Teaching Sexual Health Education

A Primer for New Teachers, A Refresher for Experienced Teachers

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Contents

A. Preparing to Teach Sexual Health Education: Some Background and Research

- 1. Introduction
- 2. Review of the research
- 3. Reliable sources of sexual health information
- 4. Canadian Guidelines on Sexual Health Education
- 5. Evidence-based outcomes in sexual health information
- 6. Some do's and don'ts for sexual health teaching
- 7. A checklist for your school
- 8. The www.sexualityandu.ca web site: A great source of information for teachers
- 9. Other sources of lesson plans and student projects/webquests
- 10. Are you ready? A self-assessment tool for teachers
- 11. Are you ready? Try these knowledge tests

B. Better Practices in Teaching Sexual Health

- 1. Teaching strategies & tips
- 2. Responding to student questions
- 3. Student assessment in sexual health education
- 4. Parent and community involvement
- 5. Teaching sexual health in conservative communities (religious, rural, cultural etc)
- 6. Teaching students with disabilities

C. Teaching Tools (For Your Use)

- 1. Student personal health journal
- 2. Student evaluation tracker
- 3. Student questions box
- 4. Student participation self-Assessment tool
- 5. Student project evaluation rubrics
- 6. Sample letter to parents explaining program

D. Lesson Plans to Cover the Basic Topics in Sexual Health Education

- 1. Introduction to our teacher resources
- 2. Web resources, lesson plans and webquests by topic

A. Preparing to Teach Sexual Health Education: Some Background and Research

This section provides background information and relevant research on sexual health education that teachers should be aware of in their teaching.

1. Introduction

This booklet has been prepared to assist teachers that have recently been assigned to teaching sexual health information. Hopefully, some of this information will also be useful to teachers who have taught sexual health education for a number of years.

We have provided background information and research in a summary format. This section includes several suggested teaching strategies and tips as well as self assessment tools.

We describe some evidence-based better practices in sexual health education and offer some practical advice for implementing each of those better practices.

The third section of this booklet offers several teacher tools such as Student Personal Health Journals, Student Question Box, student project evaluation rubrics and a sample letter to parents.

The final section presents the many web resources (quizzes, simulations, fact sheets), lesson plans and student webquests that are available on www.sexualityandu.ca. These resources are listed according to sexual health education topics most commonly covered in health education curricula in Canada.

Those topics tend to emphasize the basic things that need to be covered in sexual health education. We have not done justice to any of those topics, so we suggest that teachers look elsewhere for other ideas as well as use these lessons.

We have not covered some topics (such as HIV/AIDS, abortion/adoption, sexual orientation, gender equity) because those topics are well covered in other web sites. Our focus has been on sexual health topics that affect all kids such as puberty, relationships, contraception (including abstinence), sexually transmitted infections, social influences and other basic issues.

Teachers will need to look for a variety of lesson plans and resources to meet the needs of their students. We hope that this collection and this advice can help you get off to a good start in your teaching.

Sexual health is one of the most important parts of the curriculum in junior high school, so these resources are all relevant for those grades. As young people mature and face decisions that may affect their health and well-being forever, they need to know, they need to understand and they need objective, reliable information from their teachers and others.

Good luck in teaching a subject that is always interesting.

If you have any suggestions/comments on this resource, or would like to suggest or contribute a lesson plan or other resource, please contact us at info@sexualityandu.ca



2. Review of the research

Most Canadians agree that teaching sexual health education is important for the health and well being of our youth. Nevertheless, sexuality and the related educational needs of youth are issues that need to be addressed with sound, factual information. So, it is important for teachers and program planners to be able to clearly articulate to school administrators, policy makers, and the community at large the importance of school-based sexual health education.

As a sexual health educator you may be asked why schools need to provide sexual health education. The information in this section provides a strong basis to help you answer this question. You may also want to see:

Public Health Agency of Canada's <u>Canadian Guidelines for Sexual Health Education</u>.

SIECCAN's <u>Common Questions About Sexual Health Education</u>, a useful resource for making the case for school-based sexual health education.

Characteristics of Effective Sexual Health Education

10 Common Characteristics of Effective Curricula

- 1. Effective programs focus on reducing one or more sexual behaviours that lead to unintended pregnancy or STD/HIV infection.
- 2. Effective programs are based on theoretical approaches that have been demonstrated to be effective in influencing other health-related risky behaviours.
- 3. Effective programs give a clear message about sexual activity and condom or contraceptive use and continually reinforce that message.
- 4. Effective programs provide basic, accurate information about the risks of teen sexual activity and about methods of avoiding intercourse or using protection against pregnancy and STDs.
- 5. Effective programs include activities that address social pressures that influence sexual behaviour.
- 6. Effective programs provide modelling of and practice with communication, negotiation, and refusal skills.
- 7. Effective programs employ a variety of teaching methods designed to involve the participants and have them personalize the information.
- 8. Effective programs incorporate behavioural goals, teaching methods, and materials that are appropriate to the age, sexual experience, and culture of the students.



- 9. Effective programs last a sufficient length of time to complete important activities adequately.
- 10. Effective programs select teachers or peer leaders who believe in the program they are implementing and provide them with training.

Elements of Effective Sexuality Education Programs

The following structural elements need to be included in an effective sexual health education program

- mandatory, comprehensive curriculum with appropriate learning knowledge, skills, beliefs/attitudes, social support, preventive health services and behavioural outcomes organized in an well-designed scope and sequence from the early primary years to senior school graduation
- sexuality education program is part of a comprehensive health education program, which in turn, is part of a personal and social development program
- high quality teaching/learning materials, including print, media and technology based alternatives
- active learning and teaching methods
- effective pre-service education for teachers
- good inservice education for teachers
- parent involvement in instruction through good communications with the home and through take home learning activities
- active student involvement in adapting the program to local needs and peer leadership and education in the classroom and the school
- the instructional program is situated within a comprehensive school-community approach to promoting sexual health that includes accessible and convenient adolescent preventive health services, social support from parents and others in the community, a safe healthy physical environment in the school, convenient access to condoms by youth, etc (See our School Checklist below)



3. Reliable sources of sexual health information

We are obviously proud of our web site, <u>www.sexualityandu.ca</u> which is maintained by teams of experts to keep the content relevant and up to date for teachers, teens, parents, adults and health care providers.

The following sources of sexual health information within Canada are also recommended:

- Canadian Federation for Sexual Health
- Sex Information and Education Council of Canada
- Sexual and Reproductive Health Promotion (Public Health Agency of Canada)
- Canadian Association of Sexual Assault Centres
- The Society of Obstetricians and Gynaecologists of Canada
- Infertility Awareness Association of Canada
- Canadian Women's Health Network
- The Vanier Institute of the Family

For more information, see our page of Resources for Teachers

4. Canadian Guidelines for Sexual Health Education

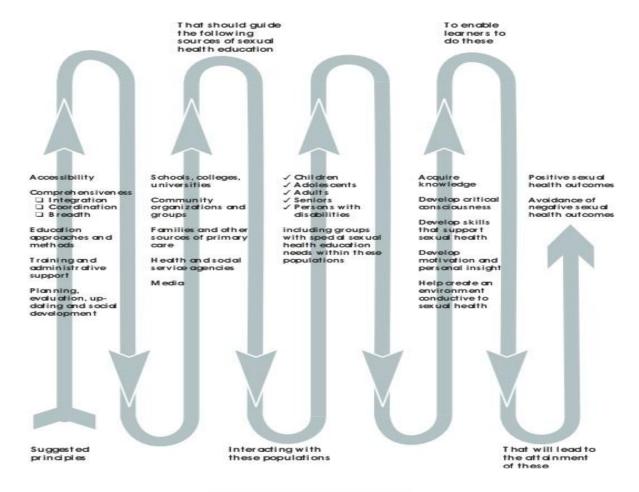
The Public Health Agency of Canada has published guidelines on sexual health education for Canadians of all ages. This guide was prepared with advice from experts, citizens and teachers. This section presents a few excerpts. For a complete copy go to: http://www.phac-aspc.gc.ca/publicat/cgshe-ldnemss/cgshe 2e.htm

Canadian Guidelines on Sexual Health Education

Sexual health is a major, positive part of personal health and healthy living. Sexual health education should be available to all Canadians as an important component of health promotion programs and services. The goals of sexual health education as outlined in the *Guidelines* are as follows:

- to help people achieve positive outcomes (e.g. self-esteem, respect for self and others, non-exploitive sexual relations, rewarding sexual relationships, the joy of desired parenthood); and
- to avoid negative outcomes (e.g. unintended pregnancy, HIV/STIs, sexual coercion, sexual dysfunction).

This Guidelines document proposes a framework that outlines the philosophical and guiding principles for the development, delivery and evaluation of sexual health education. The guideline statements support each principle and provide the context for effective sexual health education programs and policies in Canada. Here is that framework.



5. Evidence-based outcomes in sexual health information

Research has demonstrated that health knowledge alone may not affect behaviour. Behaviour change models such as the Health Belief Model or the Information, Motivation and Behaviour Model suggest that sexual health education should include functional or practical knowledge about the health topic, skills development (both general skills such as decision-making as well as specific skills such as refusal skills), instilling new or corrected normative beliefs about the health topic and helping students to plan and practice selected behaviours to the extent that the classroom and on-line simulations permit.

The learning outcomes described below are more appropriate and effective for sexual health education. Too often we focus on "facts" and knowledge in education that may not be effective in helping students to make healthier choices. For example, the early curricula in HIV/AIDS education included facts on how the virus attacks the T-cells in our bodies. This is interesting stuff and could be part of science classes but this content has less impact on behaviour than functional knowledge related to sexual health. For example, students knowing that a person can have a sexually transmitted infection but still appear to be healthy (a fact which according to a recent Canadian study, many students did not know)

Research has shown that health behaviours and a healthier environment are both enhanced by education that seeks to promote:

- Functional or practical knowledge about the health issue. Sometimes, in our enthusiasm, we include far too many extraneous, medical or other facts about a health issue. Sexual health education should focus on the practical facts and knowledge that can truly influence health.
- General and specific skills and aptitudes Research has shown that general skills such as decision-making, problem-solving and media literacy, as well as specific techniques such as refusal skills or assertiveness should be taught in health education. Try to find lesson plans and activities that enable students to identify, learn and practice these skills.
- Attitudes and beliefs that motivate behaviour or system change. Research in health education indicates that individual attitudes can be influenced by group work, discussions, ranking and categorizing. These are all activities that should be performed often in your classroom.
- Greater self-knowledge and self-esteem Through extensive use of journaling students should be encouraged to maintain a <u>Personal Health Journal</u> Teach your students to identify their own traits, measure, monitor and compare their attitudes and behaviours to others and learn about various social and psychological influences on their health.
- Easier access to health services and information Your sexual health teaching should include activities where students visit health clinics, pharmacies and other places that offer services. Wherever possible, each lesson should include reference to who the students can call for help or where they can go for more information. The www.sexualityandu.ca web site is a great reference tool for this type of follow-up. As well, many sexual health classes can have the students working on activities that disseminate the information to their class or school.



- Overcome barriers to social support from parents, trusted adults and others. Sexual health education classes should also include activities that have students interacting with parents, friends and others on health issues. Some lessons can include advocacy projects where students seek changes to their schools and neighbourhoods such as improving sexual health education in their school, encouraging clinics to be more youth-friendly and finding ways to talk with their parents about health issues.
- **Different ways to handle specific situations or risks** Sexual health education classes should address specific situations or challenges that students can face such as refusing alcohol at a party or assessing their relationship for potential abuse. Try to find lessons that present these problematic situations with practical tips on how to respond or avoid them and where/who to call for help.

Research on health education shows that behaviour change is facilitated by group work, self-monitoring, identifying personal benefits, setting goals and targets, devising coping strategies, accessing health services, benefiting from social support from others and overcoming physical, economic and practical barriers to change. All of these activities should be incorporated into your sexual health teaching.

6. Some do's and don'ts for sexual health teaching

Here are some practical teaching tips for you to consider.

General Advice

It is highly recommended that sexual health education teachers keep parents and guardians informed about all aspects of their sexual health program. For suggested strategies for involving parents and guardians, please refer to the other sections of this booklet.

Teachers should also set a positive classroom climate in which students feel comfortable learning about and discussing sexual health topics. Lesson plans may help educators establish ground rules for discussion and a classroom climate that is open to free inquiry and respectful of various points of view.

These ground rules or classroom discussion/presentation guidelines should include appropriate listening and speaking skills, respecting students who are reluctant to share personal information in group settings, and agreeing to maintain confidentiality if sharing of personal information occurs.

Teachers should actively promote critical thinking and open-mindedness, and refrain from taking sides on one point of view.

Sexual health teachers should also develop and discuss with the students the procedures that they will use in their classroom related to recording and using personal information. This information may be collected as part of students' work for certain lessons. (For example, we recommend that teachers ask their students to keep a Personal Health Journal that will include "public sections" that will be handed in for assignments as well as private reflections and notes that the students will keep. Teachers should explain, for each lesson that asks them to record such information why the information is being collected, what the information will be used for, where the information will be kept; who can access it — students, administrators, parents; how safely it will be kept).

Teachers should also ensure that students are aware that if they disclose personal information that indicates they are at risk for harm, then that information cannot be kept confidential because teachers have legal reporting responsibilities for cases of sexual abuse and assault.

Student Assessment and Evaluation

Teachers should consider using a variety of assessment techniques to assess students' abilities to meet the prescribed learning outcomes of their curriculum. Tools and techniques for assessment can include:

- teacher assessment tools such as observation checklists, rating scales, and scoring guides
- self-assessment tools such as checklists, rating scales, and scoring guides
- peer assessment tools such as checklists, rating scales, and scoring guides
- journals or learning logs
- video (to record and critique student demonstration)
- written tests, oral tests (true/false, multiple choice, short answer)
- worksheets



- portfolios
- student-teacher conferences.

Assessment in sexual health education can also occur while students are engaged in, and based on the product of, activities such as:

- case studies and simulations
- group and class discussions
- brainstorms, clusters, webs
- research projects
- webquests
- role plays
- charts and graphs
- posters, collages, models, web sites
- oral and multimedia presentations
- peer teaching
- personal pledges or contracts.

Classroom Management and Teaching

Here are some tips for your sexual health teaching

Be sincere:

A sincere attitude will make any communication easier. The teacher should be able to express his/her reservations about certain topics.

Express discomfort:

The teacher should not be afraid to express any discomfort. Expressing it will create a more relaxed atmosphere.

Know how to listen:

Listening is an essential part of authentic and efficient communication. The teacher must impart his/her knowledge while being attentive to students' questions, lack of understanding, concerns, worries and thoughts.

Have an open mind:

The teacher must show an open attitude so that the students feel comfortable expressing themselves more freely. The teacher should, for example, accept to hear students' opinions, value the students and be aware that their opinions can change over time.

Be flexible:

The teacher should be flexible and try to respond to concerns and needs that may arise during the workshop, even if doing so does not perfectly correspond to the suggested content.

Respect privacy:

The teacher must specify that he/she intends to discuss facts and opinions, and not his/her own sexual experiences nor those of any student.

Remain calm:

The teacher must calmly listen to the students as they express their opinions, even if he/she does not agree with their statements.



Ask for the students' opinion:

The teacher should ask the students to express their opinions - not ask for confessions.

Answer questions:

It is preferable that the teacher answer questions as they arise. Should the teacher, however, be unsure of the proper answer he/she should look it up rather than give out the wrong information.

Practice talking about sexuality:

It may turn out to be useful for the teacher to practice speaking about sexuality with people close to him/her before presenting a workshop in front of a class.

To establish a good line of communication with the students the teacher must avoid making the following mistakes:

Openly criticizing any students' opinions. This attitude may lead the student(s) to become aggressive and will shut down any further communication;

Lecturing. For example: "In my day we would not have thought/done those kinds of things!"; Laughing at an opinion or a comment, even if it is naïve or amusing.

(Adapted with permission from the Public Health Agency of Canada)

7. A checklist for your school

This section provides a checklist for you to determine how well prepared your school is to promote sexual health.

Sexuality/STI/HIV/AIDS and Schools

Using A Comprehensive School Health Approach to Promote Sexual Health and Prevent STI/HIV-AIDS

A Checklist/Inventory and Needs Assessment

Schools can work with parents and other agencies to promote sexual health (SH) and to prevent sexually transmitted infections or HIV/AIDS. The elements of this comprehensive approach have been described here under the following six categories:

- policy and leadership
- coordinated programs
- instructional programs
- social support
- preventive and treatment services
- physical environment and resources

Several topics are listed under each of the categories. Explanatory articles, summaries and reports, research evidence, Canadian and other local examples, as well as online planning, educational and policy development resources are identified for each topic.

Elements of Comprehensi ve School Health	Do these interventions adequately cover sexual health (SH)?	Inventory (List current resources, people, plans etc) that can help	Changes Needed (List here)
Policy & Leadership	 School board policies and procedures define our SH approach □ public health policies and procedures describe PH role working with school in SH promotion □ personnel have been assigned to SH Promotion in School Board □ personnel have been assigned to school SH promotion by Health Authority 		
Coordinated Programs	☐ School has a whole school approach to SH promotion ☐ Our school SH program is linked with a community- wide SH program ☐ Our school SH program is linked and coordinated with local clinics and physicians ☐ School administrators have received in-service training in SH ☐ Public health nurse plays a coordinating role		
Instructional Programs	 ☐ SH is covered in Personal/Social Development Programs/Health Education ☐ SH is covered in family studies/home economics program/curricula 		

	☐ SH is covered in other curricula (eg science, law, literature etc) Curricula/instructional programs respond to these specific Populations ☐ females ☐ males ☐ homosexual/lesbian youth/transgendered youth ☐ students with disabilities ☐ ethnocultural minority youth ☐ aboriginal youth	
	These specific Issues are covered in instructional programs contraception homophobia sexual harassment/coercion gender equity commercial sex/pornography abstinence anal sex oral sex	
	In-service & Development There is an ongoing teacher in-service program in SH Teachers in school have received pre-service training in SH Public health nurse has training in SH, working with youth and community development as well as educational and organizational change	
Social Support	These activities are used to create social support for SH Student/youth engagement and leadership activities address SH Peer Helper Programs address SH School has parent information, education and involvement for SH program School participates in community awareness and development School has sought and received local media support The role of community sexuality/AIDS organizations is clearly defined	
Preventive and Treatment Services	□ SH information and referral services are publicized to students and parent □ The role of public health in counselling/referrals is clearly defined and implemented □ The role of school guidance counselor in referrals is clearly defined □ STI and HIV testing services are publicized by school □ Adoption/abortion services are publicized by school	
Physical Environment & Resources	☐ School has taken universal hygiene precautions for HIV /other diseases ☐ Students have easy access to condoms in school or nearby ☐ Policies on sexual and other harassment are implemented	

8. The www.sexualityandu.ca web site: A great source of information for teachers

The web site www.sexualityandu.ca is committed to providing you credible and up-to-date information and education on sexual health. This web site is made possible with the guidance and collaboration of a team of distinguished Canadian medical, health and education organizations, and is administered by the Society of Obstetricians and Gynaecologists of Canada. (SOGC)

SOGC is one of North America's oldest national organizations devoted to the specialty of Obstetrics and Gynaecology. The mission of the SOGC is to promote optimal women's health through leadership, collaboration, education, research and advocacy in the practice of obstetrics and gynaecology. The Society welcomes all specialists in Obstetrics and Gynaecology, General Practitioners, Researchers, Nurses, Midwives and other health care providers in Canada and internationally.

The teachers section on the web site has been developed by a team of educators from across Canada and is co-chaired by the staff of the <u>Canadian Association for School Health</u> and the <u>Sex Information and Education Council of Canada</u>. The teachers' section of <u>www.sexualityandu.ca</u> has a number of resources for teachers and those working with teachers. These include:

About Sexual Health Education

Background information on SHE, including research, benefits, misconceptions, descriptions of effective programs andr eports on surveys showing that parents and youth want sexual heath education.

Facts and Statistics: Sexual Health and Canadian Youth

The latest statistics on youth sexual behaviours, attitudes, beliefs and knowledge.

Teaching Tools

Lesson plans, student webquests, communications materials and prepared materials to plan and support meetings with parents. See the more detailed list in the final section of this booklet.

Sexuality and Child Development

Background on child and adolescent development, including questions and topics that will arise at different ages and stages of development.

External Resources

A selected list of web sites covering topics and perspectives that are not fully covered on the www.sexualityandu.ca web site

Multimedia

Games, quizzes, simulation, downloadable television ads and screenscavers for students and educators.

FAOs

A great list of questions asked by teens and parents for teachers to review, plus the answers!



9. Other sources of lesson plans and student projects/webquests

Here are several excellent resources for teachers

Communities and Schools Promoting Health

A web site maintained by several education and health groups that includes links to hundreds of sexual health and other lesson plans as well as student webquests.

www.teachingsexualhealth.ca

This site is "an innovative website developed by Alberta educators and health professionals to help achieve excellence in teaching sexual health." This is an excellent site focused on providing information for teachers on how to teach sexual health issues. It is divided into four sections, how to teach, lesson plans, teachers' lounge, and resources. Sample lesson plans are available as well as illustrations, fact sheets, reproductive charts, a glossary, videos and a number of other relevant and practical resources. There is also a section for parents and students.

www.iwhc.org/resources

Positively Informed is a sexual education resource for educators available through the International Women's Health Coalition. *Positively Informed* provides a handpicked selection of some of the best English-language sexuality education materials out there. The lesson plans use creative, interactive, learner-centred teaching strategies, and are adaptable to diverse cultural settings. They address gender issues, challenge discriminatory attitudes and behaviors, and present sexuality as a positive part of life rather than something to be feared and shrouded in taboos. Both online and hard-copy versions are available.

www.sexualityandu.ca

This site is designed by the Society of Obstetricians and Gynaecologists of Canada. It is a Canadian website devoted to sexuality education and information. The topics include information on Sexually Transmitted Infections (STIs), contraception awareness, sexuality and child development, lifestyle choices and talking to children about sex. There is a special module for parents and teachers.

www.livepositive.ca

This is an excellent resource for students who need help with a school project or homework assignment. It provides basic information about HIV, AIDS and what it is like to live with the disease.

The Guelph Conference and Training Institute on Sexuality

Canada's leading annual training and education forum for sexual health professionals. With delegates coming from public health, community health, education, counselling, medical, clergy and research perspectives.



10. Are you ready? A self-assessment tool for teachers

(Add an intro to the tool being developed by SIECCAN)

11. Are you ready? Try these knowledge tests

The <u>www.sexualityandu.ca</u> has some excellent quizzes that teachers and others can use to test their own sexual health knowledge.

Check these out (and check your answers before you begin your teaching).

- Assess your STI/HIV/AIDS Risk Quiz
- Birth Control Quiz
- Sexually Transmitted Infection (STI) Quiz
- Pregnancy Quiz

For a more entertaining (and educational) way to test your sexual health knowledge and wisdom, try taking the <u>Sex-FU Challenge</u> (a on-line decision-making game) that teachers can ask their students to play.

As well, for the mathematically inclined, try out <u>The Costs of Sex</u>, a calculator that helps people examine different contraception options.

B. Better Practices in Teaching Sexual Health

1. Teaching strategies & tips

Here are several techniques that you should be using in teaching about sexual health. Read the summary below and check out these excellent resources published by the <u>Saskatchewan</u> Department of Education and the US Department of Education.

Using active and cooperative learning and teaching techniques:

<u>Inquiry-based learning</u>, <u>problem-based learning</u> and <u>project-based learning</u> have become recognized as being essential to <u>constructivist learning</u>. <u>Cooperative learning</u>, where students work with others in assignments, discussions and projects is also essential to learning where the students "construct" meaning from the information. For a great list of student health project ideas and how to evaluate the student work in those projects, go to the web page on <u>Teacher Tools</u> for webquests published by the <u>Canadian Association for School Health</u> (CASH). <u>Games, role plays and simulations</u> are also excellent tools to promote active and cooperative learning. Teachers need to know about the evaluation of student work from such active and cooperative learning. See the CASH page on <u>Evaluation Rubrics</u> and learn more about <u>portfolios</u> as a basis of student evaluation.

Effective use of small group discussions:

The fine art of teacher-led and small group discussions is critical to health education. Students need time to explore their feelings, find meaning and relevance in health topics and to test their ideas with their peers.

Effective use of media and technologies:

Most of the professional discussion of the <u>effective use of technologies in learning</u> has been focused on science, math and technology itself. More recently, there have been concerns about <u>inappropriate and ineffective uses of technology</u> in the classroom. As part of this strategy, students should be taught <u>media literacy skills</u> as they apply in health education. Webquests have become a tool for teachers in all subject areas, although they are relatively underused in health education. Read the web pages on <u>webquests</u> and the use of <u>webquests in health education</u> published by the Canadian Association for School Health. Also, go to our <u>start page for webquests</u>, where you can <u>choose from over 100 health webquests</u> or even <u>create your own</u> webquest.

Effective use of the arts, drama, literature, poetry and music:

Vicarious experience, like virtual learning, is engaging to the learner and can help in the formation or development of attitudes and beliefs. Students can explore the anguish of health problems, personalize risk and can be led into class/group discussions or self-reflection from the spring board of music, drama, literature, poetry and music.

Effective use of student reflection through journal writing:



Health education journals are highly recommended as a way to encourage students to record, reflect and write about their health learning. For more about journaling in health education, go to the <u>summary</u> prepared by the Canadian Association for School Health (CASH). For an example of a health journal, go to the <u>Personal Health Journal</u> that CASH has prepared for use with our webquests.

Effective use of direct instruction, drills, lectures, research and writing assignments:

We cannot forget that health knowledge is also an academic discipline and can be taught by more traditional methods. Research has showed us that young people need practical, functional knowledge about many health issues and that this information needs to be delivered in a timely way, coordinated with the stages of child and adolescent development and relevant to the time when young people will experiment or be confronted with these health issues.

Matching Teaching Technique to Learning Outcome

Equally important is that you match your selection of these teaching techniques with the specific outcomes that you are trying to achieve. See the following chart:

Type of Learning Outcome	Teaching/Learning Method
Awareness	Lectures, Group Work, Video/Media, Displays, Exhibitions, Brochures, Internet Reading Assignments, Quizzes
Knowledge	Lectures, One to One Teaching, Written Materials, Research Assignments, Group Work, Reading Assignments, Internet Assignments, Individual Webquests, CD-ROM Resources
Self-Awareness, Attitude Change,	Group Work, Clarifying/Discussing Values, Journaling, Ranking, Categorizing, Role Playing, Individual Webquests, Use of the arts, Music, Theatre, Films, Celebrities, Survivors/Victims, Class Debates
Skill Development	Role playing, Field Trips, Group Work, Group Webquests
Seek/Access Social Support	Role playing, Theatre/Drama/Films, Parent-Student Assignments, Group Webquests, Field Trips
Access to Health Services	Applied Research Assignments, Field Trips, Project Work, Interviews with Experts, Individual and Group Webquests
Behavioural Intentions/Personal Health Action	Group Work, Self monitoring, Identifying benefits/risks, Setting goals, targets, Devising Coping Strategies, Accessing social support, Accessing support services, Overcoming

physical, economic, practical barriers, Group Webquests, Journaling

Effective Lesson Planning and Learning Activities

Lesson plans and learning activities in sexuality and other subjects should follow a well-planned and implemented format (<u>El-Tigi</u>, 2000;) including:

Goals

Goals determine purpose, aim, and rationale for what you and your students will engage in during class time. Use this section to express the intermediate lesson goals that draw upon previous plans and activities and set the stage by preparing students for future activities and further knowledge acquisition. The goals are typically written as broad educational or unit goals adhering to provincial/territorial or local school board curriculum.

- What are the broader objectives, aims, or goals of the unit plan/curriculum?
- What are your goals for this unit?
- What do you expect students to be able to do by the end of this unit?
- How does this lesson fit within that unit expectations?

Objectives

This section focuses on what your students will do to acquire further knowledge and skills. The objectives for the daily lesson plan are drawn from the broader aims of the unit plan but are achieved over a well defined time period.

- What will students be able to do during this lesson?
- Under what conditions will students' performance be accomplished?
- What is the degree or criterion on the basis of which satisfactory attainment of the objectives will be judged?
- How will students demonstrate that they have learned and understood the objectives of the lesson?

Prerequisites

Prerequisites can be useful when considering the readiness state of your students. Prerequisites allow you, and other teachers replicating your lesson plan, to factor in necessary prep activities to make sure that students can meet the lesson objectives.

- What must students already be able to do before this lesson?
- What concepts have to be mastered in advance to accomplish the lesson objectives

Materials

This section has two functions: it helps other teachers quickly determine a) how much preparation time, resources, and management will be involved in carrying out this plan and b) what materials, books, equipment, and resources they will need to have ready. A complete list of materials, including full citations of textbooks or story books used, worksheets, and any other special considerations are most useful.



- What materials will be needed?
- What textbooks or story books are needed?
- What needs to be prepared in advance?

Lesson Description

This section provides an opportunity for the author of the lesson to share some thoughts, experience, and advice with other teachers. It also provides a general overview of the lesson in terms of topic focus, activities, and purpose.

- What is unique about this lesson?
- How did your students like it?
- What level of learning is covered by this lesson plan? (Think of Bloom's Taxonomy: knowledge, comprehension, application, analysis, synthesis, or evaluation.)

Lesson Procedure

This section provides a detailed, step-by-step description of how to replicate the lesson and achieve lesson plan objectives. This is usually intended for the teacher and provides suggestions on how to proceed with implementation of the lesson plan. It also focuses on what the teacher should have students do during the lesson. This section is basically divided into several components: an introduction, a main activity, and closure. There are several elaborations on this. We have linked to some <u>sample</u> lesson plans to guide you through this stage of planning.

Introduction

- How will you introduce the ideas and objectives of this lesson?
- How will you get students' attention and motivate them in order to hold their attention?
- How can you tie lesson objectives with student interests and past classroom activities?
- What will be expected of students?

Main Activity

- What is the focus of the lesson?
- How would you describe the flow of the lesson to another teacher who will replicate it?
- What does the teacher do to facilitate learning and manage the various activities?
- What are some good and bad examples to illustrate what you are presenting to students?
- How can this material be presented to ensure each student will benefit from the learning experience?

Closure

- What will you use to draw the ideas together for students at the end?
- How will you provide feedback to students to correct their misunderstandings and reinforce their learning?

Follow-up/Enrichment

- What activities might you suggest for enrichment and remediation?
- What lessons might follow as a result of this lesson?



Assessment/Evaluation Criteria

This section focuses on ensuring that your students have arrived at their intended destination. You will need to gather some evidence that they did. This usually is done by gathering students' work and assessing this work using some kind of grading rubric that is based on lesson objectives. You could also replicate some of the activities practiced as part of the lesson, without providing the same level of guidance as during the lesson. You could always quiz students on various concepts and problems as well.

- How will you evaluate the objectives that were identified?
- Have students practiced what you are asking them to do for evaluation?

The target age/grade(s) and any other relevant information should also be included in the lesson plan description.

Lesson Procedures/Learning Process

The actual lesson procedure/process should include these steps

1. Gain the learners attention.

The lesson should always begin in an interesting way. Using a question, a hand out, a picture, a game... all of these things can help to capture student interest. Relate the lesson to their lives, a recent media story, an event in the school or community... all of these ways can help to capture the attention of the learners.

2. Review relevant past learning.

You can use a previous lesson, a student question, a project, student Personal Health Journals and a variety of other means to help students understand how this lesson fits with their previous lessons or, more importantly, their own lives. Help them construct meaning from what they already know.

3. Communicate the goal of the lesson.

Clearly state the purpose of the lesson, how this fits within their sexual health program and how they will be assessed on their work.

4. Model the skills to be learned.

Give examples, provide sample answers, ask confident students to try out the knowledge or skill being addressed... all of these are ways to help the students who learn better by seeing an example.

5. Prompt for correct responses.

Before the students begin any activity or exercise, check to see if your explanation of the task and the introduction of the content has been clear and is understood. Don't send them off to be frustrated. Introduce any assessment tools such as Evaluation Rubrics.

6. Check for skill mastery.

Use the assessment tools to determine if the outcomes have been learned. Review the results with the class. Go back and cover areas which many or most students have not understood.



7. Close the lesson.

Reflect on their learning as a group. Show again how this lesson fits with the others in your program. Point students to enrichment activities. Tell students how this will be part of their final marks in the program.

2. Responding to student questions

The Calgary Health Services web site <u>www.teachingsexualhealth.ca</u> has some great advice on responding to student questions.

One of the challenges facing the teacher discussing human sexuality is dealing effectively with questions from students. Answering questions will be easier, and you will be more effective if you follow these general tips on answering questions as well as understand the type of question being asked.

GENERAL TIPS ON ANSWERING QUESTIONS

Reinforce the Ground Rules.

Inform the class that you will be asking yourself if all student questions are appropriate or related to the classroom discussion. When establishing ground rules, establish parameters such as "If a question is asked which I choose not to answer, it is not because it is a bad question. I may feel that it is not of interest to *all* students, or related to the class discussion. If you asked a question that was not answered, then please see me at the end of the class, and I will try to answer your question."

Validate students' concerns about asking questions.

Give affirmation to the student who asked the question

"Thanks for asking..."

"That's a good question. Tell me more about what you'd like to know."

Consider every question to be a valid question.

Don't assume you know what's being asked. Questions indicate the student's thoughts, not necessarily actions. To clarify without causing embarrassment, try these cues: "Sounds like you've got a real concern - can you tell me more about what's on your mind?"

'Normalize' the question.

"Many students probably wonder about this..."

But Don't Use the Word Normal.

Avoid the use of the word "normal" when answering questions. Normal for some is morally "improper" for others. Present the facts such as what is known medically, the legal issues, and risk factors and consequences. Always give positive reinforcement that seeking information and discussing issues is an important way for teens to learn about making healthy decisions.

Answer every question as best you can. Assess whether the question is related to information, feelings, values, or a combination:



- a) **Answer the factual information** part of the question first. Consider the following: Curriculum relevance, content and knowledge background of student, age appropriateness etc. The most simple and straightforward way is usually the best way to answer the question
- b) Address feelings that may arise from a question.

"I'm a bit uncomfortable with this"

- "We all are embarrassed sometimes, but it is important to discuss..."
- c) **Identify the value component** of the question and if necessary refer students to family or clergy for help with decision making.

"This question relates to personal decisions and may vary from individual to individual; so I can not give you a definite answer. It's best for you to get all the information you can by discussing this with your ."

Be honest about your information or your lack of information.

All teachers may have difficulty with a question. Don't be afraid to say "I don't know - I'll have to check." Ensure that you follow through. If you say you'll get information or a booklet, do it.

TYPES OF STUDENT QUESTIONS AND POSSIBLE ANSWERS

Student questions about sexuality can usually be grouped into four broad overlapping categories:

- 1. Requests for information
- 2. "Am I normal?" questions
- 3. Permission Seeking questions
- 4. Shock questions

1. Request for Information

If you know the answer, provide information within curriculum guidelines. If you do not know the answer, it is okay to say "I don't know". You can either refer the student to an appropriate source or find out the answer through other sources of information.

2. "Am I Normal Questions

These questions generally focus on adolescent concerns about their bodies and the emotional and physical changes they are experiencing. Validate their concern, e.g.: "Many young people worry that ... " and provide information about what they can expect to happen during the adolescent years. Refer them to parents, clergy, family physician, nurse, community resources, school resource teacher or counsellor for further discussion, if appropriate.

3. PERMISSION SEEKING QUESTIONS

These questions come in two common forms, both seeking permission to participate in a particular behaviour, e.g.:

Is it normal to ...? or

Did you.. when you were growing up?



Establish ground rules related to discussion of personal behaviour, such as: "We won't be discussing personal behavior during class." If you get a question about personal behaviour, remind students of this ground rule. Refer students to parents and clergy for further discussion of moral/religious questions.

4. Shock Questions

These questions may be raised due to embarrassment about the topic, an underlying concern, or simply to divert attention from the topic. Assume positive intent - seemingly "silly" questions are a means by which more sophisticated questions can be formulated. Remind students of the ground rules related to appropriate questions for classroom discussion.

Reword the vocabulary or slang to diffuse the question, especially if you have previously established ground rules related to vocabulary. For example, a question such as, "Should your balls hurt for days after being hit?," could be addressed by saying, "First, the correct term for balls is testicles. Testicles are very sensitive, and do hurt when hit. Pain which lasts for more than a day is cause for concern. If your testicles are sore for more than a day, you should see your doctor to rule out any problems."

Try to address the underlying concern or use a segment of the question for discussion. "It sounds like you are asking a question about respect in relationship"

If you are uncomfortable with the question, defer it until you have time to think about how to address or reword it.

(Reproduced with Permission from Teaching Sexual Health, Calgary Health Services)



3. Student assessment in sexual health education

Assessment and Evaluation

Often you will see these terms used interchangeably. There should be a clear distinction made between the two.

Assessment: - is the ability to compare work with a set of criteria to see where you stand on the scale. You have an opportunity to improve and reassess your position at frequent intervals. You may think of assessment as the practice session where students improve and solidify their learning. Teacher feedback is essential during this process.

Evaluation: - is a judgment at a particular point in time. It is often an accumulation of information that gives a specific appraisal based on a set of criteria. An evaluation of student work should reflect their most consistent and recent efforts.

Assessment & Evaluation of Student Achievement

Method (a way of assessing or evaluating learning)	Sample Strategies (individual activity/technique used to assess or evaluate learning)	Sample Instruments (something used to initiate or guide the assessment activity or to track/monitor the assessment data)
Reflection Method used to determine how and why students learn; to assess dimensions of learning not easily observed or measured through tasks; to assess students' understanding of personal growth and development	 self-assessment peer-assessment response journals learning logs and student journals wrap-up activities 	 learning rubrics anecdotal comments checklists surveys
Observation Method used to monitor and assess intellectual, social, emotional, and spiritual growth and development not otherwise easily measured or inferred	formal teacher observationinformal teacher observation	 checklists student profile sheets anecdotal notes rubrics
Method used to collect evidence of student learning through listening, questioning, responding, explaining; to assess communication and thinking skills; to monitor personal growth and development and attitudes toward learning	 Student- Teacher conferencing Parent-Teacher conferencing Peer conferencing 	anecdotal notesprobe questionssurveys

Paper-and-Pencil Tests		
Method used to assess student's achievement of particular knowledge or skills in depth	Standards Tests • Teacher-made (standards referenced) tests	• teacher-created tests
Performance Assessments		
Method used to assess student ability to apply, integrate and transfer their knowledge, skills and values; to evaluate student progress and achievement of learning expectations and standards; to determine expanded opportunities for individual students	 presentations, performances exhibitions, demonstrations role performances formal written assignments (essays, reports) projects 	 rubrics checklists logs peer assessment developmental profiles video/audio taping mind maps, Venn diagrams, T-charts

A significant part of the grade (eg 70%) assigned in sexual health education should be based on assessments and evaluations conducted throughout the course. A minor proportion (eg 30%) of the grade should be based on a final evaluation in the form of an examination, performance, essay, and/or other method of evaluation.

Evaluation Rubrics

Rubrics are a scoring scale consisting of a set of criteria that describe what expectations are being assessed/evaluated and descriptions of levels of quality used to evaluate students work or to guide students to desired performance levels. Rubrics should:

- be teacher or student and teacher created
- be given prior to the task
- be used often during teaching as an assessment tool
- be a combination of quality and quantity of student learning
- be fair to all students
- indicate both what students learn and how well they learn
- have clear indications of how students can improve
- allow students the ability to assess their own work
- be specific to the task they are being used to assess/evaluate

Rubrics may be used as both an assessment and evaluation tool. As an assessment instrument, it allows students to assess their own achievement as they are working on a task. It is also an opportunity for the teacher, while conferencing with a student, to point out the differences in levels and to give students specific indicators of what they must do and how they can achieve at a higher level. As an evaluation instrument, they allow the teacher to give a fair and unbiased judgment of student work. Because they are given to students prior to a task, referred to during class, and used as assessment over a period of time, evaluating using this scale gives a clear judgment of student ability and performance.

(Reproduced with permission from The Rubric Builder http://www.rubricbuilder.on.ca/)



4. Parent and community involvement

In this section we discuss parent involvement in school-based health promotion and education programs generally. All of this discussion can and should be applied to sexual health education.

Involving parents in school health promotion and prevention programs has a number of benefits. These include:

- Enhanced communication between parents and their children
- Reinforcement of health promoting messages
- Improved communications between the school and the home
- Better health outcomes and behaviours for children and youth

However, not all parents have the time or resources to be fully involved in school activities. Consequently, there needs to be a variety of specific ways that parents can become involved.

Individual parent involvement in school-related health promotion can occur in these ways.

- being regularly informed of their child's academic progress in health instruction, as well as, their human, social and healthy development
- receiving additional, regular reports when their child is experiencing difficulty
- being informed of health or social problems relevant to their community
- receiving information on the goals of the school's health programs and relevant community health services
- being involved in home-based learning activities that support the health curriculum and classroom instruction
- responding to surveys on school health issues and programs
- being educated or trained in parenting skills or strategies on specific health problems
- being a parent volunteer for school activities relating to health
- electing parents to school advisory committees or councils that take an interest in health issues

Collectively, parents can be involved as **volunteers** in these ways:

- organizing a parent information meeting, workshop, parenting course or parent resource center in the school
- serving on a parent committee or subcommittee on health
- fundraising for health materials, resources or equipment for the school
- forming or joining a voluntary or self-help group

Elected or other parent leaders can also be involved in school health programs by:

- reviewing and approving school health programs as members of the elected parents committee/council of a school or school board
- forming or supporting a group that advocates for school or community health policies, programs or services
- advocating for policy from the municipality, school board or board of health

The barriers to effective parental participation in school-related health promotion activities has been documented in the education and health promotion literature. These barriers need to be directly addressed in parent involvement programs.



Barriers for Parents

- Times for involvement are inconvenient for working parents
- Transportation and baby-sitting cost
- Cultural and language barriers
- Previous negative experiences or attitudes towards schools
- Feelings of inadequacy, failure and poor self-worth
- Confusion with education health jargon
- Failure by school to use multiple and innovative forms of communications (student's enthusiasm is best attraction)
- Lack of coordination between school and health agencies
- Communications from school usually focus on problems.

Barriers for Educators

- Minimal commitment to parent participation
- Doubts about their abilities to work with at-risk parents
- Concern about sensitive health issues
- Concern that teaching authority will be undermined
- Lack of time and funding for school-parent communications
- Inadequate teacher access to communications technologies (e.g. voice-mail)
- Some parents are motivated by single concern only, and therefore are not representative
- Teacher expertise is not recognized

Likely the most important and essential step that teachers can take in involving parents in their sexual health education program is to inform them about the program. This avoids confusion about the nature and content of the program as well as protects them from criticisms from individual parents if they react to a specific lesson that you presented.

Please see the sample letter to parents that we have prepared for this purpose.

Involving Physicians, Community Agencies and Voluntary Organizations

Another good idea is to involve local physicians, health clinics, community agencies and voluntary organizations in your program.



5. Teaching sexual health in conservative communities (religious, rural, cultural etc)

Teaching in communities that have concerns about sexual health education is a fact of life for many teachers. Such communities can be influenced by traditional social norms in rural or other areas, by religious beliefs and by cultural customs.

At the same time, all provincial/territorial governments have decided to support the overwhelming majority of parents that want their school to offer a sexual health or HIV/AIDS education program. All schools that receive public funds are required to teach sexual health education, whether they are public, separate or private.

This section of the booklet provides some general advice about responding to criticism and then discusses how local social norms, religious beliefs and cultural traditions can be respected while still delivering a high quality sexual health education program.

Teachers should also read and use the excellent summary prepared by the Sex Information and Education Council of Canada Common Questions on Sexual Health Education. This document lists the questions you will face and provides succinct, accurate answers.

This web site has published a complete <u>guide on school-community communications</u> about sexual health education programs. Part of that guide includes advice on <u>Managing Controversy</u>. Here is an excerpt from that discussion about managing controversy.

Responding to Criticism

The first response to criticism should be to listen carefully to their concern or point of view. Without denying their right to hold that view, and without belittling your opponents for lack of information or expertise, you can try to determine if their opposition is based on any of the causes listed below. If they are, you can try some of the preventive and response tactics suggested in the right hand column:

Reasons for Opposing Sex Education	Possible Active or Reactive Strategies
Lack of knowledge about your program goals and how they will be implemented	 Send information out to parents each year Inform parent leaders each year Bring written information about your program school board policies and ministry curricula requirements to meetings and discussions/debates
Fear that discussions of sex will distress or offend youth	 Point out that comprehensive sexual health education programs address sex within the context of sexual health. It is not just about sexual activities. It is about relationships, overall health, responsibility towards others, etc Also point out that most youth are



	more interested in the relationship aspects that the physical aspects - Point out that the program takes a factual, honest approach to presenting information without getting into which decisions are best. - Point out that your program has set ground rules for discussions that protect privacy, use proper words, avoid personalization and have optout procedures for asking questions anonymously or by going to selected web sites
Belief that talking about sex encourages sexual activity	- Bring authoritative reports on studies that show that sex education does not increase sexual experimentation. Also, be honest and point out that sex education delays experimentation only by a few months but does have some influence on the nature of the relationships, condom use, number of sexual partners etc.
A worry that sexual health education conflicts with their religious beliefs	- Point out that most school systems allow parents to exclude their children from sex education classes. Bring copies of that procedure to any meetings discussing your program. This opting out could be for only selected classes that address issues that are of most concern to parents.
Opposition to sexual health education may be part of a larger concern or view about schooling that seeks to exclude topics or subjects from the school curriculum.	- Bring studies showing that the vast majority of parents support sex education, that all provinces and territories require a form of sex education, that research shows that sexual health education has several positive benefits not only for the children but for health care costs from diseases such as STI's and HIV.

Communities with Traditional Social Norms

The opposition to sexual health education that may develop in communities with traditional social norms (often situated in rural or isolated areas) may be based on factors such as:

relatively higher concern for privacy (due to everyone knowing so much about their neighbours on other levels)



- less adoption of "new ideas" or customs (sometimes the reason the people moved to or stay in small communities)
- worry that things in big cities are getting out of control with rampant crime, sex, etc
- concern for their children and youth

At the same time, smaller communities are often relatively more willing to care for their neighbours or to respect a person's right to choose how they live.

Consequently, strategies in these types of communities should be careful to not position the sexual health education as condoning any particular life style or life choices. The approach should emphasize that the health and future of young people are linked with getting the information necessary to protect them from harm.

As well, emphasizing that parents can opt out of any particular sexual health classes that are in conflict with their views is a good strategy. This allows for a safety valve in discussions. (Research shows that less than one per cent of parents opt to have their child taken out of these classes.

Religious Beliefs

Some religions do not accept specific sexual behaviours or activities such as contraception but this does not necessarily mean that those religions will excommunicate young people, parents or teachers that still provide information about those behaviours.

Further, all publicly funded schools are required by law to implement their provincial/territorial sexual health curricula. Consequently, sexual health education teachers should ensure that they are working within clear policy guidelines or with approved materials.

Also teachers should be careful to select materials that convey the necessary information while not necessarily providing explicit images or wording that creates unnecessary tension. For example, the Ottawa-Carleton Catholic School Board has established policy that requires sexual health education.

Ottawa-Carleton Catholic School Board

POLICY: Catholic Curriculum - A.I.D.S. Education

POLICY:

- **1.** The Board shall recognize parents as the primary educators of their children.
- **2.** The Board shall recognize the value and need for the A.I.D.S.: A Catholic Approach to H.I.V. program and this program in A.I.D.S. Education shall be provided within the schools under its jurisdiction.
- 3. Parents of elementary students shall be informed of the content of the A.I.D.S. Education program.
- **4.** The Board shall respect the written requests of parents for withdrawal of their children from the A.I.D.S. Education program in Grades 1 to 6.

ADMINISTRATIVE PROCEDURES:

- **1.** Principals, teachers and Educational Programs Department personnel will cooperate to ensure effective implementation of the A.I.D.S. Education program.
- **2.** Principals will inform parents of elementary-age students of the content, by grade, of the A.I.D.S. Education program through meetings and/ or written notification.



- **3.** A copy of A.I.D.S.: A Catholic Educational Approach to H.I.V. will be made available to parents for perusal, within the school setting.
- **4.** Principals will ensure that supervision is provided for elementary students who are officially withdrawn from the A.I.D.S. Education program.

Note: Teachers can obtain a copy of the publication referred to above at the <u>Institute for Catholic Education</u> in Toronto.

AIDS: A Catholic Educational Approach to HIV – Institute for Catholic Education, Ontario

Institute for Catholic Education 10 St. Mary Street, Suite 604 Toronto, Ontario M4Y 1P9 Telephone: (416) 962-0031 Fax: (416) 962-1672

The actual educational program can be developed and described in terms that are more acceptable to people holding certain faiths. For example, the program description uses the term reproductive health instead of sexual health. Sexually transmitted infections are presented as threats to infertility and are therefore easier to discuss. Access to sexual health services is well covered, thereby opening up discussion of other sexual issues with public health staff who are less likely to be bound by religious concerns.

Unit 4: Healthy Growth and Sexuality

Time: 10 hours **Unit Description**

Throughout this unit, students will examine sexual and reproductive health understanding that sexuality is a gift from God to be used appropriately. Students will further their understanding of sexual and reproductive health matters through examination of the related environmental, hormonal, and nutritional factors. They will further understand reproductive health through exploration of the causes and issues related to infertility in men and women. Students will describe and assess outside sources and services related to reproductive health. This unit will also encourage students to investigate the importance of honesty and respect in responsible, healthy relationships. In the culminating activity students create and present a poster on community resources in relation to healthy growth and sexuality.

Once again, emphasizing that students can be withdrawn for certain classes that deal with issues provides a safety valve while likely not affecting many students.

Once you have identified a congregation with which you'd like to work, recognize how important it is to build a partnership with the clergy leadership, governing board, and/or significant adults in that community. Below is a list of suggested steps that can help to build that partnership:

• Set up an appointment to speak with clergy/leaders.



- Clarify what kinds of sexuality education assistance the clergy/leader would like to have (i.e., educational sessions, written materials, guest speakers at services, article for weekly bulletin, etc.) and with what populations (i.e., youth, parents, clergy). This information might be obtained through a preliminary phone call or short written questionnaire.
- Clarify what outcomes clergy/leaders are hoping for and what the success measures should be.
- Clarify roles and responsibilities. Who will handle logistics? Who will recruit participants? Does the clergy/leader want to review educational materials and/or lesson plans before each session?
- Identify potential "land mines" that concern you and the clergy/leader. What topics will likely stir controversy? How can you handle the typically controversial issues in a respectful and truthful way? Discuss what you will do to handle controversy should it become intense or counterproductive. What guidelines for discussion can you establish so people feel safe during the sessions?
- Invite the clergy/leader to participate in the session. Stress that you are not the "subject matter expert" on theology or matters of faith. Even if you are ordained, or a seminary graduate, the clergy/leader is still the "expert" on this particular congregation. Will s/he offer an opening meditation or prayer? Can s/he speak for a few moments about the reasons for developing these sessions? Might s/he be willing to present the denominational statements on sexuality?
- Establish a time for a discussion following each session so you and the clergy/leader can discuss concerns and share your responses to the process.
- Know ahead of time what compromises you will and will not be willing to make in order to work with a congregation. For instance, would you be willing not to talk about abortion during the session if you could speak individually with people after the session? Would you be willing to deliver information about sexual health to a youth group if you were asked not to talk about issues of sexual orientation?
- Do not hesitate to gracefully decline to work together if the clergy/leader insists on approaches that you believe are unhelpful, untruthful, inaccurate, hurtful, or biased.

A Few More Tips

- It is always wise to speak with the senior leader of the congregation, even if you will not be working directly with that person. You will want to know your efforts have his/her support. You will also want to be sure that s/he understands exactly what is being proposed.
- Working with parents of young children is often a successful entrée to working with a
 congregation. Assisting parents to become more confident in their role as primary
 sexuality educators for their children can be a simple and positive "first encounter" for
 you with a congregation.
- If you are asked to work with a youth group, it may serve you well to ask to meet with parents first to help them understand what you will be doing and to give them a



chance to ask questions. This will also give you a chance to build credibility with them. See this month's <u>Learning Activity</u> for a workshop idea to use with parents.

- Often, you will be invited to give a presentation during "adult school" usually scheduled between or before worship services. These sessions are typically quite brief 45 minutes to an hour. Be sure that you clarify what can realistically be accomplished during this time. Recognize the session as an opportunity to **begin** building a connection with the adults of the congregation.
- Learn about what referrals to make should the discussion of sexuality issues raise concerns for participants about what they have been taught to believe and what their life experience is, or has, taught them. Is the clergy person of the congregation qualified to handle such concerns? How do you know? What other referrals might you want to have ready for issues related to sexually transmitted infections, adoption, family planning, prenatal care, family counseling, sexual abuse, etc.
- As you gain experience conducting sexuality sessions with faith communities, build a set of references to clergy that you can share with new contacts or congregations.
- Remember, although the setting for this type of sexuality education may be different, or even a bit foreign, all the groundrules and guidelines about providing a safe and productive learning environment still apply. In your efforts to make these sessions helpful and safe learning experiences, remember that accurate information is important.
- And finally, in faith communities, where value and meaning are intrinsic to the conversation, it may be especially helpful to notice the patterns of communication (i.e., who is talking, who is not), the tone of voice people use, the non-verbal cues, etc. In other words, pay attention to process!

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Cultural Concerns

Similarly, concerns about sexual health education may be derived from cultural traditions. Sometimes issues such as clothing, dating or patterns of male-female communication may be as significant as issues like virginity or sex without marriage. Teachers need to present such value laden issues in a manner that clearly does not take a position on such decisions and that reinforces the need for students to consult with their parents and other adults about these value laden issues.



6. Teaching students with disabilities

How to Talk About Sexuality to Young People With Disabilities: Tips for Service Providers

The following tips are meant to support group homes, schools and other services who provide sexuality information to young people with disabilities.

Consider the ways in which the disability of the young person may affect the way in which education is presented.

All children and young people need sexuality education, but children with disabilities may need specific information on how a physical disability will affect their sexuality. If the disability affects how they learn, some children may need the information to be presented in a different format.

Remember that sexuality education is not just about sex.

Information about sex is important, but effective sexuality education should include information about feelings, communication, boundaries and building relationships as well.

The environment must support the messages in the sexuality education.

Quality sexuality education includes learning to be responsible for one's body and actions. This should be reinforced by demonstrating a general respect for an individual's personal space and ability to make decisions.

Clarify your own attitudes and values.

Your role as service provider is to provide information and skills. Take time to clarify the difference between factual information and personal beliefs. Incorporate the young person's family members to provide education about values.

Preview all materials.

Look at all materials before using them for education. The resource may not be what you expected and previewing can help you prepare for possible questions. Consider whether the material is appropriate for the learning style and development age of the young person with whom you are working.

Be clear and specific.

Remember that one of the purposes of sexuality education is to clear up misunderstandings and myths. Even though it may be uncomfortable, you need to use the correct words for body parts and sexual activities

Include sexuality issues in staff training.

Be sure that staff are prepared to deal with sexuality issues and know where to direct questions from young people. This means that staff need information on healthy sexuality as it relates to all of the young people with whom they work.

Respect the young person's need for privacy.

Remember that young people need private time to learn about themselves and time with peers to develop relationships.

Don't wait for a crisis.



Many problems with inappropriate behavior come from a lack of education about sexuality and social norms. Providing basic information about the body, the difference between healthy and abusive touch and the difference between public and private behaviors (i.e. masturbation) may reduce the incidences of harmful or embarrassing activities.

(Reproduced with permission from the Sexual Health Resource Network, Vancouver, BC)

The web site <u>www.teachingsexualheath.ca</u> has prepared several lesson plans for students with different abilities. Here are the topics that are covered as well as direct access to these lesson plans

Introduction to Human Sexuality

Anatomy and Physiology

Puberty and Hygiene

Personal Boundaries- Private/Public

Physical Boundaries

Social and Emotional Boundaries

Building Peer Relationships

How to Teach Sexual Health to Students with Disabilities

(Reproduced with permission from Education, Training and Research Associates)

What to Say

1. Teach Age-Appropriate Information

Topics should be tailored to the chronological age of the youth. However, the teaching methods/tools that are used may vary from that of non-disabled youth. For example, all young people need to know about puberty — preferably before it happens. However, the manner in which it is taught may be very different and tailored to the needs of the group. Non-disabled youth may easily orient themselves to a chart of the internal human reproductive organs. Youth with disabilities may need more time in order to make sense of this type of visual aid, or they may not find them useful at all.

2. Be Prepared

Know as much about your group as possible. Ask what topics are of interest to the group—you may gain insight into their existing knowledge, priorities, and goals that are useful to your lesson. Have thorough command of the subject matter before attempting to teach it. If you have been "drafted" to provide sexuality education in this setting (i.e. you are not a sexuality educator and have been directed to present this unit by your principal), get all the information you can before introducing the topic to students.



3. Know Your Group

If you are the regular teacher or leader of your group, you already have information about the group's dynamics and the ways in which the students learn best. If you are a guest instructor, try to learn as much about your group as possible before your sessions. How would the students' teacher/leader characterize their learning styles? What are approaches that work well or not at all? Are there any sexuality issues or questions that are of particular interest to the group? What methods are used by the youth to communicate?

4. Establish a Baseline

Has the group covered this information before? Has the group ever had any sexuality education? If so, what was covered? What topics are of interest to the group? Why is the group requesting a workshop at this time?

5. Respect Youths' Choices and Right to Privacy

As youth begin to assimilate new information, they may feel more empowered to advocate for themselves. Recognize that when youth begin to assert their own needs and desires, there is tangible evidence of the success of your sessions. Respect the informed choices of youth. Assist with realistic goal setting when necessary.

Realize too that seemingly lofty goals can be (and are) achieved with caring support. Acknowledge and appreciate that (despite usually being lumped into one group) youth come from various backgrounds, have unique learning styles, have differing sexual orientations and most likely have more different issues than they have in common.

6. Teach Sexuality as Positive and Pleasurable

Early sexuality education programs designed for people with developmental disabilities sought to prevent sexual exploitation. These early curricula stressed that sexuality was dangerous. Participants in some programs became fearful of the topic — sexual activity seemed something in which people would never willingly choose to participate. Other participants regarded this information with doubt. They had experienced sexuality as pleasurable in their lives. Was there something wrong with them, or were their instructors not telling the truth? Be mindful of this historical context. Use it in crafting sexuality education that affirms sexuality as a source of joy.

7. Teach the Right to Refuse

Some youth with developmental disabilities are so accustomed to being ignored that they are overjoyed when anyone pays attention to them. As a result, they may throw themselves into an inappropriate or potentially exploitive friendship or other relationship. Some may view relationships as a way to gain approval, at any cost. Skills such as deciding what qualities one wants in a friend or partner are crucial building blocks to more complex ideas (i.e. when to end a relationship, how to discern others' motivations for involvement).

Most often, a developmentally disabled person is expected to be compliant. In fact, training to improve compliance is a common seminar and in-service topic. Explicitly teaching the right to refuse — to set boundaries with peers, to set sexual limits, to discern the difference between being polite and being used — is often a necessary component of sexuality education.



8. Remember that Context is Everything

Sexuality education needs to include not just pieces of information, but how that information fits into real life. Contextual decisions about various social relationships are particularly challenging. The unwritten relationship rules most people follow unconsciously — how to greet people, which people to greet at all, who to kiss, who to hug — are a web of abstract and sometimes changing ideas. People with developmental disabilities may also need assistance in understanding when and why to make exceptions to the rules.

9. Help Youth to Practice Appropriate Affection

Teach the ways others of their chronological age (not developmental age) show affection. People are sometimes tempted to treat people with disabilities as if they are young children, regardless of their real age. For example, some youth (and adults) have been encouraged to greet others (even strangers) with a hug. Others have been trained to hold hands with a non-disabled person or another student while crossing the street although they are long past the age at which this is a safety issue.

Treating people with developmental disabilities as children has become so ingrained in much of society that it's created a vicious circle. They are treated like children and then — surprise! — they sometimes behave like children. Breaking this cycle is necessary, and sexuality education that teaches appropriate affection can help to do so.

10. Recognize the Importance of Feelings

Remember that feelings are an integral part of human sexuality. Assist youth in identifying and celebrating feelings in themselves and others. Biological concepts are only one part of the sexuality education equation.

How to Say It

1. Use Visual Aids

Use realistic photos or full body charts. Photos of the youth's family members and friends can form the basis for a discussion on the different types of relationships and how one acts in each of these relationships. Pictures cut from magazines can serve a variety of purposes. Full body charts can be purchased or made by tracing the outline of each youth on a large piece of newsprint roll. Each chart can be personalized according to the students' wishes. Body charts are one concrete way to show where body parts are and what they do. Some groups make these body charts as their first activity and then refer to them throughout the semester or year as each health topic is covered.

2. Repeat Key Information

Repeat key information frequently. To check for understanding, ask the group for feedback. Reinforce important concepts throughout several lessons. Small amounts of information spaced out over time work best. Use opportunities to repeat key ideas in other curriculum areas where appropriate.

3. Provide Practice Opportunities

Provide opportunities for youth to practice skills. Role play is an excellent technique. Have youth rehearse how to greet a new acquaintance, how to ask someone out on a date, etc. These practice sessions can even be videotaped and viewed again by the group for constructive comment. They can also serve as excellent review aids. To reinforce



appropriate behavior, be sure to use scenes in which the role players were successful. When practical, practice social interactions in real-life community settings as well.

4. Use Many Approaches

People learn in many different ways. Recognize that no one approach is best. Use a variety of methods to teach concepts. Ideally, use activities that involve verbal discussion, movement, signs, colors and icons (such as a green light for "okay" and red light for "stop"). Draw upon as many of the senses as possible. Also remember to evaluate your efforts. What methods worked well? Which ones bombed? Why? Experiment, be creative, and learn from successes and mistakes.

5. Use Humor

Strive to make sexuality education as ordinary and matter-of-fact as other subjects. Just as in other learning situations, light or funny moments occur. Life is sometimes comical. A sense of humor is key.

6. Keep Up-to-Date on New Resources

Research sources of further information regularly. Check the Internet, visit the library, keep current on the latest strategies and materials. There are books and videos on this topic, with new resources available at ever increasing rates.

7. Network

Talk with other professionals. Find out if there is a group or listserv for sexuality educators or for people in the field of developmental disabilities that you can join. Talk with others who work with the particular group you teach, and share insights and skills.

8. Encourage Questions

Set aside time in lessons to address questions. Don't be afraid to say, "I don't know the answer to that question; let's find out together." Modeling the behavior of seeking out answers to one's questions can demonstrate this skill to the group. It can also empower youth to search for answers on their own without embarrassment. Invite youth to ask questions and discuss sexuality with people they trust. Be sure to cover which people are appropriate people to discuss sexuality issues with. Assist youth in identifying these people ahead of time.

9. **Keep it Simple**

Present ideas in logical ways. The exacting specifics of biology are usually not as vital as their practical applications. For example, it is usually more useful for youth to understand that menstruation is normal and to learn ways to deal with it than it is to memorize the hormonal basis underlying the process.

10. Be as Concrete as Possible

The ability to reason abstractly is frequently difficult for youth who have developmental disabilities. Yet some sexuality concepts are quite abstract — love, communication, risk, for example. Practice ways of explaining or demonstrating ideas in a more concrete fashion.

11. Use Task Analysis

For more complicated tasks, break down the activity into several distinct steps. This technique can be used for a variety of tasks — everything from doing the laundry to making a peanut butter and jelly sandwich. If you are unsure if your steps are concrete



and understandable, write them down and try following them exactly yourself before presenting to the group. The task of using a pad or tampon during menstruation may seem straightforward but requires several separate steps. Likewise, putting on a condom requires the user to successfully complete a number of steps in the appropriate order. Repeat often, and offer feedback and praise.

12. Involve Others

Communicate with parents, teachers, coaches, caseworkers, and therapists about the topics being covered. Share ways they can reinforce these lessons in their family or work.

C. Teaching Tools (For Your Use)

1. Student Personal Health Journal

Student journaling is an effective way for health educators to encourage their students to reflect on the impact of what they are learning on their own lives.

The Canadian Association for School Health has published an excellent student Personal Health Journal that is also published on the www.sexualityandu.ca web site. This sample journal can be adapted for your students.

This Personal Health Journal has been prepared to help students keep a journal for their health education classes, health-related projects and community-service learning activities. A Personal Health Journal is also a great idea for recording thoughts and reports when they participate in class discussions, student projects and online student webquests related to health.

There is nothing unusual or very difficult about keeping a Personal Health Journal. We all benefit from keeping track of our ideas, insights and assignments. A journal is simply an easy way to keep all of student notes together in one spot.

There are two parts of the journal suggested here. The public part, which will include copies of students assignments and activities, is simply a collection of the assignments that students normally undertake for their health education classes. The private part, which students keep to yourself, is a place for them to write down personal thoughts and ideas.

Students can keep this journal in two formats: on their computer and/or in a three ring binder. The binder may be more useful, as they can use it to retain copies of their assignments and the comments they receive from the teacher or classmates. They only need to print the pages in this version of the Personal Health Journal and they are ready to go. (We have not numbered the pages, so they can print more than one copy for different assignments.)

The purposes of journal writing are very practical:

- 1. Saving student thoughts in writing for future use.
- 2. Being able to read out student responses to choices presented in different homework and project assignments. This will help students to be ready to participate or lead in class discussions.
- 3. Writing their own observations or summaries about what occurred in assigned readings, interviews, project activities, webquests, plays, movies, videos, music and art
- 4. Identifying and developing a theme, position or opinion in student work and using their notes to support their choice with references to what they have read, observed or experienced.
- 5. For their own personal reflection and thinking about your life, aspirations and plans.



2. Student Evaluation Tracker

Since sexual health education should be using interactive teaching methods often, it is important that teachers take notes after each lesson or class activity so that they can assess student participation and learning accurately. This type of simple chart (expanded) could be used after each lesson that involves such class or small group activity.

Student Name:		Lesson On: (Topic)	Participation in discussions	Role played in group	Diligence in assignments	Test or quiz results		Lesson Two (Topic)	Participation in discussions	Role played in group assignment	Diligence in assignments	Test or quiz results		TOTAL	÷
	Student Name:	/	/	/	/	/	/	/	/	/	/		/		

3. Student Questions Box

The process of asking questions is an important learning activity that helps students to clarify and validate information being presented. Questions related to sexuality may seem more challenging or create discomfort for educators. One of the challenges facing teachers discussing human sexuality in the classroom is dealing effectively with questions from students.

Advantages of the Question Box

Anonymity provides a way for students to ask questions related to sexuality without risking embarrassment or self-consciousness.

Time between lessons allows teachers to prepare an answer ahead of time and to avoid being caught off guard.

Capitalizing on "teachable moments" is effective and can enrich the classroom experience.

Suggested Classroom Procedure for Using Question Box

This technique is most effectively utilized in classrooms where teachers encourage trust, comfort, and where Ground Rules are in place. The procedure is simple, but important to follow in detail.

- 1. Hand out identical slips of paper to each student (a small notepad works well).
- 2. Ask the students to write down any questions.
- 3. In order to prevent those with pressing questions from feeling uncomfortable, all students should write something on their slip of paper. If they don't have questions, encourage them to write feedback about how the class is progressing, or to write "no comment".
- 4. Pass around a container (e.g. a shoebox with "mail slot" in lid). Tell the students that you will answer the questions at the beginning of the next class period. This will give you time to research and prepare answers and to rephrase questions containing slang or shock terms

Provide Feedback As Soon as Possible

Research indicates that for feedback to be effective it should always be given in a timely manner. Once a week is reasonable for responding to question box questions.

Appropriate feedback is complete, accurate and considers the age and developmental stage of the students.

The anonymous nature of the question box may enable a student struggling with personal issues to raise these issues safely. Teachers can provide support to students, and in some cases teachers are legally obligated to refer students.



Tips on answering question box questions

Group together common questions. Tell the class "there were many questions about... so I am addressing them all in this answer". This saves processing time and possible duplication.

Acknowledge respectfully those questions that you could not understand or that seem to be "off topic". State "there were a few questions that I could not read," or "there were a few questions that don't seem to relate to our course content." Conclude by saying, "Please see me individually if you don't hear your questions answered today."

Use proper terminology whenever possible, e.g., There's a question here about "jerking off". "Lots of people have questions about masturbation..."

Defer lengthy discussions concerning questions that relate to future course content. Try to answer such questions briefly, and indicate that the topic will be discussed further during an upcoming lesson, e.g., "there are some questions about contraception which we will be discussing next class. If you still have a question, or don't understand, you can re-submit your question then."

Defer a question and find the correct/current information you require to answer it. It is OK to say, "I don't know for sure, but will try to find out and get back to you next class."

See the **Example Questions** prepared by the <u>www.teachingsexualhealth.ca</u> web site.

(Adapted with permission from the Calgary Health Services)



4. Student Participation Self-Assessment Tool

Here is a tool that your students can use to assess their individual and group participation in sexual health education.

Criteria for Assessing Individual or Group Participation`

One point for each criteria	Group Rating	Individual Student Rating'
1. All members participated in the group activities.		
2. Members listened to others in the group.		
3. Members helped and encouraged other	rs in the group.	
4. Group members stayed on the task assigned.		
5. Group members worked well together.		
6. No one dominated the group discussions.		
7. Group members practiced the cooperative skills.		
8. Group members did not use putdowns.		
9. Group members were able to accept criticism.		
10. Trust developed among group members.		
Total		
What I really liked about our group		
Ideas for improvement		

5. Student Project Evaluation Rubrics

The **Rubric** is an authentic assessment tool that is particularly useful in assessing criteria which are complex and subjective.

The Canadian Association for School Health has published several rubrics for student health projects. They can be found at:

http://www.safehealthyschools.org/webquests/teacher tools/teacher tools intro.htm

Authentic assessment is geared toward assessment methods which correspond as closely as possible to real world experience. It was originally developed in the arts and apprenticeship systems, where assessment has always been based on performance. The instructor observes the student in the process of working on something real, provides feedback, monitors the student's use of the feedback, and adjusts instruction and evaluation accordingly. Authentic assessment takes this principle of evaluating real work into all areas of the curriculum.

The rubric is one authentic assessment tool which is designed to simulate real life activity where students are engaged in solving real-life problems. It is a formative type of assessment because it becomes an ongoing part of the whole teaching and learning process. Students themselves are involved in the assessment process through both peer and self-assessment. As students become familiar with rubrics, they can assist in the rubric design process. This involvement empowers the students and as a result, their learning becomes more focused and self-directed. Authentic assessment, therefore, blurs the lines between teaching, learning, and assessment.

The **advantages** of using rubrics in assessment are that they:

- allow assessment to be more objective and consistent
- focus the teacher to clarify his/her criteria in specific terms
- clearly show the student how their work will be evaluated and what is expected
- promote student awareness of about the criteria to use in assessing peer performance
- provide useful feedback regarding the effectiveness of the instruction
- provide benchmarks against which to measure and document progress

Rubrics can be created in a variety of forms and levels of complexity, however, they all contain common **features** which:

- focus on measuring a stated **objective** (performance, behavior, or quality)
- use a **range** to rate performance
- contain specific performance characteristics arranged in levels indicating the **degree** to which a standard has been met

In this module you will create your own rubric for assessing student performance regarding a given objective. Articles on the Web and some examples of rubrics will focus your effort and stimulate your creativity.



Resources

Study these articles on **authentic assessment** and the use of rubrics:

The Case for Authentic Assessment Grant Wiggins, 1990

<u>Creating Rubrics through Negotiable Contracting and Assessment</u> by Andi Stix, Ed.D. (Requires Adobe Acrobat Reader)

<u>Authentic Assessment Overview</u> - Pearson Education Development Group

Look at the following **examples of rubrics**:

Persuasive Research Report	Essay / Report / Panel Discussion
<u>Collaboration</u>	Music Composition
HyperStudio Stack	Journal
Web page	WebQuest
Firsthand Biography	Online Newspaper

Use these guidelines to aid you in creating your rubrics.

(Reproduced with permission from Bernie Dodge, San Diego University)

6. Sample Letter to Parents Explaining Program

www.sexualityandu.ca has published a draft letter to parents for you to use in explaining your sexual health program. Download and adapt that letter.

It is very important that you take the time at the beginning of each year to communicate directly with the parents of your students. This will keep them informed and protect you in the event of controversy about a specific lesson or teaching resource.

Adapt the letter and review the draft letter with your school Principal. This will also protect you in case of controversy as well as keep the Principal well informed about your program.

D. Lesson Plans to Cover the Basic Topics in Sexual Health Education

1. Introduction to our teaching resources

<u>www.sexualityandu.ca</u> is pleased to offer a number of excellent teaching resources to educators. They include:

- Background information and research on sexual health education
- Numerous lesson plans and student webquests
- Advice on teaching strategies and practical tips
- Online games and simulations

We have organized those resources in relation to the basic topics that we think need to be covered in any sexual heath education program.

2. Our Web Resources, Lesson Plans and WebQuests by Topic

In this section you will find a list of the web resources (such as quizzes, simulations and fact sheets), lesson plans and student webquest projects that you can use in your teaching.

	Web Resources	Current LP's and WQ's	New LP's
Setting the Ground Rules	• SexFU Challenge (Quiz)	 It's OK to Ask Questions (1): Prepare a Report (WQ) It's OK to Ask Questions (2): Prepare a Brochure (WQ) 	 Introductory Class Pre or Post Test of SH Knowledge, Attitudes Talking about Sex
Knowledge Oriented Topics *			
■ Anatomy		Physical Changes During Puberty: Test Your Knowledge (WQ)	•
Pregnancy & Reproduction	Pregnancy Quiz	Menstruation and Sperm Production,Pregnancy and Birth	•
Sexuality -	 What is sex? Myths and Misconception Sexual and Gender Orientation 	 Perceptions of Youth About Sex (WQ) Finding Local Info Sources on Sexual Health: Define your Preferences (WQ) 	•
Skills Oriented Topics			
■ Abstinence	•	 Presenting the Reasons to Wait (WQ) Creating a Board Game on Postponing Sex (WQ) 	 Reinforcing Abstinence Reducing Confusion about Abstinence
■ Contraception	 Birth Control Quiz The Costs of Contraception Options Condom Demo War of the 	 Demonstration: Using a Condom Properly Birth Control. That Works, Communicating About Condoms, Dealing with an 	 Using the Internet to Research Contraception (Group Assignment) Emergency Contraception Condom Demo and related Stuff

			T
Reducing Sexual Digles	Condoms Contraception Emergency Contraception Sexually Transmitted	Unintended Pregnancy, Flip Chart: Questions for Methods of Pregnancy Prevention, Methods of Pregnancy Prevention Quiz Contraception Basics (WQ) STD's, Itchin' Burnin' &	Selecting a Contraceptive Method Facts on HPV Chlomydia: A New
Risks	Transmitted Infections (FS) Assess your STI/HIV/AID S Risk Quiz Sexually Transmitted Infections (STIs) Quiz Chlamydia in your Corner (Simulation)	Squirmin': STDs and You, Protecting Myself, Red Light/Green Light, STI Case Studies, STI Quiz STI Research and STI Research Answers STI Risks and Youth (2): Do a Class Survey and Report (WQ) STI Risks and Youth (1): Write a Report (WQ)	Chlamydia: A New Concern
Media Literacy/Social Influences	• <u>It's Party</u> <u>Time!</u> (Simulation)	How the Media Influences Our Sexual Health (WQ)	 Recognizing Influences on our SH Decisions
■ Decision-making		 Dear Expert, Group Discussion - Postponing Intercourse vs. Having Intercourse, Intimacy and Affection, It's Your Call: Making Sexual Decisions, Making Decisions About Sex, Sexual Decision- Making Case Studies 	
 Accessing heath services and social support 	 Sexual SOS (FS) Talking to your parents about sex (FS) Talking to 	Field Assignments Talking With Parents About Sex (1): Evaluate advice being given to parents (WQ)	 Using the Internet to research sexual health (Individual Research) Using the Internet to Research a STI (Group Project)

	your doctor or HC Worker about sex (FS) Tips for visiting a clinic (FS) Clinic Locator	 Talking With Parents About Sex (2): Plan your agenda before the talk Talking With Parents About Sex (3): Send a postcard to your parents (WQ) Telling Others Where to Find Sexual Health Information (WQ) 	 Getting Help for a Sexual Health Problem (Part One) Getting Help for a Sexual Health Problem (Part Two)
Attitudes/Beliefs and Self-Knowledge Oriented Topics			
Puberty	Life after Puberty	 Boys and Puberty Girls and Puberty, Introduction to puberty Other puberty issues Puberty Interview Ways to Cope Puberty/Adolescence Today and Yesterday: How Different Generations Cope (WQ) 	
 Relationships, Communication, Negotiating Sex 	 Talking Sex (FS) Talking with your partner about sex (FS) 	 Analyzing Relationships Communicating About Sex Partner objections to Condoms 	 Asking and Responding Honestly Saying No and Meaning It. Negotiating Sex Identifying Aggressive, Passive and Manipulative Communications
Coercion, Abuse & Assault	 Drug <u>Facilitated</u> <u>Sexual Assault</u> (FS) Sexual SOS (FS) 	•	 Sexual Assault Prevention
 Family Life (Marriage, Divorce, Separation, Children, Roles) 	•	•	