Parent Notification for 6th Grade Health Studies

Dear Parents/Sponsor,

 Comprehensive Health Education is designed to help students develop healthful behaviors, including the ability to make wise decisions about their health. During Health Education, students will gain an understanding and appreciation of healthful lifestyles that promote lifelong wellness.

Department of Defense Education Activity, (DoDEA), Health Education Strands are organized into six strands encompassing Personal and Community Health; Safety and Injury Prevention; Nutrition and Physical Activity; Mental Health; Alcohol, Tobacco, and Other Drugs; and Family Life and Human Sexuality.

During the last week of the quarter, students will begin their studies in the sixth Health Education strand: Family Life and Human Sexuality. Students will learn about the structure and function of the human reproductive system. Students will learn about the changes that occur in puberty, and the importance of good hygiene. Students will also learn about HIV/AIDS, and other sexually transmitted diseases. Nurse Thomas and another staff member will be co-teach the girls in a classroom, separate from the boys. Ms. Stephenson and another staff member will co-teach this material to the boys in a separate classroom.

As required by instructional standards, all students will receive comprehensive health education information. Parents are invited to review instructional materials and discuss questions or concerns. If **you do not wish** to have your student participate in the Family Life and Human Sexuality study, please sign the Opt Out form on the back of this paper, and have your child return it to Ms. Stephenson as soon as possible. Alternative study materials will be provided to those students who opt not to participate in classroom instruction

Please feel free to contact Ms. Thomas (kathryn.thomas@eu.dodea.edu) or Ms. Stephenson (kim.stephenson@eu.dodea.edu) if you have questions.

Sincerely,

Kathy Thomas, VMS Nurse Kim Stephenson, VMS Teacher, Health 6

**Please sign and return to Ms. Stephenson.**

Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Yes, my child will participate in Family Life and Sexuality lessons for Health Grade 6.

\_\_\_\_\_ No, my child will OPT out of Family Life and Sexuality lessons for Health Grade 6.

Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_