, rape and dating violence and why they are wrong **PS.8.CC.2**						Demonstrate ways they can respond when someone is being bullied or harassed **PS.8.SM.2**	
	Explain that no one has the right to touch anyone else in a sexual manner if they do not want to be touched **PS.8.CC.3**							
	Explain why a person who has been raped or sexually assaulted is not at fault **PS.8.CC.4**							

GRADES 9-12

	Core Concepts CC	Analyzing Influences INF	Accessing Information AI	Interpersonal Communication IC	Decision-Making DM	Goal Setting GS	Self-Management SM	Advocacy ADV
ANATOMY AND PHYSIOLOGY								
By the end of the 12th grade, students should be able to:	Describe the human sexual response cycle, including the role hormones play **AP.12.CC.1**							
PUBERTY AND ADOLESCENT DEVELOPMENT								
By the end of the 12th grade, students should be able to:	Analyze how brain development has an impact on cognitive, social and emotional changes of adolescence and early adulthood **PD.12.CC.1**	Analyze how friends, family, media, society and culture can influence self-concept and body image **PD.12.INF.1**			Apply a decision-making model to various situations relating to sexual health **PD.12.DM.1**			
IDENTITY								
By the end of the 12th grade, students should be able to:	Differentiate between biological sex, sexual orientation, and gender identity and expression **ID.12.CC.1**	Analyze the influence of friends, family, media, society and culture on the expression of gender, sexual orientation and identity **ID.12.INF.1**					Explain how to promote safety, respect, awareness and acceptance **ID.12.SM.1**	Advocate for school policies and programs that promote dignity and respect for all **ID.12.ADV.1**
	Distinguish between sexual orientation, sexual behavior and sexual identity **ID.12.CC.2**							
PREGNANCY AND REPRODUCTION								
By the end of the 12th grade, students should be able to:	Compare and contrast the advantages and disadvantages of abstinence and other contraceptive methods, including condoms **PR.12.CC.1**	Analyze influences that may have an impact on deciding whether or when to engage in sexual behaviors **PR.12.INF.1**	Access medically-accurate information about contraceptive methods, including abstinence and condoms **PR.12.AI.1**	Demonstrate ways to communicate decisions about whether or when to engage in sexual behaviors **PR.12.IC.1**	Apply a decision-making model to choices about contraception, including abstinence and condoms **PR.12.DM.1**		Describe the steps to using a condom correctly **PR.12.SM.1**	

	Core Concepts CC	Analyzing Influences INF	Accessing Information AI	Interpersonal Communication IC	Decision-Making DM	Goal Setting GS	Self-Management SM	Advocacy ADV
PREGNANCY AND REPRODUCTION (CONTINUED)								
By the end of the 12th grade, students should be able to:	Define emergency contraception and describe its mechanism of action **PR.12.CC.2**		Access medically-accurate information and resources about emergency contraception **PR.12.AI.2**					
	Identify the laws related to reproductive and sexual health care services (i.e., contraception, pregnancy options, safe surrender policies, prenatal care) **PR.12.CC.3**							
	Describe the signs of pregnancy **PR.12.CC.4**	Analyze internal and external influences on decisions about pregnancy options **PR.12.INF.2**	Access medically-accurate information about pregnancy and pregnancy options **PR.12.AI.3**					
	Describe prenatal practices that can contribute to or threaten a healthy pregnancy **PR.12.CC.5**	Analyze factors that influence decisions about whether and when to become a parent **PR.12.INF.3**	Access medically-accurate information about prenatal care services **PR.12.AI.4**		Assess the skills and resources needed to become a parent **PR.12.DM.2**			
	Compare and contrast the laws relating to pregnancy, adoption, abortion and parenting **PR.12.CC.6**							

GRADES 9-12 (CONTINUED)

	Core Concepts CC	Analyzing Influences INF	Accessing Information AI	Interpersonal Communication IC	Decision-Making DM	Goal Setting GS	Self-Management SM	Advocacy ADV
SEXUALLY TRANSMITTED DISEASES AND HIV								
By the end of the 12th grade, students should be able to:	Describe common symptoms of and treatments for STDs, including HIV **SH.12.CC.1**		Explain how to access local STD and HIV testing and treatment services **SH.12.AI.1**	Demonstrate skills to communicate with a partner about STD and HIV prevention and testing **SH.12.IC.1**	Apply a decision-making model to choices about safer sex practices, including abstinence and condoms **SH.12.DM.1**		Analyze individual responsibility about testing for and informing partners about STDs and HIV status **SH.12.SM.1**	
	Evaluate the effectiveness of abstinence, condoms and other safer sex methods in preventing the spread of STDs, including HIV **SH.12.CC.2**	Analyze factors that may influence condom use and other safer sex decisions **SH.12.INF.1**	Access medically-accurate prevention information about STDs, including HIV **SH.12.AI.2**			Develop a plan to eliminate or reduce risk for STDs, including HIV **SH.12.GS.1**	Describe the steps to using a condom correctly **SH.12.SM.2**	Advocate for sexually active youth to get STD/HIV testing and treatment **SH.12.ADV.1**
	Describe the laws related to sexual health care services, including STD and HIV testing and treatment **SH.12.CC.3**							
HEALTHY RELATIONSHIPS								
By the end of the 12th grade, students should be able to:	Describe characteristics of healthy and unhealthy romantic and/or sexual relationships **HR.12.CC.1**	Explain how media can influence one's beliefs about what constitutes a healthy sexual relationship **HR.12.INF.1**	Demonstrate how to access valid information and resources to help deal with relationships **HR.12.AI.1**	Demonstrate effective strategies to avoid or end an unhealthy relationship **HR.12.IC.1**				
	Describe a range of ways to express affection within healthy relationships **HR.12.CC.2**							
	Define sexual consent and explain its implications for sexual decision-making **HR.12.CC.3**	Analyze factors, including alcohol and other substances, that can affect the ability to give or perceive the provision of consent to sexual activity **HR.12.INF.2**		Demonstrate effective ways to communicate personal boundaries as they relate to intimacy and sexual behavior **HR.12.IC.2**			Demonstrate respect for the boundaries of others as they relate to intimacy and sexual behavior **HR.12.SM.1**	

	Core Concepts CC	Analyzing Influences INF	Accessing Information AI	Interpersonal Communication IC	Decision-Making DM	Goal Setting GS	Self-Management SM	Advocacy ADV
HEALTHY RELATIONSHIPS								
By the end of the 12th grade, students should be able to:	Evaluate the potentially positive and negative roles of technology and social media in relationships **HR.12.CC.4**						Describe strategies to use social media safely, legally and respectfully **HR.12.SM.2**	
PERSONAL SAFETY								
By the end of the 12th grade, students should be able to:	Compare and contrast situations and behaviors that may constitute bullying, sexual harassment, sexual abuse, sexual assault, incest, rape and dating violence **PS.12.CC.1**		Access valid resources for help if they or someone they know are being bullied or harassed, or have been sexually abused or assaulted **PS.12.AI.1**	Demonstrate effective ways to communicate with trusted adults about bullying, harassment, abuse or assault **PS.12.IC.1**				Advocate for safe environments that encourage dignified and respectful treatment of everyone **PS.12.ADV.1**
	Analyze the laws related to bullying, sexual harassment, sexual abuse, sexual assault, incest, rape and dating violence **PS.12.CC.2**	Describe potential impacts of power differences (e.g., age, status or position) within sexual relationships **PS.12.INF.1**	Demonstrate ways to access accurate information and resources for survivors of sexual abuse, incest, rape, sexual harassment, sexual assault and dating violence **PS.12.AI.2**	Identify ways in which they could respond when someone else is being bullied or harassed **PS.12.IC.2**				
	Explain why using tricks, threats or coercion in relationships is wrong **PS.12.CC.3**	Analyze the external influences and societal messages that impact attitudes about bullying, sexual harassment, sexual abuse, sexual assault, incest, rape and dating violence **PS.12.INF.2**						
	Explain why a person who has been raped or sexually assaulted is not at fault **PS.12.CC.4**							

Standards by Topic Area

ANATOMY AND PHYSIOLOGY

	Core Concepts CC	Analyzing Influences INF	Accessing Information AI	Interpersonal Communication IC	Decision-Making DM	Goal Setting GS	Self-Management SM	Advocacy ADV
BY THE END OF THE 2ND GRADE, STUDENTS SHOULD BE ABLE TO:								
	Use proper names for body parts, including male and female anatomy **AP.2.CC.1**							
BY THE END OF THE 5TH GRADE, STUDENTS SHOULD BE ABLE TO:								
	Describe male and female reproductive systems including body parts and their functions **AP.5.CC.1**		Identify medically-accurate information about female and male reproductive anatomy **AP.5.AI.1**					
BY THE END OF THE 8TH GRADE, STUDENTS SHOULD BE ABLE TO:								
	Describe male and female sexual and reproductive systems including body parts and their functions **AP.8.CC.1**		Identify accurate and credible sources about sexual health **AP.8.AI.1**					
BY THE END OF THE 12TH GRADE, STUDENTS SHOULD BE ABLE TO:								
	Describe the human sexual response cycle, including the role hormones play **AP.12.CC.1**							

PUBERTY AND ADOLESCENT DEVELOPMENT

Core Concepts CC	Analyzing Influences INF	Accessing Information AI	Interpersonal Communication IC	Decision-Making DM	Goal Setting GS	Self-Management SM	Advocacy ADV
BY THE END OF THE 2ND GRADE, STUDENTS SHOULD BE ABLE TO:							
No items							
BY THE END OF THE 5TH GRADE, STUDENTS SHOULD BE ABLE TO:							
Explain the physical, social, and emotional changes that occur during puberty and adolescence **PD.5.CC.1**	Describe how peers, media, family, society and culture influence ideas about body image **PD.5.INF.1**	Identify medically-accurate information and resources about puberty and personal hygiene **PD.5.AI.1**				Explain ways to manage the physical and emotional changes associated with puberty **PD.5.SM.1**	
Explain how the timing of puberty and adolescent development varies considerably and can still be healthy **PD.5.CC.2**		Identify parents or other trusted adults of whom they can ask questions about puberty and adolescent health issues **PD.5.AI.2**					
Describe how puberty prepares human bodies for the potential to reproduce **PD.5.CC.3**							
BY THE END OF THE 8TH GRADE, STUDENTS SHOULD BE ABLE TO:							
Describe the physical, social, cognitive and emotional changes of adolescence **PD.8.CC.1**	Analyze how peers, media, family, society and culture influence self-concept and body image **PD.8.INF.1**	Identify medically-accurate sources of information about puberty, adolescent development and sexuality **PD.8.AI.1**		Demonstrate the use of a decision- making model to evaluate possible outcomes of decisions adolescents might make **PD.8.DM.1**			
BY THE END OF THE 12TH GRADE, STUDENTS SHOULD BE ABLE TO:							
Analyze how brain development has an impact on cognitive, social and emotional changes of adolescence and early adulthood **PD.12.CC.1**	Analyze how peers, media, family, society, religion and culture influence self-concept and body image **PD.12.INF.1**			Apply a decision-making model to various situations relating to sexual health **PD.12.DM.1**			

IDENTITY

Core Concepts CC	Analyzing Influences INF	Accessing Information AI	Interpersonal Communication IC	Decision-Making DM	Goal Setting GS	Self-Management SM	Advocacy ADV
BY THE END OF THE 2ND GRADE, STUDENTS SHOULD BE ABLE TO:							
Describe differences and similarities in how boys and girls may be expected to act **ID.2.CC.1**	Provide examples of how friends, family, media, society and culture influence ways in which boys and girls think they should act **ID.2.INF.1**						
BY THE END OF THE 5TH GRADE, STUDENTS SHOULD BE ABLE TO:							
Define sexual orientation as romantic attraction to an individual of the same gender or of a different gender **ID.5.CC.1**		Identify parents or other trusted adults to whom they can ask questions about sexual orientation **ID.5.AI.1**				Demonstrate ways to treat others with dignity and respect **ID.5.SM.1**	Demonstrate ways students can work together to promote dignity and respect for all people **ID.5.ADV.1**
BY THE END OF THE 8TH GRADE, STUDENTS SHOULD BE ABLE TO:							
Differentiate between gender identity, gender expression and sexual orientation **ID.8.CC.1**	Analyze external influences that have an impact on one's attitudes about gender, sexual orientation and gender identity **ID.8.INF.1**	Access accurate information about gender identity, gender expression and sexual orientation **ID.8.AI.1**	Communicate respectfully with and about people of all gender identities, gender expressions and sexual orientations **ID.8.IC.1**				Develop a plan to promote dignity and respect for all people in the school community **ID.8.ADV.1**
Explain the range of gender roles **ID.8.CC.2**							
BY THE END OF THE 12TH GRADE, STUDENTS SHOULD BE ABLE TO:							
Differentiate between biological sex, sexual orientation, and gender identity and expression **ID.12.CC.1**	Analyze the influence of peers, media, family, society, religion and culture on the expression of gender, sexual orientation and identity **ID.12.INF.1**					Explain how to promote safety, respect, awareness and acceptance **ID.12.SM.1**	Advocate for school policies and programs that promote dignity and respect for all **ID.12.ADV.1**
Distinguish between sexual orientation, sexual behavior and sexual identity **ID.12.CC.2**							

PREGNANCY AND REPRODUCTION

Core Concepts CC	Analyzing Influences INF	Accessing Information AI	Interpersonal Communication IC	Decision-Making DM	Goal Setting GS	Self-Management SM	Advocacy ADV
BY THE END OF THE 2ND GRADE, STUDENTS SHOULD BE ABLE TO:							
Explain that all living things reproduce **PR.2.CC.1**							
BY THE END OF THE 5TH GRADE, STUDENTS SHOULD BE ABLE TO:							
Describe the process of human reproduction **PR.5.CC.1**							
BY THE END OF THE 8TH GRADE, STUDENTS SHOULD BE ABLE TO:							
Define sexual intercourse and its relationship to human reproduction **PR.8.CC.1**							
Define sexual abstinence as it relates to pregnancy prevention **PR.8.CC.2**	Examine how alcohol and other substances, peers, media, family, society and culture influence decisions about engaging in sexual behaviors **PR.8.INF.1**		Demonstrate the use of effective communication skills to support one's decision to abstain from sexual behaviors **PR.8.IC.1**				
Explain the health benefits, risks and effectiveness rates of various methods of contraception, including abstinence and condoms **PR.8.CC.3**		Identify medically-accurate resources about pregnancy prevention and reproductive health care **PR.8.AI.1**	Demonstrate the use of effective communication and negotiation skills about contraception including abstinence and condoms **PR.8.IC.2**	Apply a decision-making model to various sexual health decisions **PR.8.DM.1**		Describe the steps to using a condom correctly **PR.8.SM.1**	
Define emergency contraception and its use **PR.8.CC.4**		Identify medically-accurate information about emergency contraception **PR.8.AI.2**					

PREGNANCY AND REPRODUCTION (CONTINUED)

Core Concepts CC	Analyzing Influences INF	Accessing Information AI	Interpersonal Communication IC	Decision-Making DM	Goal Setting GS	Self-Management SM	Advocacy ADV
BY THE END OF THE 8TH GRADE, STUDENTS SHOULD BE ABLE TO:							
Describe the signs and symptoms of a pregnancy **PR.8.CC.5**		Identify medically-accurate sources of pregnancy-related information and support including pregnancy options, safe surrender policies and prenatal care **PR.8.AI.3**					
Identify prenatal practices that can contribute to a healthy pregnancy **PR.8.CC.6**							
BY THE END OF THE 12TH GRADE, STUDENTS SHOULD BE ABLE TO:							
Compare and contrast the advantages and disadvantages of abstinence and other contraceptive methods, including, condoms **PR.12.CC.1**	Analyze influences that may have an impact on deciding whether or when to engage in sexual behaviors **PR.12.INF.1**	Access medically-accurate information about contraceptive methods, including emergency contraception and condoms **PR.12.AI.1**	Demonstrate ways to communicate decisions about whether or when to engage in sexual behaviors **PR.12.IC.1**	Apply a decision-making model to choices about contraception, including abstinence and condoms **PR.12.DM.1**		Describe the steps to using a condom correctly **PR.12.SM.1**	
Define emergency contraception and describe its mechanism of action **PR.12.CC.2**		Access medically-accurate information and resources about emergency contraception **PR.12.AI.2**					
Identify the laws related to reproductive and sexual health care services (i.e., contraception, pregnancy options, safe surrender policies, prenatal care) **PR.12.CC.3**							

Core Concepts CC	Analyzing Influences INF	Accessing Information AI	Interpersonal Communication IC	Decision-Making DM	Goal Setting GS	Self-Management SM	Advocacy ADV
BY THE END OF THE 12TH GRADE, STUDENTS SHOULD BE ABLE TO:							
Describe the signs of pregnancy **PR.12.CC.4**	Analyze internal and external influences on decisions about pregnancy options **PR.12.INF.2**	Access medically-accurate information about pregnancy options **PR.12.AI.3**					
Describe prenatal practices that can contribute to or threaten a healthy pregnancy **PR.12.CC.5**	Analyze factors that influence decisions about whether and when to become a parent **PR.12.INF.3**	Access medically-accurate information about prenatal care services **PR.12.AI.4**		Assess the skills and resources needed to become a parent **PR.12.DM.2**			
Compare and contrast the laws relating to pregnancy, adoption, abortion and parenting **PR.12.CC.6**							

SEXUALLY TRANSMITTED DISEASES AND HIV

Core Concepts CC	Analyzing Influences INF	Accessing Information AI	Interpersonal Communication IC	Decision-Making DM	Goal Setting GS	Self-Management SM	Advocacy ADV
BY THE END OF THE 2ND GRADE, STUDENTS SHOULD BE ABLE TO:							
No Items							
BY THE END OF THE 5TH GRADE, STUDENTS SHOULD BE ABLE TO:							
Define HIV and identify some age-appropriate methods of transmission, as well as ways to prevent transmission **SH.5.CC.1**							
BY THE END OF THE 8TH GRADE, STUDENTS SHOULD BE ABLE TO:							
Define STDs, including HIV, and how they are and are not transmitted **SH.8.CC.1**		Identify medically-accurate information about STDs, including HIV **SH.8.AI.1**					
Compare and contrast behaviors, including abstinence, to determine the potential risk of STD/HIV transmission from each **SH.8.CC.2**	Analyze the impact of alcohol and other drugs on safer sexual decision-making and sexual behaviors **SH.8.INF.1**		Demonstrate the use of effective communication skills to reduce or eliminate risk for STDs, including HIV **SH.8.IC.1**		Develop a plan to eliminate or reduce risk for STDs, including HIV **SH.8.GS.1**	Describe the steps to using a condom correctly **SH.8.SM.1**	
Describe the signs, symptoms and potential impacts of STDs, including HIV **SH.8.CC.3**		Identify local STD and HIV testing and treatment resources **SH.8.AI.2**					
BY THE END OF THE 12TH GRADE, STUDENTS SHOULD BE ABLE TO:							
Describe common symptoms of and treatments for STDs, including HIV **SH.12.CC.1**		Explain how to access local STD and HIV testing and treatment services **SH.12.AI.1**	Demonstrate skills to communicate with a partner about STD and HIV prevention and testing **SH.12.IC.1**	Apply a decision-making model to choices about safer sex practices, including abstinence and condoms **SH.12.DM.1**		Analyze individual responsibility about testing for and informing partners about STDs and HIV status **SH.12.SM.1**	

Core Concepts CC	Analyzing Influences INF	Accessing Information AI	Interpersonal Communication IC	Decision-Making DM	Goal Setting GS	Self-Management SM	Advocacy ADV
BY THE END OF THE 12TH GRADE, STUDENTS SHOULD BE ABLE TO:							
Evaluate the effectiveness of abstinence, condoms and other safer sex methods in preventing the spread of STDs, including HIV **SH.12.CC.2**	Analyze factors that may influence condom use and other safer sex decisions **SH.12.INF.1**	Access medically-accurate prevention information about STDs, including HIV **SH.12.AI.2**			Develop a plan to eliminate or reduce risk for STDs, including HIV **SH.12.GS.1**	Describe the steps to using a condom correctly **SH.12.SM.2**	Advocate for sexually active youth to get STD/HIV testing and treatment **SH.12.ADV.1**
Describe the laws as they relate to sexual health care services, including STD and HIV testing and treatment **SH.12.CC.3**							

HEALTHY RELATIONSHIPS

Core Concepts CC	Analyzing Influences INF	Accessing Information AI	Interpersonal Communication IC	Decision-Making DM	Goal Setting GS	Self-Management SM	Advocacy ADV
BY THE END OF THE 2ND GRADE, STUDENTS SHOULD BE ABLE TO:							
Describe the characteristics of a friend **HR.2. CC.2**			Identify healthy ways for friends to express feelings to each other **HR.2.IC.2**				
BY THE END OF THE 5TH GRADE, STUDENTS SHOULD BE ABLE TO:							
Describe the characteristics of healthy relationships (e.g., family, friends, peers) **HR.5.CC.1**	Compare positive and negative ways friends and peers can influence relationships **HR.5.INF.1**	Identify parents and other trusted adults they can talk to about relationships **HR.5.AI.1**	Demonstrate positive ways to communicate differences of opinion while maintaining relationships **HR.5.IC.1**			Demonstrate ways to treat others with dignity and respect **HR.5.SM.1**	
BY THE END OF THE 8TH GRADE, STUDENTS SHOULD BE ABLE TO:							
Compare and contrast the characteristics of healthy and unhealthy relationships **HR.8.CC.1**	Analyze the ways in which family, friends, peers, media, society and culture can influence relationships **HR.8.INF.1**					Explain the criteria for evaluating the health of a relationship **HR.8.SM.1**	
Describe the potential impacts of power differences such as age, status or position within relationships **HR.8.CC.2**							
Analyze the similarities and differences between friendships and romantic relationships **HR.8.CC.3**			Demonstrate communication skills that foster healthy relationships **HR.8.IC.1**				
Describe a range of ways people express affection within various types of relationships **HR.8.CC.4**			Demonstrate effective ways to communicate personal boundaries and show respect for the boundaries of others **HR.8.IC.2**				

Core Concepts CC	Analyzing Influences INF	Accessing Information AI	Interpersonal Communication IC	Decision-Making DM	Goal Setting GS	Self-Management SM	Advocacy ADV
BY THE END OF THE 8TH GRADE, STUDENTS SHOULD BE ABLE TO:							
Describe the advantages and disadvantages of communicating using technology and social media **HR.8.CC.5**	Analyze the impact of technology and social media on friendships and relationships **HR.8.INF.2**		Demonstrate effective skills to negotiate agreements about the use of technology in relationships **HR.8.IC.3**		Develop a plan to stay safe when using social media **HR.8.GS.1**	Describe strategies to use social media safely, legally and respectfully **HR.8.SM.2**	
BY THE END OF THE 12TH GRADE, STUDENTS SHOULD BE ABLE TO:							
Describe characteristics of healthy and unhealthy romantic and/or sexual relationships **HR.12.CC.1**	Explain how media can influence one's beliefs about what constitutes a healthy sexual relationship **HR.12.INF.1**	Demonstrate how to access valid information and resources to help deal with relationships **HR.12.AI.1**	Demonstrate effective strategies to avoid or end an unhealthy relationship **HR.12.IC.1**				
Describe a range of ways to express affection within healthy relationships **HR.12.CC.2**							
Define sexual consent and explain its implications for sexual decision-making **HR.12.CC.3**	Analyze factors, including alcohol and other substances, that can affect the ability to give or perceive the provision of consent to sexual activity **HR.12.INF.2**		Demonstrate effective ways to communicate personal boundaries as they relate to intimacy and sexual behavior **HR.12.IC.2**			Demonstrate respect for the boundaries of others as they relate to intimacy and sexual behavior **HR.12.SM.1**	
Evaluate the potentially positive and negative roles of technology and social media in relationships **HR.12.CC.4**						Describe strategies to use social media safely, legally and respectfully **HR.12.SM.2**	

PERSONAL SAFETY

Core Concepts CC	Analyzing Influences INF	Accessing Information AI	Interpersonal Communication IC	Decision-Making DM	Goal Setting GS	Self-Management SM	Advocacy ADV
BY THE END OF THE 2ND GRADE, STUDENTS SHOULD BE ABLE TO:							
Explain that all people, including children, have the right to tell others not to touch their body when they do not want to be touched **PS.2.CC.1**		Identify parents and other trusted adults they can tell if they are feeling uncomfortable about being touched **PS.2.AI.1**	Demonstrate how to respond if someone is touching them in a way that makes them feel uncomfortable **PS.2.IC.1**			Demonstrate how to clearly say no, how to leave an uncomfortable situation, and how to identify and talk with a trusted adult if someone is touching them in a way that makes them feel uncomfortable **PS.2.SM.1**	
Explain what bullying and teasing are **PS.2.CC.2**							
Explain why bullying and teasing are wrong **PS.2.CC.3**		Identify parents and other trusted adults they can tell if they are being bullied or teased **PS.2.AI.2**	Demonstrate how to respond if someone is bullying or teasing them **PS.2.IC.2**				
BY THE END OF THE 5TH GRADE, STUDENTS SHOULD BE ABLE TO:							
Define teasing, harassment and bullying and explain why they are wrong **PS.5.CC.1**	Explain why people tease, harass or bully others **PS.5.INF.1**	Identify parents and other trusted adults students can tell if they are being teased, harassed or bullied **PS.5.AI.1**	Demonstrate ways to communicate about how one is being treated **PS.5.IC.1**			Discuss effective ways in which students could respond when they are or someone else is being teased, harassed or bullied **PS.5.SM.1**	Persuade others to take action when someone else is being teased, harassed or bullied **PS.5.ADV.1**
Define sexual harassment and sexual abuse **PS.5.CC.2**		Identify parents or other trusted adults they can tell if they are being sexually harassed or abused **PS.5.AI.2**	Demonstrate refusal skills (clear "no" statement, walk away, repeat refusal) **PS.5.IC.2**				

Core Concepts CC	Analyzing Influences INF	Accessing Information AI	Interpersonal Communication IC	Decision-Making DM	Goal Setting GS	Self-Management SM	Advocacy ADV
BY THE END OF THE 8TH GRADE, STUDENTS SHOULD BE ABLE TO:							
Describe situations and behaviors that constitute bullying, sexual harassment, sexual abuse, sexual assault, incest, rape and dating violence **PS.8.CC.1**		Identify sources of support such as parents or other trusted adults that they can go to if they are or someone they know is being bullied, harassed, abused or assaulted **PS.8.AI.1**	Demonstrate ways to communicate with trusted adults about bullying, harassment, abuse or assault **PS.8.IC.1**			Describe ways to treat others with dignity and respect **PS.8.SM.1**	Advocate for safe environments that encourage dignified and respectful treatment of everyone **PS.8.ADV.1**
Discuss the impacts of bullying, sexual harassment, sexual abuse, sexual assault, incest, rape and dating violence and why they are wrong **PS.8.CC.2**						Demonstrate ways they can respond when someone is being bullied or harassed **PS.8.SM.2**	
Explain that no one has the right to touch anyone else in a sexual manner if they do not want to be touched **PS.8.CC.3**							
Explain why a person who has been raped or sexually assaulted is not at fault **PS.8.CC.4**							
BY THE END OF THE 12TH GRADE, STUDENTS SHOULD BE ABLE TO:							
Compare and contrast situations and behaviors that may constitute bullying, sexual harassment, sexual abuse, sexual assault, incest, rape and dating violence **PS.12.CC.1**		Access valid resources for help if they or someone they know are being bullied or harassed, or have been sexually abused or assaulted **PS.12.AI.1**	Demonstrate effective ways to communicate with trusted adults about bullying, harassment, abuse or assault **PS.12.IC.1**				Advocate for safe environments that encourage dignified and respectful treatment of everyone **PS.12.ADV.1**

PERSONAL SAFETY (CONTINUED)

Core Concepts CC	Analyzing Influences INF	Accessing Information AI	Interpersonal Communication IC	Decision-Making DM	Goal Setting GS	Self-Management SM	Advocacy ADV
BY THE END OF THE 12TH GRADE, STUDENTS SHOULD BE ABLE TO:							
Analyze the laws related to bullying, sexual harassment, sexual abuse, sexual assault, incest, rape and dating violence **PS.12.CC.2**	Describe potential impacts of power differences (e.g., age, status or position) within sexual relationships **PS.12.INF.1**	Demonstrate ways to access accurate information and resources that provide help for survivors of sexual abuse, incest, rape, sexual harassment, sexual assault and dating violence **PS.12.AI.2**	Identify ways in which they could respond when someone else is being bullied or harassed **PS.12.IC.2**				
Explain why using tricks, threats or coercion in relationships is wrong **PS.12.CC.3**	Analyze the external influences and societal messages that impact attitudes about bullying, sexual harassment, sexual abuse, sexual assault, incest, rape and dating violence **PS.12.INF.2**						
Explain why a person who has been raped or sexually assaulted is not at fault **PS.12.CC.4**							

National Resources

For Teachers

Teachers can find print resources, learn about professional development opportunities and obtain technical assistance through the following national organizations:

Advocates for Youth
2000 M Street NW, Suite 750
Washington, D.C. 20036
(202) 419-3420
www.advocatesforyouth.org

American Association for Health Education
1900 Association Drive
Reston, VA 20191
(800) 213-7191
www.aahperd.org/aahe

American School Health Association
4340 East West Highway Suite 403
Bethesda, MD 20814
(800) 455-2742
www.ashaweb.org

American Social Health Association
P.O. Box 13827
Research Triangle Park, NC 27709
(919) 361-8400
www.iwannaknow.org

Answer
41 Gordon Road, Suite C
Piscataway, NJ 08854
(732) 445-7929
http://answer.rutgers.edu

Association for Middle Level Education
(formerly National Middle School Association)
4151 Executive Parkway, Suite 300
Westerville, OH 43081
(614) 895-4730
www.amle.org

Gay, Lesbian & Straight Education Network
90 Broad Street, 2nd Floor
New York, NY 10004
(212) 727-0135
www.glsen.org

Guttmacher Institute
125 Maiden Lane, 7th Floor
New York, NY 10038
(212) 248-1111
www.guttmacher.org

Healthy Teen Network
1501 Saint Paul Street, Suite 124
Baltimore, MD 21202
(410) 685-0419
www.healthyteennetwork.org

National Association of School Nurses
8484 Georgia Avenue, #420
Silver Spring, MD 20910
(240) 821-1130
www.nasn.org

NEA Health Information Network
1201 16th Street, NW #216
Washington, DC 20036
(202) 822.7570
www.neahin.org

Henry J. Kaiser Family Foundation
2400 Sand Hill Road
Menlo Park, CA 94025
(650) 854-9400
www.kff.org

Rape, Abuse & Incest National Network (RAINN)
2000 L Street NW, Suite 406
Washington, DC 20036
(202) 544-1034
www.rainn.org

Resource Center for Adolescent Pregnancy Prevention (ReCAPP)
ETR Associates
P.O. Box 1830
Santa Cruz, CA 95061
(800) 321-4407
www.etr.org/recapp

Sexuality Information and Education Council of the United States (SIECUS)
90 John Street, Suite 402
New York, NY 10038
(212) 819-9770
www.siecus.org
www.sexedlibrary.org

The National Campaign to Prevent Teen and Unplanned Pregnancy
1776 Massachusetts Avenue NW, Suite 200
Washington, D.C. 20036
(202) 478-8500
www.teenpregnancy.org

Planned Parenthood Federation of America
434 West 33rd Street
New York, NY 10001
(212) 541-7800
www.plannedparenthood.org

The Society of State Leaders in Health and Physical Education
PO Box 40186
Arlington, VA 22204
(202) 286-9138
www.thesociety.org

For School Administrators

There is a great deal of support available for school administrators in supporting the implementation of comprehensive sexuality education in public schools. These organizations can help:

American School Health Association
4340 East West Highway, Suite 403
Bethesda, MD 20814
(800) 455-2742
www.ashaweb.org

American Association for Health Education
1900 Association Drive
Reston, VA 20191
(800) 213-7191
www.aahperd.org/aahe

Association for Middle Level Education
(formerly National Middle School Association)
4151 Executive Parkway, Suite 300
Westerville, OH 43081
(614) 895-4730
www.amle.org

National Association of School Nurses
8484 Georgia Avenue, #420
Silver Spring, MD 20910
(240) 821-1130
www.nasn.org

National School Boards Association
1680 Duke Street
Alexandria, VA 22314
(703) 838-6722
www.nsba.org

National Association of State Boards of Education
2121 Crystal Drive Suite #350
Arlington, VA 22202
(703) 684-4000

The Society of State Leaders in Health and Physical Education
PO Box 40186
Arlington, VA 22204
(202) 286-9138
www.thesociety.org

For Parents

Parents and other adult caregivers play invaluable roles in educating their children about sexuality and relationships. Each organization maintains resources that can support parents in providing accurate information to their children comfortably and within the context of their values.

Advocates for Youth
2000 M Street NW, Suite 750
Washington, DC 20036
(202) 419-3420
www.advocatesforyouth.org/parents-sex-ed-center-home

Answer
41 Gordon Road, Suite C
Piscataway, NJ 08854
(732) 445-7929
http://answer.rutgers.edu/page/parentresources

Sexuality Information and Education Council of the United States (SIECUS)
90 John Street, Suite 402
New York, NY 10038
(212) 819-9770
www.siecus.org/index.cfm?fuseaction=page.viewPage&pageID=632&nodeID=1

For Middle and High School Students

Schools provide an important venue through which to teach young people about sexuality, but young people often have additional questions that they may not feel comfortable directing to their teachers. These organizations all have resources for teens that are age-appropriate and medically accurate:

Advocates for Youth
2000 M Street NW, Suite 750
Washington, D.C. 20036
(202) 419-3420
www.advocatesforyouth.org
www.amplifyyourvoice.org/youthresource

American Social Health Association
PO Box 13827
Research Triangle, NC 27709
(919) 361-8400
www.iwannaknow.org

Answer's Teen-to-Teen Sexuality Education Initiative, *Sex, Etc*.
41 Gordon Road, Suite C
Piscataway, NJ 08854
(732) 445-7929
www.sexetc.org

Rape, Abuse & Incest National Network (RAINN)
2000 L Street NW, Suite 406
Washington, DC 20036
(800) 656-HOPE (24 hour telephone hotline)
www.rainn.org

Glossary

Abortion
A medical intervention that ends a pregnancy.

Abstinence
Choosing to refrain from certain sexual behaviors for a period of time. Some people define abstinence as not having vaginal intercourse, while others define it as not engaging in any sexual activity.

Age of Consent
The age a person is legally able to consent to sexual activity. It varies from state to state, but ranges from 14 to 18 years of age in the United States.

Abstinence-Only Programs
Programs exclusively focused on refraining from all sexual behaviors. They do not necessarily put a condition on when a person might choose to no longer be abstinent.

Abstinence-Only-Until-Marriage Programs
Programs focused exclusively on refraining from all sexual behaviors outside of the context of a heterosexual marriage.

Age-Appropriate
Designed to teach concepts, information, and skills based on the social, cognitive, emotional, and experience level of most students at a particular age level.

AIDS
Acquired Immune Deficiency Syndrome. AIDS is caused by the Human Immunodeficiency Virus (HIV). People do not die from AIDS, they die from one of the infections their body acquires as a result of their weakened immune system. (also see HIV).

Biological Sex
Our sex as determined by our chromosomes (such as XX or XY), our hormones and our internal and external anatomy. Typically, we are assigned the sex of male or female at birth. Those whose chromosomes are different from XX or XY at birth are referred to as "intersex."

Bisexual
A term used to describe a person whose attraction to other people is not necessarily determined by gender. This is different from being attracted to all men or all women.

Body Image
How people feel about their body. This may or may not match a person's actual appearance.

Bullying
Physically, mentally, and/or emotionally intimidating and/or harming an individual or members of a group.

Comprehensive Sexuality Education
Sexuality education programs that build a foundation of knowledge and skills relating to human development, relationships, decision-making, abstinence, contraception, and disease prevention. Ideally, comprehensive sexuality education should start in kindergarten and continue through 12th grade. At each developmental stage, these programs teach age-appropriate, medically accurate information that builds on the knowledge and skills that were taught in the previous stage.

Consensual
When a person agrees to engage in sexual behaviors with another person. "Consensual sex" means that no one was forced or manipulated in any way to participate in a sexual behavior.

Contraception
Any means to prevent pregnancy, including abstinence, barrier methods such as condoms and hormonal methods such as the pill, patch, injection and others.

Dating Violence
Controlling, abusive and/or aggressive behavior within the context of a romantic relationship. It can include verbal, emotional, physical and/or sexual abuse, be perpetrated against someone of any gender and happen in any relationship regardless of sexual orientation.

Gay
A term used to describe people who are romantically and sexually attracted to people of their same gender. Gay women will often use the word "lesbian."

Gender
The emotional, behavioral and cultural characteristics attached to a person's assigned biological sex. Gender can be understood to have several components, including gender identity, gender expression and gender role (see below).

Gender Expression
The manner in which people outwardly expresses their gender.

Gender Identity
People's inner sense of their gender. Most people develop a gender identity that corresponds to their biological sex, but some do not.

Gender Roles
The social expectations of how people should act, think and/or feel based on their assigned biological sex.

Harassment
Unwelcome or offensive behavior by one person to another. Examples are making unwanted sexual comments to another person, sending unwanted sexual texts, bullying or intimidation.

Heterosexual
A term used to describe people who are romantically and sexually attracted to people of a different gender from their own.

HIV
The Human Immunodeficiency Virus (HIV), which causes AIDS (Acquired Immune Deficiency Syndrome). The virus weakens a person's immune system so that the person cannot fight off many everyday infections. HIV is transmitted through exposure to an infected person's blood, semen, vaginal fluids or breast milk.

Homosexual
A term used to describe people who are romantically and sexually attracted to people of their own gender. Most often referred to as "gay" or "lesbian."

Incest
Sexual contact between persons who are so closely related that marriage between those two people would be considered illegal (e.g., a parent or step parent and a child, siblings, etc.).

Lesbian
A term used to describe women who are romantically and sexually attracted to other women.

Medically-Accurate
Grounded in evidence-based, peer-reviewed science and research.

Puberty
A time when the pituitary gland triggers production of testosterone in boys and estrogen and progesterone in girls. Puberty typically begins between ages 9 and 12 for girls, and between the ages of 11 and 14 for boys, and includes such body changes as hair growth around the genitals, menstruation in girls, sperm production in boys, and much more.

Rape
A type of sexual assault that involves forced vaginal, anal, or oral sex using a body part or object.

Sexual Abuse
Sexual abuse is any sort of unwanted sexual contact often over a period of time. A single act of sexual abuse is usually referred to as a "sexual assault" (see below).

Sexual Assault
Any unwanted sex act committed by a person or people against another person.

Sexual Harassment
Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature.

Sexual Intercourse
When a penis is inserted into a vagina, mouth or anus.

Sexual Orientation
Romantic and sexual attraction to people of one's same and/or other genders. Current terms for sexual orientation include gay, lesbian, bisexual, heterosexual and others.

Sexually Transmitted Diseases (STDs)
Diseases caused by bacteria, viruses or parasites that are transmitted from one person to another during sexual contact. Also called sexually transmitted infections or STIs.

Transgender
A gender identity in which a person's inner sense of their gender does not correspond to their assigned biological sex.

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