

Dear Sixth Grade Parents and Guardians,

Three Rivers Charter School is providing you with timely communication regarding your student's participation in health. In two weeks we will start a new unit with sensitive material. An opt out form is attached to this communication. If you decide to opt out of a lesson, we ask that you speak with your child and let him/her know ahead of time that he/she will not be participating in the lesson.

Beginning April 19, your student will begin the topics of personal safety & abuse, sexual health, STDs & disease, identity acceptance, and personal care & puberty. These topic areas have been identified as containing material that may be sensitive for some families. The main ideas from these state standards are outlined below:

- HE.1.6.37 Identify myths and facts of how STDs are transmitted and not transmitted.
- HE.1.6.38 Identify ways to prevent HIV and other STDs.
- HE.1.6.43 & HE.4.6.10 Identify that no one has the right to touch anyone else without giving and receiving consent and that consent is mandatory in all sexual relationships.
- HE.3.6.14 Identify medically-accurate information about STDs and HIV transmission and prevention.
- HE.4.6.11 Explain the use of effective communication skills to reduce or eliminate risk for STDs, including HIV.
- HE.8.6.8 Describe personal health practices that prevent the spread of HIV/AIDS and Hepatitis B and C.
- HE.1.6.25 Define sexual intercourse and its relationship to human reproduction.
- HE.1.6.21 Identify the differences between biological sex, sexual orientation, and gender identity and expression.
- HE.2.6.19 Investigate external influences that have an impact on one's attitudes about gender, sexual orientation and gender identity.
- HE.4.6.5 Identify how to communicate respectfully with and about people of all gender identities, gender expressions and sexual orientations.

If you are interested in viewing the curriculum, you may make an appointment with TRCS staff. We are happy to answer any questions that you may have that will help you to make an informed decision about your child's instructional experience.

Sincerely,

TRCS Staff



## **Health Curriculum Opt-Out**

Name:	_ Student Grade:
Student's Teacher:	
Parent Name(s):	
Parent Phone Number(s):	
Parent Email Address(es):	
Please read below and select all that apply:	
• .	riculum (standard or material covered) and would ed activity during the time of instruction for all
☐ I have previewed the curriculum associate	ed with this unit.
☐ I have told my student that they will not be	e participating.
Parent Signature:	Date: