Nome Public Schools
Board of Education Meeting Agenda

December 13, 2022 - 5:30 PM
Work Session/Regular Board Meeting, NES Library /Zoom
1057 E 5th Ave
Nome, Alaska 99762

PO Box 131
Nome, AK 99762

We inspire and empower students to be culturally grounded responsible citizens who are deeply connected to our community and world.

SCHOOL BOARD MEMBERS
Mrs. Sandy Martinson, President
Mrs. Darlene Trigg, Vice President/Clerk
Mr. Bob Metcalf, Treasurer
Mrs. Nancy Mendenhall
Ms. Marjorie Tahbone

AGENDA

A. **Call to Order**
Work Session
B. **Items for Discussion**
1. Legislative and Capital Priorities 3
C. **Adjournment**
D. **Call to Order**
Regular Meeting
1. Pledge of Allegiance
2. Nome Public Schools Mission Statement 18
3. Roll Call
4. Approval of Agenda
E. **Consent Agenda**
(Routine matter considered for approval as one motion. Any item can be pulled for separate consideration).
1. Approval of Minutes: Regular Meeting/Executive Session: November 8, 2022 19
2. Approval of November 2022 Disbursements
3. Approval of November 2022 Gifts, Grants and Bequests
4. Approval of November 2022 Personnel Report 22
F. **Awards and Presentations**
1. Introductions of Guests & Visitors
2. Students of the Month
3. Presentation - FY22 Audit 24
4. Presentation - Updated Sex Ed Curriculum 161
G. **Opportunity for Public Comments on Agenda/Non-agenda Items** **799**
(3 minutes per speaker, 30 minutes aggregate)
H. **Superintendent Report** **800**
I. **Information & Reports**
1. Student Representative Report 814
2. Principal Reports 816

3. Director Reports 825
4. Business Manager Report 833

J. **Second Public Comment Opportunity** **838**
(Individuals are limited to three minutes each.)

K. **Action Items**
1. Approval of FY22 Audit Report 839
2. Approval of Updated Sex Education Curriculum 977
3. Approval of FY23 Budget Revision #1 1616

L. **Board and Superintendent's Comments & Committee Reports**

M. **Upcoming Events:**
• Tuesday, January 10, Regular Meeting, 5:30 pm, NES Library/Zoom
• Tuesday, February 14, Regular Meeting, 5:30 pm, NES Library/Zoom
• Tuesday, February 28, Work Session, 5:30 pm, NES Library

N. **Adjournment**

To join the **Public Zoom** meeting on your computer or smart device, please use the link below:
https://us02web.zoom.us/j/81544581149?pwd=U2RHMXlMKzFUOEs4UDAzU2ErUkJuUT09

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Passcode: 310112

AASB Legislative Priorities 2022

The AASB Board of Directors has chosen to continue the following priorities for its 2022 legislative advocacy focus. Supporting membership resolutions can be found in the document ***Where We Stand 2022*** on the AASB website.

Public Education Funding – adequate, reliable, predictable

Ensuring stable, sustainable, and adequate funding for public education is essential to Alaska's long-term success and viability. A sustainable, long-term fiscal plan is imperative for Alaska to meet its constitutional responsibility and is the best hope for successfully meeting future challenges. ***Solve the PFD dilemma so Alaska can serve its students appropriately.***

- **Adequate** – The Base Student Allocation (BSA) has remained the same since 2017, while inflation and labor shortages (certified, classified, and administrators) have significantly increased.
- **Reliable**, **stable**, **and predictable** ***(CS HB4003 House Ways & Means)***
- **Prevent cost-shifting** of items such as transportation, bond-debt reimbursement, major maintenance, and retirement to districts and local communities

Literacy as A Fundamental Human Right

AASB strongly advocates prioritizing funding and programs to improve **literacy skills** for all Alaska students, especially **early childhood literacy.** This will have the single most significant impact on high school graduation and the opportunity for success with postsecondary education. ***(SB111 & HB164 Universal Pre-k and reading)***

- **Funding** for **early childhood literacy skills** development
- Achieving **literacy proficiency** by the **third grade**
- **Literacy proficiency** creates educational **equity**
- Recognize literacy as a **fundamental human right**

Recruitment and Retention of Teachers & Administrators– through multiple approaches, increase the retention, recruitment, and training of highly effective teachers and administrators.

School districts across Alaska experience great difficulty retaining qualified, effective teachers, let alone attracting new candidates to vacant positions. The turnover rate is staggering in both urban and rural districts.

- Support the implementation of the recommendations from the **Teacher Recruitment & Retention Task Force**
- **Reconfigure and fund** a competitive **retirement benefits program** that may include both defined benefits and defined contributions.
- Support and **invest in teacher housing** for rural school districts.

- Support a robust **teacher-mentor** program
- Work with partners and the University of Alaska to **improve and develop a teacher training** program focused on growing teachers and administrators **from Alaska**

Student Wellness and Safe Schools – prioritize efforts and funding to support and promote student wellness and safety

The effects of the pandemic on student wellness have been felt by every demographic but especially by those students experiencing poverty or trauma. Violence, neglect, and sexual abuse have increased, resulting in declines of student social-emotional well-being and academic achievement.

- Support and fund **student mental health** services available to all Alaska's students
- Support and fund the use of **trauma engaged practices** in Alaska schools
- **Compel** school districts to adopt and implement policies and training regarding **professional boundaries between staff and students** to prevent sexual abuse by school staff
- Support and fund programs and services that reduce school and student **violence**

Broadband and Virtual Equity – Pandemic Issues - provide an equitable opportunity for students across the state to access learning and content as a part of their educational experience

The COVID-19 pandemic brought to the forefront the significant inequities students in all school districts face. Remote, rural districts face exceptional challenges with access to adequate broadband that has led to the creation of a "homework gap" that impedes student success and learning.

- Fully **fund the federal E-rate** program so that schools have the necessary connectivity
- Investing in Alaska **broadband infrastructure** for equitable access everywhere
- **Alaska relevant and appropriate,** distance delivered curriculum and instruction
- **Locally adapted** and school board approved curriculum
- Develop **equity** in providing distance delivered, **instructional opportunities**

The mission of the Association of Alaska School Boards is to advocate for children and youth by assisting school boards in providing quality public education, focused on student achievement, through effective local governance.

2022 Nome Public Schools Board of Education
Legislative Priorities

2022 State Legislative Priorities

The Nome Public Schools Board of Education has chosen the following priority areas for the 2022 Legislative Session. We will focus our advocacy efforts with the Alaska Legislature around the following:

1) Early, Predictable and Full Funding for a High Quality Education

The Board supports full and predictable funding for a high quality education for all students, which should provide revenue to cover the actual cost of education in all districts, allows for inflation and increasing costs, and includes all initiatives, laws and mandates that require additional costs and services. In addition, forward funding and early notification of funding is crucial to allow for recruitment and retention of quality educators and administrators in today's challenging job market.

2) Funding of School Capital/Major Maintenance Projects

Nome Public Schools currently has well over $6 million dollars in needed capital improvement projects, due to aging facilities and systems for buildings many of which were opened in the mid-1960's. Reinstatement of school bond reimbursements and full funding of projects submitted through the Capital Improvement Program are crucial to ensuring our school facilities are safe and providing the best possible environment for learning. Ensuring funding for needed construction of teacher housing facilities is also a high priority item that impacts the ability of the district to recruit and retain quality staff.

3) Culturally Responsive Education and Language Revitalization

Culturally responsive classrooms and school settings are foundational and fundamental to any school with a high percentage of Alaska Native students. Our students deserve to see their culture, language and knowledge as an integral part of every day instruction. It is crucial to the achievement of Alaska Native students when identity is validated through content and methods, and they are motivated and successful when they see themselves reflected in their classrooms and schools. Curriculum which reflects students' cultural identity is often lacking in schools, as textbooks and supplemental materials reflect Western views and values. Modifying curriculum and supplemental materials requires additional time and funding, but results in students who feel engaged and connected to their schools.

Professional development for all staff in culturally responsive teaching and curriculum development, regardless of whether they come from within the community or out of the state, is

vital. In addition, legislation and funding that supports efforts to grow a local teaching force from within the community would ensure more stable and culturally knowledgeable educators.

Last but not least, Nome Public Schools calls upon the Alaska Legislature to support indigenous language revitalization efforts by supporting immersion programs for students, as well as programs which build language knowledge for school staff.

4) Early Childhood Education Funding

The Board places a high priority on funding quality pre-Kindergarten programs, including supports for early literacy efforts. Children entering kindergarten who have participated in pre-K programs (including Head Start) demonstrate a high degree of kindergarten readiness and reading achievement. Pre-K programs provide needed early literacy skill development, social skills, and physical skill development. Adding three and four-year-old children in quality pre-K programs to the Base Student Allocation and promoting sustainable collaborative community partnerships between school districts and existing pre-K providers would provide strong foundations to build needed school readiness skills.

5) Social, Emotional and Mental Health of Children

The negative impact of the recent COVID-19 pandemic on the social, emotional and mental health of our children has turned the spotlight on the need for support and funding for school counselors, social workers, and school psychologists, as well as professional development for educators and families in trauma-sensitive and trauma-preventative practices. Schools must now assist children in regulating emotions, developing coping skills, and forming strong positive relationships with adults. Recent efforts focused on the social/emotional learning of students must be continued and expanded, especially those based in community partnerships.

Nome Public Schools also embraces the concept of wellness and a whole child approach. Children who are taught to connect their mind, body and spirit through grounding in cultural beliefs and practices have healthy attitudes and make healthy life choices. We support instruction and curriculum that promote these practices.

6) Attracting and Retaining Quality Educators and Administrators

Teacher and leadership turnover hampers progress on district initiatives and negatively impacts student achievement. Alaska students deserve knowledgeable, stable, and committed teachers, principals and support staff, who are culturally grounded in their local communities. Programs and professional development to grow equity leadership are crucial in making changes to a system we acknowledge has not always served our children well. Equitable and inflation-responsive funding of school districts to provide competitive salaries and wages in response to the high cost of living in many areas in the State, control of health care costs, follow through on commitments to the TRS/PERS pension systems, and high quality teacher preparation programs through the University system are all key to developing Alaska's teacher workforce.

Affordable housing is a crucial factor in this area, and is lacking in Nome and the Bering Strait Region in general.

7) Literacy and Reading Achievement

The Board of Education recognizes that reading is a fundamental skill for all students, and one of the most important focus areas for any school. Professional development and support for teachers at all levels in the area of effective reading instruction is a high priority, and ensuring that teacher preparatory programs provide a strong foundation for teacher candidates in reading instruction is crucial for the future of Alaska's students. We believe the greatest focus should be on increasing the pedagogical knowledge of primary grade teachers on teaching fundamental reading skills, as well as expanding early childhood education to expand the timeframe for teaching these skills in the most critical learning years. Low teacher/student ratios in the primary grades are also critical to providing personalized high-quality student support. Nome Public Schools recognizes that a strong partnership between school districts and the State focused on literacy is crucial to improving student achievement outcomes, and encourages the Legislature to find ways to support reading outcomes for the children of Alaska.

8) Career and Workforce Development

Nome Public Schools recognizes that the Alaskan and U.S. workforce is undergoing a unprecedented shift and schools must be poised to prepare students for rapidly changing needs, including growth in jobs in infrastructure. The coming deep draft expansion of the Nome Port will mean our schools must deepen and expand our existing partnerships with local employers and the University of Alaska's Northwest Campus to create more formalized school-to-work pathways including apprenticeships and internships. The Northwest Arctic Career and Technical Center (NACTEC) is a pivotal linchpin in ensuring students from Nome and the Bering Strait Region are prepared to fill these positions and keep economic growth tightly centered and benefiting their home communities.

2022 Federal Legislative Priorities

The Nome Public Schools Board of Education has chosen the following priority areas for the 2022 Legislative Session. We will focus our advocacy efforts with the Federal Legislature around the following:

1) Legislation that supports and/or coordinates with our State Priorities

2) Extension of time to utilize ESSER COVID Funds

3) Removal of limitations and/or barriers to access federal funds, especially those designed to meet the educational needs of Alaska Native students

Joint Position Statements (2023)

Student achievement is our number one priority. Adequate funding remains our most critical need.

Priority Funding for Public Education

The State of Alaska must provide timely, reliable, and predictable revenue for schools, funding the actual cost of education in all districts and providing full and equitable funding for all initiatives, laws, and mandates that require additional resources. Early notification of funding and predictable funding are crucial to sound financial management, as well as recruitment and retention of quality educators. Policy makers must recognize that continued flat funding coupled with historic 40 year high inflation (up 7.6% in Anchorage from last year, as of October 2022) creates a loss of purchasing power that schools can not sustain while keeping achievement high and meeting legislative requirements.

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Implementation of a long-term, multi-revenue fiscal plan remains imperative to maximize the ability of districts to meet student needs. Diversified revenue streams are critical in the current fiscal climate to address any deficit and ensure the ability to fund service increases associated with economic development, inflation, and deferred maintenance capital requirements, while preserving the Permanent Fund Dividend for future generations. For the coming fiscal years, the state legislature must consider options for new revenue, such as new taxation (income, sales, education head tax, etc.), changes in oil taxes, and further restructuring of the Permanent Fund Dividend income stream.

ACSA opposes cost shifting state expenditure responsibilities to local governments.

Many districts utilized federal COVID relief funds, but these should not be used to supplant the constitutionally required funding for public education. The end of COVID funding makes prioritizing funds for public education urgent. State funding should be adjusted with inflation to enable districts to use COVID relief funds to address educational deficiencies caused by the worldwide COVID pandemic rather than be used to maintain existing operations.

Transportation Funding

The State of Alaska must provide full funding for school transportation of students and inflation proof this amount to protect student transportation from future cuts and erosion of service. Transportation represents one of the fastest rising categories of inflation, running over 20% higher in April 2022 compared to the previous April. Alaska's students deserve safe, reliable transportation from home to school. The per student amount provided to districts from the state for this vital service has not increased since 2016. Since 2016, statewide transportation costs have exceeded the funds provided by the State, thereby causing districts to use operating funds for transportation rather than for student instructional services.

All of Alaska's schools depend on reliable transportation via air, ferry, or road to meet the critical medical, economic, and basic needs of all residents. As a state with diverse transportation necessities, Alaska must ensure that all communities have equitable access and opportunity to meet those needs. Funding for transportation should be adjusted to match actual costs and inflation protected to ensure continuity of services in future years.

Social, Emotional, and Mental Health

ACSA supports targeted funding to enable schools to recruit, retain, and increase students' access to school counselors, school social workers, school psychologists, nurses, and mental health specialists and to provide additional professional development for all staff to meet the increasing and diverse needs of all students. Alaska's students endure extremely high rates of trauma and adverse childhood experiences (ACEs). The trauma felt in our schools is not just limited to students; staff also feel the impact on their own social, emotional, and mental health. These issues have connections in other legislative priorities identified, such as attracting and retaining educators and access to health care.

One way to do this is to work with the UA system to provide a pathway for school districts to grow their own mental health support staff. This is especially crucial because as of 2020, the CDC listed Alaska as the second highest suicide mortality rate of any state, with 27.5 deaths per 100,000 total population.

Studies by the American School Counselor Association show that school districts with lower student-to-school-counselor ratios produce higher graduation rates, higher college entrance, lower absenteeism rates and fewer suspensions. By improving access to mental health professionals in public schools, students will have better outcomes in the classroom.

ACSA urges the state to provide funding and resources so schools can partner with local communities to implement comprehensive, culturally responsive, school-based mental health programs to foster the health and development of students and provide structures to support the wellbeing of staff.

Health Care Costs and Benefits

We encourage solutions to the long-term escalating costs of healthcare and health insurance in the state. We support exploration of various mechanisms to decrease health care costs.Providing health insurance to our employees is essential for retaining and recruiting high-quality staff who can maximize student achievement. Controlling the cost of health care for our essential workers is critical and also promises long-term benefits in recruiting and retaining effective educators and other school staff.

School Safety

ACSA advocates for safe and secure schools as a catalyst for the prevention of school crime and violence. ACSA emphasizes the importance of preventative as well as reactionary measures to ensure school safety. ACSA supports improving the safety and physical and mental well-being of our children, knowing this is critical to increasing student achievement. ACSA supports providing school communities and their school safety partners with quality information, resources, consultation, and training services. School safety is developed through maintaining effective, positive relationships among students, staff, communities, and tribes responding to local needs.

ACSA advocates full funding for school counselors, law enforcement, Village Public Safety Officers, state troopers, and other agencies such as the Office of Children's Services who are trained to work as partners with school districts supporting children.

ACSA calls for a statewide clearinghouse of safety trainings, internal safety processes, and policies to assess threats to the school and to have a secure school facility. ACSA also recognizes the need for more regular access to Village Public Safety Officers in remote villages who may be visited by VPSO's as infrequently as once every two weeks.

Major Maintenance

ACSA supports funding through the Department of Education and Early Development's (DEED) school construction process for capital projects and major maintenance to existing school district facilities in order to provide students a safe and healthy learning environment. ACSA urges that all safety improvements including improved lock technology be made a priority.

Early Childhood Education

ACSA supports the definition of elementary education to include universal Pre-K, thus ensuring equitable access to fully funded, sustainable, birth to age five learning programs and nutrition services. These programs also require sufficient funding to incorporate developmentally appropriate instructional materials, playground equipment, and classroom equipment for both 3 year old and 4

year old Pre-K students into neighborhood schools, recognizing the developmental differences between students at these different stages. According to the 2022-2023 Alaska Developmental Profile, over 80% of Alaska's students enter kindergarten lacking foundational preparation for learning and reaching up to almost 90% in some communities, including over 50% of entering kindergarteners who lack critical foundations in literacy. These services would have the most impact on kindergarten readiness by running a minimum of 5 days a week, 6 hours a day.

This provides a foundation of critical social, emotional, and cognitive instruction to students. As the Alaska READS Act acknowledges, early intervention, instruction and parent education is one of the best ways to decrease opportunity gaps across all demographics and create the greatest opportunity for all students to read proficiently by third grade and minimize the dropout rate. ACSA supports adequate, sustainable early childhood education, Pre-K, and parent education support funding as part of the base student allocation – including full (1.0) ADM funding for Pre-K students.

Increasing Bandwidth in Under-Served Areas

ACSA supports continuing the Broadband Assistance Grant (BAG) in order to ensure all schools are able to access a minimum speed of 25 megabits per second as this leverages federal E-Rate funds up to a 9:1 match; we support efforts to continue to increase download speed to meet national recommendations of 1 gigabyte per second, per student.

It is critical that we recognize the ongoing and increasing need for Alaska's students, educators, and leaders to have equitable access to the digital world both inside and outside of the school environment. ACSA wants to ensure every student has reliable internet access.. Access to modern technology in order to innovate learning, create efficiencies, provide online health services, and keep pace with peers globally is especially essential in rural and under-served communities where infrastructure is extremely limited or non-existent.

ACSA also supports efforts by the legislature to continue to increase innovative infrastructure capacity through public/private partnerships, partnerships with tribal entities, and statewide consortiums in an effort to provide all communities with equitable access to affordable, reliable, and high-speed internet.

Career and Technical Education

ACSA fully supports continued funding for voluntary internships and pre-apprenticeship programs that prepare students for high-demand, high-skill, high wage jobs, as well as dual credit offerings that provide opportunities to obtain an occupational certification or credentials. Career and Technical Education (CTE) for both rural and urban schools is critical to high academic standards and Alaska's economic growth and stability. Collaboration through professional learning with DEED, the Department of Labor & Workforce Development, and the University of Alaska with educators and industry-based professionals is needed for the academic integration of rigorous and relevant curriculum. These programs give students the opportunity to build future-ready skills and contribute to their local economy after high school. The alignment of CTE programs to meet the needs of local, tribal, regional, and state labor markets through this collaboration is also important for improving

graduation rates, higher career earnings, and decreasing dropout percentages. These programs must also either be available to students before they graduate around age 18, or include funding for postgraduate programs for students above age 18 in industries where only adults may receive training, for instance marine welders.

Preparing, Attracting and Retaining Highly Effective Educators

ACSA strongly encourages the development of comprehensive statewide programs to prepare, attract, and retain high quality, diverse educators and professionals. Retaining highly effective educators and leaders is imperative to increase student achievement and eliminate academic disparity for all of Alaska's students. ACSA further recommends strengthening statewide and national recruiting efforts along with a renewed commitment to growing our own educators, teachers, paraprofessionals, counselors, principals, and superintendents. ACSA also recognizes the difficulty in finding adequate housing for educators and encourages the state to provide funding and policies improving access to safe housing for all. In partnership with school districts, the state should fund and deploy a team of marketing experts to create a direct campaign, such as "Teach Alaska."

The national teacher and education shortage compounds Alaska's need to fund a robust educator pipeline with the University of Alaska and create incentives for graduates to stay in Alaska. ACSA supports aligned and accredited University of Alaska Schools of Education. Exploring innovative alternative pathways is paramount to attracting high quality educators to the state and the education profession to address Alaska's unique circumstances. In addition, the state should prioritize the removal of barriers for certified teachers coming from out of state. A nationally competitive compensation and benefits package, combined with a robust state retirement system is imperative for attracting and retaining effective educators and leaders.

ACSA requests the state become a sponsoring agency for J-1, H1-B, and other visa types.

Retirement Systems

ACSA calls on the Legislature to provide and fund a retirement system that will offer educators an incentive to spend a long career working with Alaska's children. According to a study by the Economic Policy Institute, the average teacher earns 21% less than other professionals with college degrees. This gap must be offset by providing excellent benefits packages, including a robust retirement system. Alaska's educators need and deserve a retirement system that surpasses what is offered by Social Security. Alaska's districts need and deserve the best teachers. The support of the state in providing these crucial benefits is essential.

School Bond Debt Reimbursement

ACSA advocates for the legislature to end the moratorium on school bond debt reimbursement and for the state to fully fund all outstanding school bonds. In 2015, the state placed a moratorium on school bond debt reimbursement until 2025. The state has defaulted on their obligation, thereby placing the burden on school districts to fully fund bonds with their own tax revenue. Due to the moratorium on school bond debt reimbursement, many districts have deferred school construction

projects, which may result in deterioration and long term damage, leading to unsafe conditions and higher costs to school districts. It will also take costs from the general fund, leading to higher class sizes and less funds for supplies needed for effective educational programs.

Additionally, funds for REAA school maintenance and construction is tied to the amount of bond debt reimbursement. The 10 year moratorium on bond debt reimbursement will have lasting effects on the capitalization of that fund and lead to the deterioration of facilities in communities served by REAAs.

Other State Issues

Capital Improvement (CIP) funding must be fully restored. Long-term fiscal planning is needed to maintain and protect infrastructure. Costs have and will continue to increase due to inflation and prolonged neglect to public school facilities.

ACSA supports and expects the State of Alaska to fully utilize matching federal grant monies such as those required for Head Start and other early learning programs.

ACSA supports the local control and autonomy of Alaska's communities who are served through all 54 unique school districts.

The state should continue efforts to control the cost of workers' compensation claims, including adoption of medical treatment guidelines, improved management of claims, and an improved reemployment benefits process.

If the school funding formula is reviewed, ACSA strongly supports that it be done by a task force including nationally-recognized school finance experts, with input from Alaska school finance experts.

ACSA supports a non-partisan and independent State Board of Education with the sole purpose of ensuring a quality education for all of Alaska's children.

ACSA is proud and supportive of educational alternative programs, so long as the directive in Alaska's Constitution is upheld: ***"No money shall be paid from public funds for the direct benefit of any religious or other private educational institution.***" This restriction includes vouchers and/or any other mechanisms. Our funding system must be transparent, inclusive, and collaborative.

2023 JPS Federal Issues

Forest Receipts (Safe and Secure Rural Schools Act)

ACSA strongly endorses the continuation of the 100-plus year partnership that was created between the federal government and communities to compensate communities financially impacted by the placement of timber reserves into federal ownership. ACSA supports an equitable, long-term solution that supports the many sources of funding for Alaska's school districts. ACSA supports the reauthorization of the Safe and Secure Rural Schools Act, included in the bipartisan infrastructure bill, that would provide funding beyond FY24.

Every Student Succeeds Act (ESSA)

ACSA encourages the United States Department of Education to continue to fulfill the bipartisan intention of ESSA by honoring local control. Further, ACSA encourages Congress to eliminate discretionary funding caps to allow adequate investment in education, including full funding of the education programs authorized by the bipartisan Every Student Succeeds Act.

Other Federal Issues

ACSA strongly opposes the use of public money to fund private/religious education through vouchers or other mechanisms.

ACSA supports full funding with cost of living increases for E-Rate, Indian Education, Impact Aid, and all Title programs with no significant program changes.

ACSA supports increased funding for child nutrition.

ACSA supports increased funding for teacher housing in rural communities.

ACSA supports funding for social emotional learning, social workers, mental health support, school nursing, and birth to age five learning for all. For more specifics, refer to our Social, Emotional, and Mental Health Position Statement.

ACSA advocates continued support for Alaska school districts under the Emergency Connectivity Fund (ECF).

ACSA supports the use of federal funds to retrofit and make infrastructure repairs in Alaska schools to align with modern school safety best practices. For more specifics, refer to our School Safety Statement.

Nome Public School District

FY 2025 – 2030 Six-Year Capital Improvement Plan

District Priority	Primary Purpose	Project Title & Description	SOA Aid	Estimated Project Cost
1	C	**Supplemental Funding Request – Nome-Beltz Middle/High School Roof Replacement** This is a supplemental funding request for the previously funded roof replacement project. Construction costs for the project have increased dramatically since the original cost estimate was prepared due to inflation and the impact of the COVID-19 pandemic on staffing and supply chains.	X	3,235,584
2	D/C	**Nome Elementary Fire Alarm Replacement** This project will replace the outdated (1987) Fire panel and field devices. A completely new design and installation of panel and devices which may require new wiring. New system to insure compliance and safety to most current NFPA and state Codes. Currently the system is obsolete, and we are sourcing used parts via eBay.	X	$555,024
3	C	**Nome Beltz Middle/High School Generator and Electrical Service Replacement** This project will replace an old and undersized backup generator, with a new larger generator with enclosure, which will also increase capacity to allow the high school to operate as an emergency shelter for the entire community. Installation of new transformers and required modification of power lines will also be included.	X	$900,356
4	C	**Secure Access and ADA improvements NBMHS & NES** ADA-This project is to address accessibility to NBHS to include the installation of ADA accessible front doors, regrading/replacing damaged at bus door entrance which prevents ADA accessibility. It will include any needed ADA repairs/upgrades to interior and exterior of both the high school and the elementary. Security- This project will address security concerns at both campuses to include installation of new interior double doors inside the front entrance that can be remotely secured, as well as the installation of a closed circuit camera system.	X	$328,168
		FY 2024 TOTAL:		**$5,019,132**

District Priority	Primary Purpose	Project Title & Description	SOA Aid	Estimated Project Cost
5	D	**Hot Water Heater & Plumbing Upgrades** Repair and replace aging plumbing for charter school building and high school kitchen, and hot water heaters for all school buildings.	X	$500,000
6	C	**Nome Elementary School Exterior upgrades, Structure and Parking** This project will replace needed exterior doors and hardware and include needed repairs to stairs and approaches. It will replace all exterior windows with arctic grade windows with opening lowers and address building envelope concerns. This project will make roof modifications to extend the roof over	X	$2,500,000

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District Priority	Primary Purpose	Project Title & Description	SOA Aid	Estimated Project Cost
		the edges of the structure and correct the roof panels that don't extend to the full edges of the structure. Project will make repairs to parking and grounds to include repairs and recoating of paved lot and replacement of concrete sidewalks.		
7	**C**	**Nome Beltz Jr -Sr High School Exterior Renovations** This project will replace the siding along the RC portion to the building from the front entrance to the JH bus doors, and will require the removal of approximately 70 asbestos panels with soffit. Install two inches of foam board and wind blocking fabric. (Tyvek) The steel siding has been purchased and is in storage. Repaint exterior of entire building.	**X**	**$425,000**
			FY 2025 TOTAL:	**$3,425,000.00**

District Priority	Primary Purpose	Project Title & Description	SOA Aid	Estimated Project Cost
8	**E**	**DDC Control System Phase 2** Complete upgrades to DDC control system that were not funded through ARP funds, including system control of charter school building, and various other upgrades throughout school buildings	**X**	**$250,000**
9	**C**	**Beltz High School Interior Renovations** Replace doors & door hardware as needed. Interior painting of classrooms, offices and common areas. Replacement of carpet in classrooms, offices and hallways.	**X**	**$450,000**
10	**D**	**Beltz Apartment Electrical Rewiring** District's teacher housing building's aging electrical system needs replacing, including rewiring, fuse panels, etc.		**$500,000**
			FY 2026 TOTAL:	**$1,200,000.00**

District Priority	Primary Purpose	Project Title & Description	SOA Aid	Estimated Project Cost
11	**C**	**Plumbing Repairs/Upgrades to Charter School Building** Repair and replace aging plumbing for the charter school building	**X**	**$150,000**
12	**C**	**Nome Elementary School Interior Renovations** Replacement of carpet in hallways, offices and common areas, replacement of interior doors and door hardware, painting of classrooms, offices and common areas	**X**	**$350,000**
			FY 2027 TOTAL:	**$500,000.00**

District Priority	Primary Purpose	Project Title & Description	SOA Aid	Estimated Project Cost
13	**C**	**Building D Exterior Upgrades** Renovate/repaint remaining wood siding on Building D, upgrade/replace porch entry/stairs.	**X**	**$200,000**

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Nome Public School District

FY 2025 – 2030 Six-Year Capital Improvement Plan

District Priority	Primary Purpose	Project Title & Description	SOA Aid	Estimated Project Cost
			FY 2028 TOTAL:	**$200,000.00**

District Priority	Primary Purpose	Project Title & Description	SOA Aid	Estimated Project Cost
14	**F**	**Upgrade to Snow Removal/Control Program** Project will entail installation of a bunker and cover for sand pile to prevent moisture/ice in sand pile		**$350,000**
15	**C**	**Quonset Hut Upgrades** Installation of tool cages, lofts for storage, flooring, framing and overhead door		**$500,000**
16	**C**	**Maintenance Bldg Siding and Roof Replacement** Structural upgrades to Maintenance Facility		**$225,000**
			FY 2029 TOTAL:	**$1,075,000.00**

Adopted _____ at a duly convened meeting of the Nome Public School Board at which a quorum was present and voting. I hereby certify that the information presented is true and correct to the best of my knowledge.

_____ _____
Superintendent Date

_____ _____
School Board President Date

Submit to the *Department of Education & Early Development* by September 1 Form #05-18-044

DRAFT

Our Mission

We inspire and empower students to be culturally grounded responsible citizens who are deeply connected to our community and world.

Our Vision

Together, strong in identity, purpose, potential

Board and Superintendent Guiding Principles

- Works to ensure academic success for all students
- Works to promote positive community partnerships
- Provides leadership and support to ensure reading proficiency by 3rd Grade
- Supports the recruitment and retention of effective staff

Board and Superintendent Goals

- Provide the resources for the development and adoption of curriculum as per Board Policy (BP 6141).
- Support the integration of a student's culture in the curriculum within the context of the community through implementation of the Alaska standards for culturally responsive schools.
- Work to ensure all students feel connected to their peers and the adults in their schools by improving school climate.

BOARD OF EDUCATION MINUTES
Regular Meeting/Executive Session
Tuesday, November 8, 2022
5:32 pm
NES Library

Member Martinson called the meeting to order at 5:32 pm Tuesday, November 8, 2022 with a quorum present.

Superintendent Burgess led the Pledge of Allegiance.

Member Martinson read the Nome Public Schools Mission Statement.

School Board Members Present:

Sandy Martinson	Darlene Trigg (at 5:52 pm)	Bob Metcalf
Marjorie Tahbone	Nancy Mendenhall (at 5:52 pm via Zoom)	

Others in attendance included:

Jamie Burgess	Alisha Papineau	Genevieve Hollins (via Zoom)
Megan Hayes (via Zoom)	Janet Balice (via Zoom)	Stan Burgess
Jonathan Duarte	Jim Shreve	Jennifer Shreve
Cynthia Gray	Rebecca Luce	Tom Vaden
Blair Vaden	Nikki Vaden	Kate Osborn
Lisa Leeper	Jessica Smyke	Mary Donaldson
Amy Nguyen	Teriscovkya Smith	Helen Kaha'i

APPROVAL OF AGENDA

Member Metcalf moved to approve the agenda as presented.

The motion carried by a roll call vote with the following results:

Sandy Martinson: yes	Darlene Trigg: (excused)	Bob Metcalf: yes
Nancy Mendenhall: (excused)	Marjorie Tahbone: yes	

CONSENT AGENDA

Member Metcalf moved to approve the minutes from Regular Meeting/Executive Session: October 11, 2022; the October 2022 disbursements; the October 2022 personnel report; and the October 2022 Gifts, Grants and Bequests.

The motion carried by a roll call vote with the following results:

Sandy Martinson: yes	Darlene Trigg: (excused)	Bob Metcalf: yes
Nancy Mendenhall: (excused)	Marjorie Tahbone: yes	

INTRODUCTIONS OF GUESTS AND VISITORS

Superintendent Burgess introduced new board member, Marjorie Tahbone and new NBMHS Dean of Students, Helen Kaha'i.

STUDENTS OF THE MONTH
ACSA Principal, Lisa Leeper gave shout outs to students, Blair Vaden and Denali Walrath.

OPPORTUNITY FOR PUBLIC COMMENT ON AGENDA/NON-AGENDA ITEMS
NONE

SUPERINTENDENT REPORT
Superintendent Burgess reported. The report is attached to the original of these minutes.
Discussion followed.

INFORMATION AND REPORTS
NES Principal, Elizabeth Korenek-Johnson reported. The report is attached to the original of these minutes.

ACSA Principal, Lisa Leeper reported. The report is attached to the original of these minutes.
Discussion followed.

NBMHS Principal, Teriscovkya Smith reported. The report is attached to the original of these minutes.
Discussion followed.

Director of Technology, Jim Shreve reported. The report is attached to the original of these minutes.

Director of SPED, Mary Donaldson reported. The report is attached to the original of these minutes.
Discussion followed.

Director of Federal Programs, Megan Hayes reported. The report is attached to the original of these minutes.

Director of Facilities, Jonathan Duarte reported. The report is attached to the original of these minutes.

CFO, Genevieve Hollins reported. The report is attached to the original of these minutes.
Discussion followed

SECOND PUBLIC COMMENT OPPORTUNITY
NBHS Alumni of 1996, Kate Osborn suggested to change the NBMHS “manleaders” name to “spirit leaders” to encourage inclusivity.

EXECUTIVE SESSION
Member Trigg moved to enter into Executive Session for the purpose of the Superintendent evaluation at 6:39 pm.

Member Trigg moved to resume the Regular Meeting at 7:57 pm.

BOARD AND SUPERINTENDENT’S COMMENT & COMMITTEE REPORTS
Member Trigg attended the Annual AASB Conference.
Member Trigg thanked Jamie for also attending the Annual AASB Conference.
Member Trigg thanked the directors for their board reports.

Member Mendenhall asked about the Equity Leadership Retreat schedule to which Superintendent Burgess responded.

Member Metcalf said he was glad Member Tahbone was here.
Member Metcalf also said he was glad that a Student Representative was elected.

Member Tahbone said she was happy to be here.

Superintendent Burgess attended the Annual AASB Conference.

Member Martinson attended the Annual AASB Conference and was also on the Resolution Committee.
Member Martinson thanked Member Trigg and Superintendent Burgess for their representation at the conference.
Member Martinson attended the NACTEC Governing Board Meeting along with Member Trigg and Superintendent Burgess.

UPCOMING EVENTS

- Tuesday, December 13, Work Session/Regular Meeting, 5:30 pm, NES Library/Zoom
- Tuesday, January 10, Regular Meeting, 5:30 pm, NES Library/Zoom

ADJOURNMENT

Member Tahbone moved to adjourn at 8:04 pm.

_____	_____
Sandy Martinson Date	Darlene Trigg Date
President, Board of Education	Vice President/Clerk, Board of Education

Nome Public Schools
Personnel Items for Approval/Ratification
December 13, 2022

Certified/Administrative Staff

NAME	POSITION/ACTION	EFFECTIVE DATE
Hansen, Angela	Music Teacher/NBHS – Long Term Sub	11/1/22

Classified Staff

NAME	POSITION/ACTION	EFFECTIVE DATE
Gray, Cynthia	HR Manager/DO – Resignation	12/7/22
Katchatag, Nuna	SPED Paraprofessional/NES – New Hire	11/8/22
Trujillo, Miriam	SPED Paraprofessional/NES – New Hire	10/25/22

Substitute New Hire

NAME	EFFECTIVE DATE
Anungazuk, Brooke	10/20/22
Bungay, Kenneth	12/6/22
Dillon, Courtney	11/4/22
Farley, Jessica	10/27/22
Irelan, Frank	11/10/22
Purinton, Benjamin	12/5/22
Ross, Justin	10/25/22
Trujillo, Miriam	10/25/22

Non-Staff Coaches

NAME	POSITION/ACTION	EFFECTIVE DATE
Walters, John	Head Coach/Girls Basketball	11/9/22
Ahmasuk, Senora	Asst. Coach/Girls Basketball	11/16/22

Volunteers Approved

NAME	EFFECTIVE DATE

Temporary Workers

NAME	POSITION/ACTION	EFFECTIVE DATE
Iya, Riley	Student Worker/Custodian – New Hire	10/25/22

Extra Duty Contracts

NAME	POSITION	EFFECTIVE DATE
Erikson, Corey	Head Coach/Wrestling	12/7/22

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

Letter to the Governing Board

Year Ended June 30, 2022

Altman, Rogers & Co. CERTIFIED PUBLIC ACCOUNTANTS

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

Letter to the Governing Board

Year Ended June 30, 2022

Altman, Rogers & Co. CERTIFIED PUBLIC ACCOUNTANTS

November 7, 2022

Members of the Board
Nome Public Schools
City of Nome, Alaska

We have audited the financial statements of the governmental activities, each major fund and the aggregate remaining fund information of Nome Public Schools (the District), a component unit of the City of Nome, Alaska, for the year ended June 30, 2022 and the related notes to the financial statements, which collectively comprise the District's basic financial statements. Professional standards require that we provide you with information about our responsibilities under generally accepted auditing standards, *Government Auditing Standards*, Title 2.U.S. Code of Federal Regulations Part 200, *Uniform Administration Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance), and the State of Alaska Audit Guide and Compliance Supplement for State Single Audits*, as well as certain information related to the planned scope and timing of our audit. We have communicated such information in our letter to you dated May 18, 2022. Professional standards also require that we communicate to you the following information related to our audit.

Qualitative Aspects of Accounting Practices

Management is responsible for the selection and use of appropriate accounting policies. The significant accounting policies used by Nome Public Schools are described in Note 1 to the Financial Statements. During 2022, as discussed in Note IV.E to the financial statements, District changed accounting policies related to the financial reporting for leases by lessees and lessors as required by GASB statement No.87. There was no effect of the accounting change on the beginning of the year balances reported in the Statement of Net Position. We noted no transactions entered into by District during the year for which there is a lack of authoritative guidance or consensus. All significant transactions have been recognized in the financial statements in the proper period.

Accounting Estimates

Accounting estimates are an integral part of the financial statements prepared by management and are based on management's knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the financial statements and because of the possibility that future events affecting them may differ significantly from those expected. The most sensitive estimates affecting the District's financial statements were:

All Opinion Units:

Management's estimate of the collectability of accounts receivable is based on historical collections. We evaluated the key factors and assumptions used to develop the collectability of accounts receivable in determining that it is reasonable in relation to the financial statements taken as a whole.

Management's estimate of health and medical insurance liability is based on claims paid for the year and a three month estimate of the insurance liability. We evaluated the key factors and assumptions used to develop the health and medical liability in determining that it is reasonable in relation to the financial statements taken as a whole.

3000 C Street N. Suite 201 Anchorage, Alaska 99503 Phone 907-274-2992 Fax 907-274-2993
Offices in Juneau and Soldotna A Professional Corporation

Management's estimate of the calculation of the lease receivable and deferred outflows of resources is based on an estimated incremental borrowing rate for the present value calculation of the lease receipts. We evaluated the key factors and assumptions used to develop the present value calculation in determining that it is reasonable in relation to the financial statements as a whole.

Government-wide Opinion Unit:

Management's estimate of the useful lives and depreciation is based upon the expected life of an asset. We evaluated the key factors and assumptions used to develop the useful lives and depreciation expense in determining that it is reasonable in relation to the financial statements as a whole.

Management's estimates of the District's proportionate share of the collective net pension/OPEB liability and asset and related deferred outflows and inflows of resources are based on information furnished by the State of Alaska and actuarial reports generated during the audit of the Public Employees' Retirement System and Teachers' Retirement System. The amortization of these deferrals is based on guidance provided by the Governmental Accounting Standards Board. We evaluated the key factors and assumptions used to develop the estimates of the District's proportionate share of the collective net pension/OPEB liability and deferred outflows and inflows of resources and related amortization in determining that it is reasonable in relation to the financial statements as a whole.

Financial Statement Disclosures

The financial statement disclosures are neutral, consistent, and clear.

Difficulties Encountered in Performing the Audit

We encountered no significant difficulties in dealing with management in performing and completing our audit.

Corrected and Uncorrected Misstatements

Professional standards require us to accumulate all known and likely misstatements identified during the audit, other than those that are clearly trivial, and communicate them to the appropriate level of management. During the course of our audit we noted no misstatements that required to be corrected.

Disagreements with Management

For purposes of this letter, a disagreement with management is a financial accounting, reporting, or auditing matter, whether or not resolved to our satisfaction, that could be significant to the financial statements or the auditor's report. We are pleased to report that no such disagreements arose during the course of our audit.

Management Representations

We have requested certain representations from management that are included in the management representation letter dated November 7, 2022.

Management Consultations with Other Independent Accountants

In some cases, management may decide to consult with other accountants about auditing and accounting matters, similar to obtaining a "second opinion" on certain situations. If a consultation involves application of an accounting principle to the District's financial statements or a determination of the type of auditor's opinion that may be expressed on those statements, our professional standards require the consulting accountant to check with us to determine that the consultant has all the relevant facts. To our knowledge, there were no such consultations with other accountants.

Internal Control Matters

See the June 30, 2022 audited financial statements Compliance Reports for definitions and descriptions of deficiencies, significant deficiencies, material weaknesses, and any reported findings.

Other Matters

We applied certain limited procedures to the Schedule of Revenues, Expenditures, and Changes to Fund Balance- Original and Final Budget and Actual- School Operating Fund, Schedules of Proportionate Share of Net Pension/OPEB Liability and Asset and Contributions for the Public Employees' Retirement System and the Teachers' Retirement System and notes, which is required supplementary information (RSI) that supplements the basic financial statements. Our procedures consisted of inquiries of management regarding the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We did not audit the RSI and do not express an opinion or provide any assurance on the RSI.

We were engaged to report on the Supplementary Information which include Major Governmental Fund: Schedule of Revenues, Expenditures and Changes in Fund Balance – Budget and Actual (where applicable) Other Governmental Funds: Combining Balance Sheet and Combining Statement of Revenues Expenditures and changes in Fund Balances (Deficit), Schedule of Revenues Expenditures and Changes in Fund Balance (Deficit) – Budget and Actual (where applicable), Schedule of Changes in Assets and Fund Balances, Schedule of Compliance- AS 14.17.505, and the Schedule of Expenditures of Federal Awards and notes, and the Schedule of State Financial Assistance and notes, as listed in the table of contents of the financial statements, which accompany the financial statements but is not RSI. With respect to this supplementary information, we made certain inquiries of management and evaluated the form, content, and methods of preparing the information to determine that the information complies with accounting principles generally accepted in the United States of America, the method of preparing it has not changed from the prior period, and the information is appropriate and complete in relation to our audit of the financial statements. We compared and reconciled the supplementary information to the underlying accounting records used to prepare the financial statements or to the financial statements themselves.

Other Audit Findings or Issues

We generally discuss a variety of matters, including the application of accounting principles and auditing standards, with management each year prior to retention as Nome Public Schools' auditors. However, these discussions occurred in the normal course of our professional relationship and our responses were not a condition to our retention.

Accounting Assistance

As part of our engagement we drafted the financial statements of the District from the District's accounting records; however, management of the District was involved in the drafting process and retains responsibility for the basic financial statements.

Restriction of Use

This information is intended solely for the use of the School Board and management of Nome Public Schools and is not intended to be and should not be used by anyone other than these specified parties.

Altman, Rogers & Co.

Anchorage, Alaska

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome, Alaska)

Basic Financial Statements, Required Supplementary Information, Supplementary Information And Compliance Section
(With Independent Auditor's Reports Thereon)

Year Ended June 30, 2022

Altman, Rogers & Co. CERTIFIED PUBLIC ACCOUNTANTS

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome, Alaska)

Basic Financial Statements, Required Supplementary Information,
Supplementary Information and Compliance Section
(With Independent Auditor's Reports Thereon)

Year Ended June 30, 2022

NOME PUBLIC SCHOOLS

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Altman, Rogers & Co. CERTIFIED PUBLIC ACCOUNTANTS

Independent Auditor's Report

Members of the School Board
Nome Public Schools
City of Nome, Alaska

Report on the Audit of the Financial Statements

Opinions

We have audited the accompanying financial statements of the governmental activities, each major fund, and the aggregate remaining fund information of Nome Public Schools (the District), a component unit of the City of Nome, Alaska, as of and for the year ended June 30, 2022, and the related notes to the financial statements, which collectively comprise the District's basic financial statements as listed in the table of contents.

In our opinion, the financial statements referred to above present fairly, in all material respects, the respective financial position of the governmental activities, each major fund and the aggregate remaining fund information of the Nome Public Schools, as of June 30, 2022, and the respective changes in financial position for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinions

We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the District and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinions.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the District's ability to continue as a going concern for twelve months beyond the financial statement date, including any currently known information that may raise substantial doubt shortly thereafter.

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Offices in Juneau and Soldotna A Professional Corporation

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinions. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards and *Government Auditing Standards*, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the District's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the District's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Required Supplementary Information

Accounting principles generally accepted in the United States of America require that the Schedule of Revenues, Expenditures, and Changes in Fund Balance- Original and Final Budget and Actual and the Schedules of District's Net Pension and OPEB Liabilities and Assets, and the Pension and OPEB Contributions and notes to Required Supplementary Information on pages 41-51, be presented to supplement the basic financial statements. Such information is the responsibility of management and, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

Management has omitted the Management's Discussion and Analysis that accounting principles generally accepted in the United States of America require to be presented to supplement the basic financial statements. Such missing information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. Our opinion on the basic financial statements is not affected by this missing information.

Supplementary Information

Our audit was conducted for the purpose of forming opinions on the financial statements that collectively comprise the District's basic financial statements. The information listed in the table of contents as Supplementary Information, which include Major Governmental Fund: Schedule of Revenues, Expenditures and Changes in Fund Balance – Budget and Actual (where applicable) Other Governmental Funds: Combining Balance Sheet and Combining Statement of Revenues Expenditures and changes in Fund Balances (Deficit), Schedule of Revenues Expenditures and Changes in Fund Balance (Deficit) – Budget and Actual (where applicable), Schedule of Changes in Assets and Fund Balances, Schedule of Compliance- AS 14.17.505, and the Schedule of Expenditures of Federal Awards, as required by *Title 2 U.S. Code of Federal Regulations (CFR) Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards and notes*, and the Schedule of State Financial Assistance and notes which is presented as required by the *State of Alaska Audit Guide and Compliance Supplement for State Single Audits,* are presented for purposes of additional analysis and are not a required part of the basic financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the basic financial statements. The information has been subjected to the auditing procedures applied in the audit of the basic financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the basic financial statements or to the basic financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the Supplementary Information are fairly stated, in all material respects, in relation to the basic financial statements as a whole.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards,* we have also issued our report dated November 7, 2022, on our consideration of the Nome Public Schools' internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of Nome Public Schools' internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Nome Public Schools' internal control over financial reporting and compliance.

Altman, Rogers & Co.

Anchorage, Alaska
November 7, 2022

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

Statement of Net Position

June 30, 2022

		Governmental Activities
Assets and Deferred Outflows of Resources		
Current assets:		
Cash and cash equivalents	$	8,329,728
Accounts receivable		1,143,105
Lease receivable		438,182
Inventories		39,430
Prepaid items		773,849
Total current assets		10,724,294
Non-current assets:		
Capital assets, net of accumulated depreciation		1,145,596
Net pension and OPEB assets		5,136,794
Total long-term assets		6,282,390
Deferred outflows of resources -		
Pension and OPEB deferrals		1,243,321
Total assets and deferred outflows of resources	$	18,250,005
Liabilities and Deferred Inflows of Resources		
Current liabilities:		
Accounts payable	$	352,102
Accrued payroll liabilities		418,453
Health insurance payable		263,479
Unearned revenue		651,370
Total current liabilities		1,685,404
Non-current liabilities:		
Due within one year:		
Accrued leave		108,396
Due after one year:		
Net pension and OPEB liability		4,368,309
Total long-term liabilities		4,476,705
Deferred inflows of resources -		
Leases		433,861
Pension and OPEB deferrals		5,727,145
Total deferred inflows of resources		6,161,006
Total liabilities and deferred inflows of resources		12,323,115
Net Position		
Net investment in capital assets		1,145,596
Restricted		503,137
Unrestricted		4,278,157
Total net position		5,926,890
Total liabilities, deferred inflows of resources and net position	$	18,250,005

The notes to the financial statements are an integral part of this statement.

Exhibit B-1

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

Statement of Activities

Year Ended June 30, 2022

Functions/Programs	Expenses	Program Revenues: Charges for Services	Program Revenues: Operating Grants and Contributions	Program Revenues: Capital Grants and Contributions	Net (Expense) Revenue and Changes in Net Position: Total Governmental Activities
Governmental activities:					
Instruction	$ 4,381,829	-	131,723	-	(4,250,106)
Special education instruction	1,003,611	-	306,347	-	(697,264)
Special education support services - students	211,056	-	8,283	-	(202,773)
Support services - students	349,443	-	112,331	-	(237,112)
Support services - instruction	1,822,329	-	261,694	-	(1,560,635)
School administration	539,173	-	(101,231)	-	(640,404)
School administration support services	339,353	-	1,708	-	(337,645)
District administration	228,474	-	(31,060)	-	(259,534)
District administration support services	819,439	-	114,796	-	(704,643)
Operation and maintenance of plant	3,983,881	233,163	368,663	22,266	(3,359,789)
Student activities	613,452	-	320,768	-	(292,684)
Student transportation- to and from school	503,238	-	470,092	-	(33,146)
Student transportation- school activities	4,932	-	4,752	-	(180)
Community services	14,026	-	7,182	-	(6,844)
Food services	661,392	5,592	533,962	-	(121,838)
Total Governmental Activities	$ 15,475,628	238,755	2,510,010	22,266	(12,704,597)
General revenues:					
City appropriations					$ 3,000,000
State sources not restricted to specific programs					8,858,991
Federal sources not restricted to specific programs					30,807
E-rate					794,449
Interest					11,074
Other					311,223
Capital assets transferred to the City					(106,156)
Total general revenues					12,900,388
Change in net position					195,791
Net position, beginning of year					5,731,099
Net position, end of year					$ 5,926,890

The notes to the financial statements are an integral part of this statement.

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

Balance Sheet - Governmental Funds

June 30, 2022

	Major Funds			
	School Operating Fund	General Capital Projects Fund	Other Governmental Funds	Total Governmental Funds
Assets				
Assets:				
Cash and cash equivalents	$ 8,329,728	-	-	8,329,728
Accounts receivable	59,519	-	1,083,586	1,143,105
Lease receivable	438,182	-	-	438,182
Due from other funds	1,032,624	3,241,611	3,380,095	7,654,330
Inventories	39,430	-	-	39,430
Prepaid items	600,084	90,170	83,595	773,849
Total assets	$ 10,499,567	3,331,781	4,547,276	18,378,624
Liabilities and Fund Balances				
Liabilities:				
Accounts payable	$ 234,127	5,994	111,981	352,102
Accrued payroll liabilities	406,887	-	11,566	418,453
Health insurance payable	263,479	-	-	263,479
Unearned revenue	18,640	-	632,730	651,370
Due to other funds	6,621,706	-	1,032,624	7,654,330
Total liabilities	7,544,839	5,994	1,788,901	9,339,734
Deferred inflows of resources:				
Leases	433,861	-	-	433,861
Total liabilities and deferred inflows of resources	7,978,700	5,994	1,788,901	9,773,595
Fund balances:				
Nonspendable	639,514	90,170	83,595	813,279
Restricted	-	-	503,137	503,137
Committed	-	3,235,617	2,251,288	5,486,905
Unassigned	1,881,353	-	(79,645)	1,801,708
Total fund balances	2,520,867	3,325,787	2,758,375	8,605,029
Total liabilities and fund balances	$ 10,499,567	3,331,781	4,547,276	18,378,624

The notes to the financial statements are an integral part of this statement.

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

Reconciliation of Governmental Funds Balance Sheet
to Statement of Net Position

June 30, 2022

Total fund balances of governmental funds		$ 8,605,029
Total net assets reported for governmental activities in the Statement of Net Position is different because:		
Capital assets used in governmental activities are not financial resources and therefore are not reported in the funds.		1,145,596
Long-term liabilities are not due and payable in the current period and therefore are not reported as fund liabilities.		
Long-term liabilities reported in these statements consist of:		
Accrued leave		(108,396)
Proportionate share of the collective net pension/OPEB liability:		
PERS	(2,091,976)	
TRS	(2,276,333)	(4,368,309)
Proportionate share of the collective net pension/OPEB asset:		
PERS	1,517,144	
TRS	3,619,650	5,136,794
Deferred inflows and outflows of resources are the result of timing differences in the actuarial report:		
Pension/OPEB related assets in the current fiscal year are presented as deferred outflows of resources.		
PERS	445,410	
TRS	797,911	1,243,321
Pension/OPEB related liabilities in the current fiscal year are presented as deferred inflows of resources.		
PERS	(1,652,847)	
TRS	(4,074,298)	(5,727,145)
Net position of governmental activities		$ 5,926,890

The notes to the financial statements are an integral part of this statement.

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

Statement of Revenues, Expenditures and Changes in Fund Balance

Governmental Funds

Year Ended June 30, 2022

	Major funds			
	School Operating Fund	General Capital Projects Fund	Other Governmental Funds	Total Governmental Funds
Revenues:				
Local sources:				
Charges for services	$ -	-	238,755	238,755
Other local	278,001	-	403,955	681,956
Interest	11,074			11,074
E-rate	794,449	-	-	794,449
Other sources	33,222	-	-	33,222
Intergovernmental:				
City direct appropriations	3,000,000	-	-	3,000,000
State of Alaska	9,775,208	-	506,852	10,282,060
Federal sources	30,807	-	2,715,439	2,746,246
Total revenues	13,922,761	-	3,865,001	17,787,762
Expenditures:				
Current:				
Instruction	4,926,049	-	970,595	5,896,644
Special education instruction	926,573	-	287,596	1,214,169
Special education support services - students	232,327	-	29,336	261,663
Support services - students	304,721	-	161,758	466,479
Support services - instruction	1,624,213	-	330,632	1,954,845
School administration	785,782	-	15,720	801,502
School administration support services	363,956	-	10,751	374,707
District administration	302,244	-	987	303,231
District administration support services	738,347	-	126,380	864,727
Operations and maintenance of plant	2,929,698	406,425	567,317	3,903,440
Student activities	352,068	-	310,610	662,678
Student transportation - to and from school	-	-	503,238	503,238
Student transportation - school activities	-	-	4,932	4,932
Community services	6,844	-	7,182	14,026
Food services	-	40,532	621,815	662,347
Construction and facilities acquisition	-	-	26,766	26,766
Total expenditures	13,492,822	446,957	3,975,615	17,915,394
Excess (deficiency) of revenues over expenditures	429,939	(446,957)	(110,614)	(127,632)
Other financing sources - Transfers, net	(515,000)	400,000	115,000	-
Net change in fund balance	(85,061)	(46,957)	4,386	(127,632)
Fund balances, beginning of year	2,605,928	3,372,744	2,753,989	8,732,661
Fund balances, end of year	$ 2,520,867	3,325,787	2,758,375	8,605,029

The notes to the financial statements are an integral part of this statement.

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

Reconciliation of the Statement of Revenues, Expenditures, and Changes
in Fund Balances of Governmental Funds to Statement of Activities

Year Ended June 30, 2022

Net change in fund balances - total governmental funds		$ (127,632)
The change in net position reported for governmental activities in the Statement of Activities is different because:		
Governmental funds report capital outlay as expenditures. However, in the Statement of Activities, the cost of those assets is allocated over their estimated useful lives and reported as depreciation expense. These are the amounts reported for capital outlay and depreciation.		
Depreciation expense	(187,127)	
Acquisition of capital assets	108,370	(78,757)
Construction in progress should exclude costs of capital assets that will be transferred to another government upon completion, while government funds are shown as expenditures:		
Completed construction transferred to the City of Nome		(106,156)
Governmental funds only report the disposed of assets to the extent proceeds are received from the sale. In the Statement of Activities, a gain or loss is reported for each disposal. The net effect of transactions involving capital assets is to decrease net position.		
Cost of assets disposal	(118,552)	
Accumulated depreciation of assets disposal	79,461	(39,091)
Some expenses reported in the Statement of Activities do not require the use of current financial resources, and therefore, are not reported as expenditures in governmental funds.		
Change in the unfunded net pension and OPEB liability and assets:		
PERS	1,585,618	
TRS	4,064,991	5,650,609
Changes in deferred inflow and outflow of resources are the results of timing differences in the actuarial report and adjustments to reflect employer and non-employer contributions based on the measurement date of the liability.		
PERS	(1,501,499)	
TRS	(3,602,395)	(5,103,894)
Some expenses reported in the Statement of Activities do not require the use of current financial resources and, therefore, are not reported as expenditures in governmental funds. Similarly, payments of principal of long-term debt in the governmental funds, are not reported as expenses in the Statement of Activities.		
These are the net changes in long-term liability balances.		
Change in accrued annual leave		712
Change in net position of governmental activities		$ 195,791

The notes to the financial statements are an integral part of this statement.

I. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A. Reporting Entity

The accompanying financial statements of the Nome Public Schools (hereafter referred to as the District) have been prepared in conformity with accounting principles generally accepted in the United States of America (GAAP). The Governmental Accounting Standards Board (GASB) is the accepted standard-setting body for establishing governmental accounting and financial reporting principles.

The Nome Public Schools is organized under Title 29.43.030 of Alaska Statutes as amended. The City of Nome, Alaska has delegated the administrative responsibility for these functions to the School Board of the Nome Public Schools. Members of the School Board are elected by the public.

The accompanying financial statements include all the activities of the District. On an annual basis, the School Board is required to submit a budget to the City Council for approval for the purpose of appropriating the local contribution. The School Board has the authority over hiring and firing all personnel and manage its financial operation subject to the limitations established by State Law and City Charter. The school board is required to submit annual budget to the City Council for approval, and all bonded indebtedness is through the City.

The School District does not have any component units, as defined in Governmental Accounting Standards Board (GASB) Statements.

B. Government-wide and Fund Financial Statements

The government-wide financial statements (i.e., the statement of net position and the statement of activities) report information on all of the non-fiduciary activities of the School District. For the most part, the effect of interfund activity has been removed from these statements. *Governmental activities*, which normally are supported by intergovernmental revenues, would be reported separately from *business-type activities*, which rely to a significant extent on fees and charges for support. The School District does not presently have any business-type activities.

The statement of activities demonstrates the degree to which the direct expenses of a given function or segment are offset by program revenues. *Direct expenses* are those that are clearly identifiable with a specific function or segment. *Program revenues* include 1) charges to customers or applicants who purchase, use, or directly benefit from goods, services, or privileges provided by a given function or segment and 2) grants and contributions that are restricted to meeting the operations or capital requirements of a particular function or segment. Other items not properly included among program revenues are reported instead as *general revenues*. Separate financial statements are provided for governmental funds and fiduciary funds, even though the latter are excluded from the district-wide financial statements. Major individual governmental funds are reported as separate columns in the fund financial statements. Nonmajor funds are aggregated and presented in a single column named “other governmental funds”.

C. Measurement Focus, Basis of Accounting and Financial Statement Presentation

The government-wide financial statements are reported using the *economic resources measurement focus* and the *accrual basis of accounting*. Revenues are recorded when transactions occur and expenses are recorded when a liability is incurred, regardless of the timing of related cash flows. Grants and similar items are recognized as revenue as soon as all eligibility requirements imposed by the provider have been met.

Governmental fund financial statements are reported using the current financial resources measurement focus and the modified accrual basis of accounting. Revenues are recognized as soon as they are both measurable and available. Revenues are considered to be available when they are collectible within the current period or soon enough thereafter to pay liabilities of the current period. For this purpose, the District considers revenues to be available if they are collected within 60 days of the end of the current fiscal period. Expenditures generally are recorded when a liability is incurred, as under accrual accounting, except expenditures related to compensated absences and claim and judgments, which are recorded only when payment is due.

The District follows the Uniform Chart of Accounts for School Districts as required by the State of Alaska, Department of Education and Early Development. This manual sets forth guidelines, for financial reporting and requirements for basic accounting systems which are uniform throughout Alaska.

The District uses funds to maintain its financial records during the fiscal year. A fund is a separate accounting entity. The operations of each fund is accounted for with a separate set of self-balancing accounts which comprise its assets, liabilities, fund balance, revenues and expenditures. There are three categories of funds: governmental, proprietary and fiduciary. Of these three, the District only uses governmental funds.

Governmental funds are those through which most governmental functions typically are financed. Governmental fund reporting focuses on the sources, uses and balances of current financial resources. Expendable assets are assigned to the various governmental funds according to the purposes for which they may or must be used. Current liabilities are assigned to the fund from which they will be paid. The difference between governmental fund assets and liabilities is reported as fund balance.

The District has the following major governmental funds:

The *School Operating Fund* is the District's main operating fund. It accounts for all resources used to finance District maintenance and operation except those required to be accounted for in other funds.

The *General Capital Projects Fund* accounts for expenditures of general capital asset acquisitions, construction, repairs and upgrade projects.

Additionally, the District reports the following fund types:

The *Special Revenue Funds* account for revenue sources (other than major capital projects) that are legally restricted or committed to expenditures for specified purposes.

The *Capital Project Funds* account for the revenues and expenditures of state and federally funded acquisitions of capital assets or construction of major capital projects.

As a general rule the effect of interfund activity has been eliminated from the government-wide financial statements.

Amounts reported as program revenues include 1) Charges to customers or applicants who purchase, use, or directly benefit from goods, services, or privileges provided by or given function or segment, 2) operating grants and contributions, and 3) capital grants and contributions. Internally dedicated resources are reported as *general revenues* rather than as program revenues.

Summarized below are the major sources of revenue, which are susceptible to accrual and the applicable recognition policies:

Intergovernmental Revenue:

State of Alaska foundation, pupil transportation and federal aid for the school lunch program are susceptible to accrual and are recorded in the year to which they relate. Federal Impact Aid receipts are recorded as revenues in the year the monies are received. State of Alaska and Federal government cost reimbursable grants and contracts are recorded to the extent of allowable expenditures in the period in which the expenditures were incurred. On-behalf payments from the State of Alaska are recognized in the year to which they relate.

Revenues from the City of Nome are recorded as intergovernmental revenue as prescribed by the Uniform Chart of Accounts for School Districts. Revenues are susceptible to accrual and recorded in the year of the appropriation.

Local Revenue:

Interest earned is recorded in the School Operating Fund unless otherwise specified by the funding source. Rental income from District operated property is recorded in the period to which it relates. E-rate revenue is also recorded in the period it relates. Both interest and rental income are susceptible to accrual. Proceeds from the sale of lunches and other miscellaneous revenues are recognized in the year received.

Use of Estimates

The preparation of the financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenditures during the reporting period. Actual results could differ from those estimates.

Indirect Costs

The State of Alaska, Department of Education and Early Development annually establishes an approved indirect rate for each District based on audited financial statements. The rate is based on expenditures recorded per requirements in the Uniform Chart of Accounts for School Districts and as such there is no indirect cost pool. Indirect costs and indirect cost recovery is recorded in the District Administration Support Services function.

D. Assets, Liabilities and Net Assets or Equity

1. Deposits and Investments

The District's cash and cash equivalents are considered to be cash on hand, demand deposits, and short-term investments with original maturities of three months or less from the date of acquisition. There are no statutory limitations on the type of investment allowed. The Board does not have a written investment policy.

2. Receivables and Payables

Activity between funds that are representative of lending/borrowing arrangements outstanding at the end of the fiscal year are referred to as "due to/from other funds". Any residual balances outstanding between the governmental activities and business-type activities are reported in the government-wide financial statements as "internal balances."

Advances between funds, as reported in the fund financial statements, are offset by a fund balance reserve account in applicable governmental funds to indicate that they are not available for appropriation and are not expendable available financial resources.

Management has determined that all of their receivables are collectible; therefore, no allowance for doubtful accounts has been established.

3. Inventories and Prepaid Items

Teaching and maintenance supplies are recorded as expenditures when purchased rather than as consumed. Accounting for inventory of heating fuel is on the consumption method. The consumption method records the expenditure when consumed rather than when purchased. Inventories are valued at cost using the first-in, first-out (FIFO) method. Inventories are classified as nonspendable fund balance when applicable, which indicates that they do not constitute "available spendable resources."

Payments made to vendors for services that are applicable to future reporting periods are recorded as prepaid items. The prepaid items recorded in the governmental fund types do not reflect current available resources and, thus, are classified as nonspendable fund balance in the fund financial statements.

4. Capital Assets

The City owns all school buildings and land and certain other building fixtures and equipment which are provided to the School District without charge. The value of these assets are not accounted for by the District and are not included in the capital assets of the District.

Capital assets used in governmental fund types of the District are recorded in the government-wide financial statements at cost or estimated historical cost if purchased or constructed. Donated capital assets are recorded at their estimated acquisition value at the date of donation. Capital assets are defined as assets with an initial, individual cost greater than $5,000 and have an estimated life greater than one year. Capital assets in the government-wide financial statements are depreciated on the straight-line method. Interest incurred during construction is not capitalized on government-wide financial statements.

	Life in Years
Buildings	20
Vehicles, machinery and equipment	5-12

The cost of normal maintenance and repairs that do not add to the value of the asset or materially extend assets' lives are not capitalized in government-wide financial statements and are considered operations and maintenance costs.

5. Unearned Revenue

Amounts received for which services have not yet been rendered are shown as unearned revenue.

6. Deferred Inflows and Deferred Outflows of Resources

Deferred inflows of resources are the acquisition of fund balance / net position by the District that are applicable to a future reporting period. Deferred outflows of resources are the consumption of fund balance / net position by the District that are applicable to a future reporting period.

7. Fair Value of Financial Instruments

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The following financial instruments are recorded at fair value or at amounts that approximate fair value: (1) cash and cash equivalents, (2) receivables, net, (3) certain other current assets, (4) accounts payable, and (5) other current liabilities. The carrying amounts reported in the balance sheet and Statement of Net Position for the above financial instruments closely approximates their fair value due to the short-term nature of these assets and liabilities.

8. Compensated Absences

Permanent 12-month classified employees earn and accrue annual leave. Unused annual leave is accrued utilizing current salary cost. All regular employees accrue sick leave, which is available for use while remaining in a permanent position. Employees' unused sick and personal leave balances are carried forward and can be used during subsequent years unless limited by personnel contracts. Classified staff is eligible for limited sick leave compensation payouts at 50% of the balance if they meet certain minimum balance amounts. Accrued leave and related changes are recorded only in the government-wide financial statements.

Vacation and sick pay that is expected to be liquidated with expendable available financial resources is reported as an expenditure in the Fund Financial Statements. Amounts not expected to be liquidated within one year are reported as a long term liability in the Government-Wide Financial Statements.

9. Pensions and Other Post-Employment Benefits (OPEB)

For purposes of measuring the net pension and OPEB liability and assets, deferred outflows of resources and deferred inflows of resources related to pensions/OPEB and pension/OPEB expense, information about the fiduciary net position of the Public Employees' Retirement System (PERS) and the Teachers' Retirement System (TRS) and additions to/from PERS and TRS's fiduciary net position have been determined on the same basis as they are reported by PERS and TRS. For this purpose, benefit payments (including refunds of employee contributions) are recognized when due and payable in accordance with the benefit terms, investments are reported at fair value.

10. Net Position

Government-wide net position is divided into three components:

- Net investment in capital assets – consists of the historical cost of capital assets less accumulated depreciation and less any debt that remains outstanding that was used to finance those assets plus deferred outflows of resources less deferred inflows of resources related to those assets.
- Restricted net position – consists of assets that are restricted by the District's creditors (for example, through debt covenants), by the state enabling legislation (through restrictions on shared revenues), by grantors (both federal and state), and by other contributors.
- Unrestricted – all other net position is reported in this component.

11. Fund Balances

In the fund financial statements fund balance components include five classifications of fund balances based on constraints imposed on the use of these resources.

Nonspendable fund balances – includes amounts that cannot be spent because they are either (a) not in spendable form or (b) legally or contractually required to be maintained. Nonspendable amounts will be determined before all other classifications and consist of a fund balance equal to the value of inventory balances and prepaid items.

Restricted fund balances – includes amounts that can be spent only for the specific purposes stipulated by external resource providers, or through enabling legislation. Restricted fund balances are comprised of restricted grant funds from external sources in governmental funds.

Committed fund balances – includes amounts that can be used only for the specific purposes determined by a formal action of the District's highest level of decision making authority (School Board). Commitments will only be used for specific purposes pursuant to a formal action of the School Board.

Assigned fund balances – includes amounts intended to be used by the District for specific purposes but do not meet the criteria to be classified as restricted or committed. In governmental funds other than the general fund, assigned fund balance represents the remaining amount that is not restricted or committed. The School Board delegates to the Superintendent or his designee the authority to assign amounts to be used for specific purposes.

Unassigned fund balances – includes the residual classification for the District's general fund and includes all spendable amounts not contained in the other classifications. In other funds, the unassigned classification should be used only to report a deficit balance from overspending for specific purposes for which amounts have been restricted, committed, or assigned.

Prioritization of fund balance use – when expenditures are incurred for purposes for which both restricted and unrestricted (committed, assigned, or unassigned) amounts are available, it is the policy of the District to consider restricted amounts to have been reduced first. When an expenditure is incurred for purposes for which amounts in any of the unrestricted fund balance classifications could be used, it is the policy of the District that committed amounts would be reduced first, followed by assigned amounts and then unassigned amounts.

Special revenue funds are used to account and report the proceeds of specific revenue sources that are restricted or committed to expenditure for specific purposes other than capital projects.

12. Leases

The District is a lessor for non-cancellable leases and recognizes a lease receivable and a deferred inflow of resources in the financial statements. At the commencement of a lease, the District initially measures the lease receivable at the present value of payments expected to be received during the lease term. Subsequently, the lease receivable is reduced by the principal portion of lease payments received. The deferred inflow of resources is initially measured as the initial amount of the lease receivable, adjusted for lease payments received at or before the lease commencement date. Subsequently, the deferred inflow of resources is recognized as revenue over the life of the lease term.

Key estimates and judgments include how the District determines (1) the discount rate it uses to discount the expected lease receipts to present value, (2) lease term, and (3) lease receipts.

1. The District uses its current borrowing rate as the discount rate for leases.
2. The lease term includes the non-cancellable period of the lease; the term of the lease contract, including options to extend, must be more than 12 months. Lease receipts included in the measurement of the lease receivable is composed of fixed payments from the lessee.

The District monitors changes in circumstances that would require a re-measurement of its leases and will re-measure the lease receivable and deferred inflows of resources if certain changes occur that are expected to significantly affect the amount of the lease receivable.

II. STEWARDSHIP, COMPLIANCE AND ACCOUNTABILITY

A. Budgetary Information

Annual budgets are adopted by the School Board for all operating revenues, expenditures, and interfund transfers. Budgets are prepared and presented on the modified accrual basis of accounting. Unexpended balances of grants from state and federal governments lapse at June 30.

The adopted School Operating Fund budget is submitted to the City of Nome for approval of the local appropriation, then to the State of Alaska, Department of Education and Early Development for review to determine compliance with Alaska statutes and Department regulations.

The School Board authorizes formal budget revisions several times each year to adjust the revenues and expenditures to available resources and program needs. Both the original and final revised and approved budget are presented in the budgetary comparison statement. The final revised and approved budget is presented in the additional supplementary information. Expenditure authority for the School Operating Fund is limited to the total approved budget and functional areas of expenditures are not to be overspent.

Annual budgets for the Special Revenue Funds with primarily local revenue sources or those with state or federal revenue sources that do not require budgetary reporting follow the same guidelines as the School Operating Fund as noted in the preceding paragraph.

Annual budgets for the Special Revenue Funds are prepared in connection with the application for the special programs' award and are reviewed and approved by the School Board. Expenditure authority for Special Revenue Fund programs is limited to the actual combined revenues and transfers from other funds.

Project budgets are adopted for Capital Project funds based on the lives of the construction projects. Expenditure authority is limited to the actual combined revenue and transfers from other funds.

B. Excess of Expenditures Over Appropriations

For the year ended June 30, 2022 expenditures exceeded appropriations in the following funds:

Special Revenue Funds:		
Pupil Transportation	$	17,748
Food Service	$	5,764
COVID-19 (ESSERF)	$	8
Elementary and Secondary School Emergency Relief II	$	41,574
Nome-Beltz Apartments Program	$	192,633

Excess expenditures were financed by additional current year revenues, available fund balance and current and future operating transfers from the School Operating Fund.

III. DETAILED NOTES ON ALL FUNDS

A. Deposits and Investments

All deposits are carried at cost plus accrued interest.

The District bank balances are insured by federal depository insurance to a maximum of $250,000. Any amount in excess of FDIC limits is collateralized with securities held by the District's agent in the District's name.

Custodial Credit Risk – Custodial Credit Risk is the risk that in the event of a bank failure, the District's deposits will not be returned to the District. At June 30, 2022, the District has a Tri-Party agreement which provides coverage for the cash balance. At June 30, 2022, the District's balances were fully insured.

B. Receivables

Receivables as of year end for the government's individual major funds and non-major funds are as follows:

		School Operating Fund	Other Governmental Funds	Total
Grants	$	-	1,083,586	1,083,586
Leases		438,182	-	438,182
Other		59,5192	-	59,519
Total	$	497,701	1,083,586	1,581,287

Leases receivable are for lease payments expected to be received during the lease term for leases that the District is considered a lessor.

Management has determined that all their receivables are collectable; therefore, no allowance for doubtful accounts has been established.

C. Leases

The District has entered into an agreement to lease a property to third parties. The lease term is one year with a renewal option to extend it another year. The District received approximately $223,684 in lease payments for the years ended June 30, 2022. The lease receivable at June 30, 2022 is $438,182. The District has deferred inflow of resources associated with the leases that will be recognized as revenue over the lease term. At June 30, 2022 the deferred inflow of resources is $433,861.

D. Capital Assets

Capital asset activity for the year ended June 30, 2022 was as follows:

		Beginning Balance	Increases	Decreases	Ending Balance
Governmental activities:					
Capital assets, not being depreciated:					
CIP - Schools	$	380,100	39,278	106,156	313,222
CIP – Assets to be contributed		90,287	106,156	106,156	90,287
Total capital assets not depreciated		470,387	145,434	212,312	403,509
Governmental activities:					
Capital assets, being depreciated:					
Improvements	$	664,541	-	-	664,541
Equipment		1,777,529	69,092	118,552	1,728,069
Total capital assets being depreciated		2,442,070	69,092	118,552	2,392,610
Less accumulated depreciation for:					
Improvements		507,253	33,227	-	540,480
Equipment		1,035,604	153,900	79,461	1,110,043
Total accumulated depreciation		1,542,857	187,127	79,461	1,650,523
Net capital assets, being depreciated	$	899,213	(118,035)	39,091	742,087
Total capital assets, net	$	1,369,600	27,399	251,403	1,145,596

Depreciation expense was charged to governmental functions as follows:

Instruction	$ 50,670
District administration	20,812
Operation and maintenance of plant	111,156
Food services	4,489
Total	$ 187,127

E. Interfund Receivables and Payables and Transfers

The composition of interfund balances at June 30, 2022 is as follows:

Receivable Fund	Payable Funds		Amount
Other Governmental Funds	School Operating Fund	$	3,380,095
General Capital Projects Fund	School Operating Fund		3,241,611
School Operating Fund	Other Governmental Funds		1,032,624
		$	7,654,330

The composition of interfund transfers at June 30, 2022 is as follows:

Transfer In	Transfer Out		Amount
Pupil Transportation	School Operating Fund	$	40,000
Food Service Program	School Operating Fund		75,000
General Capital Projects	School Operating Fund		400,000
		$	515,000

The outstanding balances between funds result mainly from the time lag between the dates that (1) interfund goods and services are provided or reimbursable expenditures occur, (2) transactions are recorded in the accounting system, and (3) payments between funds are made.

F. Fund Balances

Detailed information related to amounts committed and assigned fund balance at June 30, 2022 are as follows:

		School Operating Fund	General Capital Project Funds	Other Governmental Funds	Total
Nonspendable:					
Inventories	$	39,430	-	-	39,430
Prepaid items		600,084	90,170	83,595	773,849
	$	639,514	90,170	83,595	813,279
Restricted for:					
Inupiaq Immersion Program	$	-	-	50,686	50,686
Albro Gregory Scholarship		-	-	5,374	5,374
Student Activities		-	-	431,712	431,712
Games of Chance and Skill		-	-	15,365	15,365
	$	-	-	503,137	503,137
Committed for:					
Pupil Transportation	$	-	-	306,690	306,690
General Capital Projects		-	3,235,617	-	3,235,617
Nome-Beltz Apartments		-	-	1,758,119	1,758,119
Artists in Schools		-	-	2,000	2,000
Food Service		-	-	184,479	184,479
	$	-	3,235,617	2,251,288	5,486,905
Unassigned -	$	1,881,353	-	(79,645)	1,801,708

IV. OTHER INFORMATION

A. Contingent Liabilities

Amounts received or receivable from grants or agencies are subject to audit and adjustment by the grantor agencies, principally the federal and state governments. Any disallowed claims, including amounts already collected, may constitute a liability of the School Operating Fund. The amount, if any, of expenditures which may be disallowed by the grantor cannot be determined at this time, although the District expects such amounts, if any, to be immaterial.

B. Employee Retirement Systems and Plans

The District follows *Governmental Accounting Standards Board (GASB) Codification P20*, Accounting for Pensions by State and Local Governmental Employees and *GASB Codification P50*, Accounting and Financial Reporting by Employers for Post-employment Benefits Other than Pensions. *GASB Codification P20* and *GASB Codification P50* establish uniform standards for the measurement, recognition, and display of pension and other post-employment benefits other than pensions (healthcare) expenditures/expense and related liabilities, assets, note disclosure and applicable required supplementary information in the financial reports of state and local governmental employers.

All full-time employees and certain permanent part-time employees of the District participate in either the State of Alaska Public Employees' Retirement System (PERS) or the State of Alaska Teachers' Retirement System (TRS). In addition to the pension plan both systems also administer other post-employment benefit (OPEB) plans.

The system is governed by the Alaska Retirement Management Board. The benefit and contribution provisions are established by State law and may be amended only by the State legislature. The Administrator of the Plan is the Commissioner of Administration or the Commissioner's designee.

Summary of Significant Accounting Policies. The financial statements for PERS and TRS are prepared using the accrual basis of accounting. Plan member contributions are recognized in the period in which the contributions are due. The District's contributions are recognized when due and a formal commitment to provide the contributions has been made. Benefits and refunds are recognized when due and payable in accordance with the terms of the plan. All plan investments are reported at fair value.

PERS and TRS act as the common investment and administrative agencies for the following multiple-employer plans:

Plan Name	Type of Plan
Defined Benefit Pension Plan (DB)	Cost-sharing, Defined Benefit Pension
Defined Contribution Pension Plan (DC)	Defined Contribution Pension
Defined Benefit Other Postemployment Benefits (OPEB):	
Occupational Death and Disability Plan	Defined Benefit OPEB
Alaska Retiree Healthcare Trust Plan	Defined Benefit OPEB
Retiree Medical Plan	Defined Benefit OPEB
Defined Contribution Other Postemployment Benefits (DC):	
Healthcare Reimbursement Arrangement Plan	Defined Contribution OPEB

Other Postemployment Benefit Plans (OPEB)

Occupational Death and Disability Plan (ODD)

The Occupational Death and Disability Plan provides death benefits for beneficiaries of plan participants and long-term disability benefits to all active members within the System. For the year ended June 30, 2022 the employer contribution rate 0.31% for PERS and 0.08% for TRS.

Membership in the plan consisted of the following at June 30, 2021 (latest available report):

Membership	PERS	TRS
Active plan members	24,481	6,009
Participating employers	151	57

Alaska Retiree Healthcare Trust Plan (ARHCT)

Beginning July 1, 2007, the Alaska Retiree Healthcare Trust Plan (ARHCT), a Healthcare Trust Fund of the State, was established. The ARHCT is self-funded and provides major medical coverage to retirees of the System. The System retains the risk of loss of allowable claims for eligible members. The ARHCT began paying member healthcare claims on March 1, 2008. Prior to that, healthcare claims were paid for by the Retiree Health Fund (RHF). For the year ended June 30, 2021 (latest available information) employer contributions were 7.44% for PERS and 4.53% for TRS of annual payroll. Membership in the plan consisted of the following at June 30, 2021 (latest report available):

Membership	PERS	TRS
Inactive plan members or beneficiaries currently receiving benefits	36,704	13,225
Inactive plan members entitled to but not yet receiving benefits	5,112	741
Inactive plan members not entitled to benefits	10,366	1,678
Active plan members	10,066	3,492
Total plan membership	62,248	19,136

Retiree Medical Plan (RMP)

The retiree medical plan provides major medical coverage to retirees of the DC plan. The plan is self-insured. Members are not eligible to use this plan until they have at least 10 years of service and are Medicare age eligible. For the year ended June 30, 2022 employer contributions were 1.07% for PERS and .093% for TRS. Membership in the plan consists of the following at June 30, 2021 (latest available report):

Membership	PERS	TRS
Inactive plan members or beneficiaries currently receiving benefits	67	20
Inactive plan members entitled to but not yet receiving benefits	2,082	832
Inactive plan members not entitled to benefits	16,249	2,848
Active plan members	24,481	6,009
Total plan membership	42,879	9,709

Healthcare Reimbursement Arrangement Plan

The Healthcare Reimbursement Arrangement Plan was established to allow medical expenses to be reimbursed from individual savings accounts established for eligible participants. Employer contributions are 3% of the average annual compensation of all employees in the PERS and TRS plans. Membership in the plan consists of the following at June 30, 2021 (latest available report):

Membership	PERS	TRS
Inactive plan members or beneficiaries currently receiving benefits	113	29
Inactive plan members entitled to but not yet receiving benefits	2,082	832
Inactive plan members not entitled to benefits	16,249	2,848
Active plan members	24,481	6,009
Total plan membership	42,925	9,718

Investments

The Board is the investment oversight authority of the system's investments. As the fiduciary, the Board has the statutory authority to invest the assets under the Prudent Investor Rule. Fiduciary responsibility for the Board's invested assets is pursuant to AS 37.10.210.390.

State of Alaska Department of Treasury provides staff for the Board. Treasury has created a pooled environment by which it manages investments of the Board. Additionally, Treasury manages a mix of Pooled Investment Funds and Collective Investment Funds for the DC Participant-directed Pension plans under the Board's fiduciary responsibility.

Rate of Return

The money-weighted rate of return expresses investment performance, net of investment expense, adjusted for the changing amounts actually invested. The annual money-weighted rate of return, net of investment expense, for the year ended June 30, 2021 (latest available report) for the DB Pension Plan for PERS and TRS is 29.77% and 29.80%, for the ARHCT plan is 30.00% and 29.95%, for the ODD Plan is 29.55% and 29.46%, and for the RMP is 29.54% and 29.41%, respectively.

For additional information on securities lending, interest rates, credit risks, foreign exchange, derivatives, fair value, and counterparty credit risks, see the separately issued report on the Invested Assets of the State of Alaska Retirement and Benefits Plans at:

http://treasury.dor.alaska.gov/armb/Reports-and-Policies/Annual-Audited-Financial-Schedules.aspx.

The long-term expected rate of return on pension and OPEB plan investments was determined using the building-block method in which best-estimate ranges of expected future real rates of return (expected returns, net of pension plan investment expense and inflation) are developed for each major asset class. These ranges are combined to produce the long-term expected rate of return by weighting the expected future real rates of return by the target asset allocation percentage and adding expected inflation. The best estimates of arithmetic real rates of return for each major asset class are summarized below for the PERS and TRS plans:

Asset Class	Long-Term Expected Real Rate of Return
Broad Domestic Equity	6.63%
Global Equity (non-U.S.)	5.41%
Aggregate bonds	0.76%
Opportunistic	4.39%
Real Assets	3.16%
Private Equity	9.29%
Cash Equivalents	0.13%

Discount Rate: The discount rate used to measure the total pension and OPEB liabilities and assets is 7.38%, which represents a decrease of 0.00% since the prior measurement period. The projection of the cash flows used to determine the discount rate assumes that Employer and State contributions will continue to follow the current funding policy, which meets State statutes. Based on those assumptions, the net pension and OPEB plans fiduciary net pension and OPEB liabilities and assets were projected to be available to make all projected future benefit payments of current plan members. Therefore, the long-term expected rate of return on pension and OPEB plan investments were applied to all periods of projected benefit payments to determine the total pension and OPEB liabilities and assets. In the event benefit payments are not covered by the plan's fiduciary net position, a municipal bond rate would be used to discount the benefits not covered by the plan's fiduciary net position. The S&P Municipal Bond 20-Year High Grade Index rate was 2.18% as of June 30, 2021.

Employer and Other Contribution Rates. There are several contribution rates associated with the pension and healthcare contributions and related liabilities and assets. These amounts are calculated on an annual basis.

Employer Effective Rate: This is the actual employer pay-in rate. Under current legislation, this rate is statutorily capped at 22% for PERS and 12.56% for TRS of eligible wages, subject to the salary floor, and other termination costs as described below. This rate is calculated on all PERS or TRS participating wages, including those wages attributable to employees in the defined benefit plan.

ARM Board Adopted Rate: This is the rate formally adopted by the Alaska Retirement Management Board. This rate is actuarially determined and used to calculate annual Plan funding requirements, without regard to the statutory rate cap or the GASB accounting rate. Prior to July 1, 2015, there were no constraints or restrictions on the actuarial cost method or other assumptions used in the ARM Board valuation. Effective July 1, 2015, the Legislature requires the ARM Board to adopt employer contribution rates for past service liabilities using a level percent of pay method over a closed 25 year term which ends in 2039. This will result in lower ARM Board Rates in future years.

On-behalf Contribution Rate: This is the rate paid in by the State as an on-behalf payment as mandated under current statute. Under state law, subject to annual appropriation, the state will contribute an on-behalf payment into the plan in an amount equal to the difference between the ARM Board Rate and the Employer Effective Rate. On-behalf contribution amounts have been recognized in these financial statements as both revenue and expenditures.

GASB Rate: This is the rate used to determine the long-term pension and healthcare liability for plan accounting purposes. Certain actuarial methods and assumptions for this rate calculation are mandated by the *Governmental Accounting Standards Board* (GASB). Medicare Part D subsidies are not reflected in this rate. The rate uses a 7.38% discount rate.

Employer Contribution rates for PERS and TRS for the year ended June 30, 2022 are as follows:

	Employer Effective Rate	ARM Board Adopted Rate	State Contribution Rate
PERS:			
Pension	15.54%	21.27%	8.11%
OPEB	6.46%	8.84%	0%
Total PERS contribution rates	22.00%	30.11%	8.11%
TRS:			
Pension	6.06%	15.36%	19.29%
OPEB	6.50%	16.49%	0%
Total TRS contribution rates	12.56%	31.85%	19.29%

Termination Costs: If the District decides to terminate coverage for a department, group, or other classification of members, even if that termination results from the decision to divest of a particular District function, all affected employees in that department, group, or other classification of members become immediately vested in the plan. The District must pay to have a termination study completed. The purpose of the study is to calculate the District's one-time termination costs. The costs represent the amount necessary to fully fund the costs of plan members who become vested through this process and for other changes in actuarial assumptions, such as, earlier than expected retirement, that arise from the act of termination of coverage. The District must pay a lump sum within 60 days of termination or arrange a payment plan that is acceptable to the PERS or TRS Administrator. For fiscal year 2021 the past service rate for PERS is 18.31%.

Actuarial Assumptions: The total pension and OPEB liabilities on June 30, 2021 (latest available) were determined by an actuarial valuation as of June 30, 2019 which was rolled forward to the measurement date June 30, 2021. These actuarial assumptions were based on the results of an actuarial experience study for the period from July 1, 2013 to June 30, 2017:

Investment return / discount rate	7.38% per year (geometric), compounded annually, net of expenses
Salary scale	Inflation – 2.5% per year Productivity – 0.25% per year
Payroll growth	2.75% per year (inflation + productivity)
Total inflation	Total inflation as measured by the Consumer Price Index for urban and clerical workers from Anchorage is assumed to increase 2.5% annually.
PERS Mortality (Pre-termination)	Based upon 2013-2017 actual mortality experience, 100% (male and female) of RP-2014 healthy annuitant table with MP-2017 generational improvement.
TRS Mortality (Pre-termination)	Based upon 2013-2017 actual mortality experience, RP-2014 white-collar employee table with MP-2017 generational improvement.
PERS Mortality (Post-termination)	Mortality rates based upon the 2013-2017 actual experience. 91% of male and 96% of female rates of RP-2014 health annuitant table with MP-2017 generational improvement.
TRS Mortality (Post-termination)	Mortality rates based upon the 2013-2017 actual experience. 93% of male and 90% of female rates of RP-2014 white-collar healthy annuitant table with MP-2017 generational improvement.
Total turnover	Based upon the 2013-2017 actual withdrawal experience.
PERS Disability	Incidence rates based on 2013-2017 actual experience. Post-disability mortality in accordance with the RP-2014 disability table with MP-2017 generational improvement. Disabilities are assumed to be occupational 75% of the time for peace officers/firefighters, 40% of the time for others.

TRS Disability	Incidence rates based on 2013-2017 actual experience. Disabilities are assumed to be occupational 15% of the time. Post-disability mortality in accordance with the RP-2014 disabled table with MP-2017 generational improvement.
Retirement	Retirement rates based upon the 2013-2017 actual experience. Deferred vested members are assumed to retire at their earliest unreduced retirement date.
PERS Marriage and age difference	Males are assumed to be three years older than their wives. Females are assumed to be two years younger than their husbands. For others, 75% of male members and 70% of female members are assumed to be married. For peace officers/firefighters, 85% of male members and 60% female members are assumed to be married.
TRS Marriage and age difference	Males are assumed to be three years older than their wives. Females are assumed to be two years younger than their husbands. 85% of male members and 75% of female members are assumed to be married at termination from active service.
Healthcare cost trend rates (ARHCT Plan and RMP)	Pre-65 medical: 6.5% grading down to 4.5% Post-65 medical: 5.4% grading down to 4.5% Prescription drugs: 8.0% grading down to 4.5% EGWP: 7.5% grading down to 4.5%.

As a result of the latest experience study, the Board adopted updated actuarial assumptions for the June 30, 2018 actuarial valuation to better reflect expected future experience. In addition to the changes in assumptions resulting from the experience study, the following assumption changes related to the ARHCT plan have been made since the prior valuation:

1. Per capita claims costs were updated to reflect recent experience.
2. Normal cost for administrative expenses were updated to reflect recent experience.
3. Healthcare cost trends were updated to reflect the repeal of the Cadillac Tax.

The changes of assumptions from the latest experience study created substantial deferred outflows of resources attributable to the District, as well as an OPEB benefit recognized by the District for the State's proportionate share of OPEB plan expense attributable to the District. In some instances the reduction of revenues and expenses reported for the State's proportionate share of OPEB plan expense attributable to the District creates a net negative Pension/OPEB expense (net pension/OPEB benefit) which results in negative operating grants and contributions for certain functions reported on the Statement of Activities.

Alaska Public Employee Retirement System (PERS) – Defined Benefit Plan (DB)

Plan Description. The District participates in the Alaska Public Employees' Retirement System (PERS), a cost sharing multiple employer defined benefit pension plan. PERS provides retirement benefits, disability and death benefits, and post-employment healthcare to plan members and beneficiaries. The Plan was established and is administered by the State of Alaska, Department of Administration. The Public Employee's Retirement System issues a publicly available financial report that includes financial statements and required supplementary information for PERS. This report may be obtained from the system at Pouch C, Juneau, Alaska 99811 or online at: http://doa.alaska.gov/drb/pers.

Pension Benefits. All tier employee benefits vest with five years of credited service. There are three tiers of employees based on entry date. Tier I employees enrolled prior to July 1, 1986, with five or more years of credited service are entitled to annual pension benefits beginning at normal retirement age 55 or early retirement age 50. For Tier II and III employees enrolled after June 30, 1986, but before July 1, 2006, the normal and early retirement ages are 60 and 55, respectively. All tier employees with 30 or more years of credited service may retire at any age and receive a normal benefit.

The PERS defined benefit is closed to new hires enrolled on or after July 1, 2006. New hires after this date participate in the PERS defined contribution plan (DC) described later in these notes.

Currently there are 150 employers participating in PERS defined benefit plan and 151 participating in PERS defined contribution and OPEB plans.

The DB Plan's membership consisted of the following at June 30, 2021 (latest available report):

Inactive plan members or beneficiaries currently receiving benefits	36,704
Inactive plan members entitled to but not receiving benefits	5,112
Inactive members not entitled to benefits	10,366
Active plan members	10,066
Total DB plan membership	62,248

Retirement benefits are calculated by multiplying the average monthly compensation (AMC) times credited PERS service times the percentage multiplier. The AMC is determined by averaging the salaries earned during the five highest (three highest for peace officers/firefighters members or members hired prior to July 1, 1996) consecutive payroll years. Members must earn at least 115 days of credit in the last year worked to include it in the AMC calculation. The PERS pays a minimum benefit of $25 per month for each year of service when the calculated benefit is less.

The percentage multipliers for peace officers/firefighters are 2% for the first ten years of service and 2.5% for all service over 10 years. The percentage multipliers for all other participants are 2% for the first ten years, 2.25% for the next ten years, and 2.5% for all remaining service earned on or after July 1, 1986. All service before that date is calculated at 2%.

Post-employment healthcare benefits are provided without cost to all members first enrolled before July 1, 1986. Members first enrolled after June 30, 1986, but before July 1, 2006, and who have not reached age 60 may elect to pay for major medical benefits.

Post Retirement Pension Adjustments. Post retirement pension adjustments (PRPAs) are granted annually to eligible benefit recipients when the consumer price index (CPI) increases during the preceding calendar year. PRPAs are calculated by multiplying the recipient's base benefit, including past PRPAs, times:

a) 75% of the CPI increase in the preceding calendar year or 9%, whichever is less, if the recipient is at least 65 or on PERS disability; or

b) 50% of the CPI increase in the preceding calendar year or 6%, whichever is less, if the recipient is at least 60, or has been receiving benefits for at least five years.

Ad hoc PRPAs, up to a maximum of 4%, may be granted to eligible recipients who first entered the PERS before July 1, 1986, if the CPI increases and the financial condition of the fund will permit an increase. In a year where an ad hoc PRPA is granted, eligible recipients will receive the higher of the two calculations.

Funding Policy. In April 2008 the Alaska Legislature passed legislation which statutorily capped the employer contribution, established a state funded "on-behalf" contribution, and required that employer contributions be calculated against all PERS eligible wages, including wages paid to participants of the PERS Tier IV defined contribution plan (DC) described later in these footnotes. The state legislature capped the rate at 22%, with the State contributing an on-behalf payment for the difference between the actuarial contribution and the cap.

Salary Floor. During the 25th legislation session, Senate Bill 125 passed, which established a June 30, 2008 salary floor under AS 39.35.255(a)(2). The salary floor is the total base salaries paid by an employer to active employees of the system as of the fiscal year ending June 30, 2008. The statute requires the Division of Retirement and Benefits (Division) to collect employer contributions at a minimum based on FY 2008 base salaries.

Employee Contribution Rate. The District PERS active members are required to contribute 6.75% and if elected to be calculated under TRS, non-teacher school district employees are required to contribute 9.60% of their annual covered salary.

Employer contributions for the year ended June 30, 2022, were:

	Pensions (DB)	Other Post-Employment Benefits (DB)	Total
$	214,407	66,200	280,607

Public Employees Retirement Plans

For the year ended June 30, 2022 the State of Alaska contributed $110,375 (100% pension cost) on-behalf of the District, which has been recorded in the fund financial statements under the modified-accrual basis of accounting. In the government-wide financial statements the on-behalf contribution has been adjusted as of the measurement date June 30, 2021 to a total of ($66,844), to represent the pension/OPEB expense attributable to the State under the full accrual basis of accounting.

Pension and OPEB Liabilities and Assets, Pension and OPEB Expense, and Deferred Outflows of Resources and Deferred Inflows of Resources Related to Pensions and OPEB: At June 30, 2022, the District reported liabilities and assets that reflected a reduction for State pension and OPEB support provided to the District. The amount recognized by the District as its proportionate share of net pension and OPEB liabilities (assets), the related State support, and the total portion of the net pension and OPEB liabilities (assets) that were associated with the District were as follows:

Defined Benefit:		Pension
District's proportionate share of the net pension liability	$	2,091,976
State's proportionate share of the net pension liability		282,553
Total	$	2,374,529
		OPEB
District's proportionate share of the ARHCT OPEB liability (asset)	$	(1,469,122)
State's proportionate share of the ARHCT OPEB liability (asset)		(193,823)
Total	$	(1,662,945)
District's proportionate share of the ODD OPEB liability (asset)	$	(27,967)
District's proportionate share of the RMP OPEB liability (asset)	$	(20,055)
Total District's share of net pension and OPEB liabilities and assets	$	574,832

The net pension and OPEB liabilities and assets were measured as of June 30, 2021, and the total pension and OPEB liabilities used to calculate the net pension and OPEB liabilities and assets were determined by an actuarial valuation as of that date. The District's proportion of the net pension and OPEB liabilities were based on the present value of contributions for FY2023 through FY2039, as determined by projections based on the June 30, 2021 valuation.

The District's proportionate share and changes in the pension and OPEB liabilities and assets were as follows:

	June 30, 2021 Measurement	June 30, 2020 Measurement	Change
Pension	0.0570%	0.0399%	0.0172%
OPEB:			
ARHCT	0.0573%	0.0398%	0.01745%
ODD	0.0636%	0.0638%	(0.0004%)
RMP	0.0747%	0.0797%	(0.0049%)

Based on the measurement date of June 30, 2021, the District recognized pension and OPEB expense of $710,956 and ($581,179), respectively, for the year ended June 30, 2022. At June 30, 2022, the District reported deferred outflows of resources and deferred inflows of resources related to pensions and OPEB from the following sources:

	Pension	
Defined Benefit:	Deferred Outflows of Resources	Deferred Inflows of Resources
Differences between expected and actual experience	$ -	(9,268)
Changes of assumptions	-	-
Net difference between projected and actual earnings on pension plan investments	-	(824,965)
Changes in proportion and differences between District contributions and proportionate share of contributions	152,111	-
District contributions subsequent to the measurement date	214,407	-
Total	$ 366,518	(834,233)

	OPEB ARHCT	
	Deferred Outflows of Resources	Deferred Inflows of Resources
Differences between expected and actual experience	$ -	(15,428)
Changes of assumptions	-	(55,518)
Net difference between projected and actual earnings on OPEB plan investments	-	(687,471)
Changes in proportion and differences between District contributions and proportionate share of contributions	-	(13,363)
District contributions subsequent to the measurement date	52,458	-
Total	$ 52,458	(771,780)

	OPEB ODD	
	Deferred Outflows of Resources	Deferred Inflows of Resources
Differences between expected and actual experience	$ -	(7,639)
Changes of assumptions	-	(212)
Net difference between projected and actual earnings on OPEB plan investments	-	(4,485)
Changes in proportion and differences between District contributions and proportionate share of contributions	3,645	(1,240)
District contributions subsequent to the measurement date	3,087	-
Total	$ 6,732	(13,576)

	OPEB RMP	
	Deferred Outflows of Resources	Deferred Inflows of Resources
Differences between expected and actual experience	$ 1,491	(954)
Changes of assumptions	6,234	(11,919)
Net difference between projected and actual earnings on OPEB plan investments	-	(17,942)
Changes in proportion and differences between District contributions and proportionate share of contributions	1,322	(2,443)
District contributions subsequent to the measurement date	10,655	-
Total	$ 19,702	(33,258)

$214,407 and $66,200 are reported as deferred outflows of resources related to pension and OPEB resulting from District contributions subsequent to the measurement date and will be recognized as a reduction of the net pension and OPEB liabilities or an increase of the net pension and OPEB assets in the year ended June 30, 2022, respectively. Other amounts reported as deferred outflows of resources and deferred inflows of resources related to pension and OPEB will be recognized in pension and OPEB expense as follows:

Year Ended June 30,	Pension	OPEB ARHCT	OPEB ODD	OPEB RMP
2022	$ (48,868)	(245,362)	(1,846)	(5,199)
2023	(188,967)	(158,322)	(1,843)	(5,208)
2024	(204,410)	(170,005)	(1,890)	(5,389)
2025	(239,877)	(198,091)	(2,040)	(5,960)
2026	-	-	(938)	(793)
Thereafter	-	-	(1,374)	(1,662)
Total	$ (682,122)	(771,780)	(9,931)	(24,211)

For the year ended June 30, 2022, the District recognized $707,552 and ($10,393) of pension and OPEB amortization of the net deferred outflows and inflows of resources, respectively.

Sensitivity of the Net Pension and OPEB Liabilities and Assets to Changes in the Discount Rate: The following presents the net pension and OPEB liabilities (assets) of the plan calculated using the discount rate of 7.38%, as well as what the Plans' net pension and OPEB liabilities (assets) would be if they were calculated using a discount rate that is 1-percentage-point lower (6.38%) or 1-percentage-point higher (8.38%) than the current rate:

	1% Decrease (6.38%)	**Current Rate (7.38%)**	**1% Increase (8.38%)**
Net pension liability (asset)	$ 3,098,507	2,091,976	1,246,360
Net OPEB ARHCT liability (asset)	$ (960,784)	(1,469,122)	(1,891,260)
Net OPEB ODD liability (asset)	$ (26,780)	(27,967)	(28,912)
Net OPEB RMP liability (asset)	$ 13,090	(20,055)	(45,090)

Sensitivity of the District's proportionate share of the Net OPEB liability to changes in the healthcare cost trend rates. The following present the District's proportionate share of the net OPEB liability, as well as what the District's proportionate share of the net OPEB liability would be if it were calculated using healthcare cost trend rates that are 1-percentage-point lower or 1-percentage-point higher than the current healthcare cost trend rates:

	1% Decrease	Current Rate	1% Increase
Net OPEB ARHCT liability (asset)	$ (1,940,676)	(1,469,122)	(900,080)
Net OPEB ODD liability (asset)	N/A	(27,967)	N/A
Net OPEB RMP liability (asset)	(48,673)	(20,055)	18,938

Alaska Public Employee Retirement System (PERS) – Defined Contribution Plan (DC)

Plan Description and Funding Requirements. School Districts and Public Employers in the State of Alaska have a defined contribution retirement plan (PERS Tier IV) for new hires first enrolled on or after July 1, 2006. This Plan is administered by the State of Alaska, Department of Administration in conjunction with the defined benefit plan noted above. The Administrator of the Plan is the Commissioner of Administration or the Commissioner's designee. Plan members make mandatory contributions of 8% of gross eligible compensation. This amount goes directly to the individual's account. State statutes require the employer to contribute 5% of employees' eligible compensation. Additionally, employers are required to contribute to OPEB (DB): 1.07% for the retiree medical plan (DB), 0.31% for occupational and death and disability benefits (DB) and 3% of employers' average annual employee compensation to the health reimbursement arrangement (HRA DC). The effective employer contribution is 22%. Additionally, there is a defined benefit unfunded liability (DBUL) amount levied against the DC plan and allocated to the DB Plan's pension and OPEB contribution.

Plan members are 100% vested with their contributions.

Members become vested in employers' contributions as follows:

2 years of service – 25%
3 years of service – 50%
4 years of service – 75%
5 years of service – 100%

The School District contributed $92,530 for the year ended June 30, 2022, which included forfeitures of $18,545 which have been applied against contributions.

Teachers Retirement System (TRS) – Defined Benefit Plan (DB)

Plan Description. The School District participates in the Teacher's Retirement System (TRS), a cost sharing multiple-employer defined benefit plan. Currently, there are 57 employers participating in TRS, including 53 school districts. TRS provides retirement benefits, disability and death benefits, and post-employment healthcare to plan members and beneficiaries. The system is governed by the Alaska Retirement Board. The Administrator of the Plan is the Commissioner of Administration or the Commissioner's designee. The benefit and contribution provisions are established by State law and may be amended only by the State legislature. The Teachers' Retirement System issues a publicly available financial report that includes financial statements and required supplementary information for TRS. This report may be obtained from the system at Pouch C, Juneau, Alaska 99811 or online at http://doa.alaska.gov/drb/trs.

The DB Plan's membership consisted of the following at June 30, 2021 (latest available report):

Inactive plan members or beneficiaries currently receiving benefits	13,225
Inactive plan members entitled to but not receiving benefits	741
Inactive plan members not entitled to benefits	1,678
Active plan members	3,492
Total DB plan membership	19.136

Pension Benefits. Employees hired prior to July 1, 1990, are entitled to annual pension benefits beginning at normal retirement age 55, or early retirement age 50. For employees hired after June 30, 1990 but before July 1, 2006, the normal and early retirement ages are 60 and 55, respectively. Employees may also retire at any age and receive a normal benefit when they accumulate the required credited service. The benefit related to all years of credited service prior to July 1, 1990 and for years of service through a total of 20 years is equal to 2% of their highest three-year average annual compensation for each year of service. The benefit for each year over 20 years of service subsequent to June 30, 1990, is equal to 2.5% of their highest three-year average annual compensation for each year of service. Employees may elect to receive their pension benefits in the form of a joint or survivor annuity. Effective January 1, 1987, a married member who retires must receive his or her benefit in the form of a joint and survivor annuity unless the member's spouse consents to another form of benefit.

Minimum benefits for employees eligible for retirement are $25 per month for each year of credited service.

Post Retirement Pension Adjustments. Effective in fiscal year 1991, automatic post retirement pension adjustment (PRPA) was granted to all current and future retirees. The PRPA amount may not exceed the lesser of (a) the actual cost of living increase (percentage) from the date of retirement until the effective date of the PRPA; or (b) 4.00% of the base benefits for each full year that the member has been retired and a prorated percentage for each partial year. However, the PRPA percentage is offset by the percentage of all prior PRPAs that have been granted. TRS members receiving a retirement, disability or survivor benefit, who remain in Alaska, are eligible for an additional allowance equal to 10.00% of the base benefit.

Employee Contribution Rate. The District's active TRS members are required to contribute 8.65% of their annual covered salary.

Employer contributions for the year ended June 30, 2022, were:

	Pensions (DB)	Other Post-Employment Benefits (DB)	Total
$	168,902	144,998	313,900

Teachers Retirement Plans

For the year ended June 30, 2022 the State of Alaska contributed $805,842 (100% pension cost) on-behalf of the District, which has been recorded in the fund financial statements under the modified-accrual basis of accounting. In the government-wide financial statements the on-behalf contribution has been adjusted as of the measurement date to a total of ($1,027,126), to represent the pension/OPEB expense attributable to the State under the full accrual basis of accounting.

Pension and OPEB Liabilities and Assets, Pension and OPEB Expense, and Deferred Outflows of Resources and Deferred Inflows of Resources Related to Pensions and OPEB: At June 30, 2022, the District reported liabilities and assets that reflected a reduction for State pension and OPEB support provided to the District. The amount recognized by the District as its proportionate share of net pension and OPEB liabilities (assets), the related State support, and the total portion of the net pension and OPEB liabilities (assets) that was associated with the District were as follows:

		Pension
Defined Benefit:		
District's proportionate share of the net pension liability	$	2,276,333
State's proportionate share of the net pension liability		1,931,664
Total	$	4,207,997

		OPEB
District's proportionate share of the ARHCT OPEB liability (asset)	$	(3,456,719)
State's proportionate share of the ARHCT OPEB liability (asset)		(2,691,707)
Total	$	(6,148,426)
District's proportionate share of the ODD OPEB liability (asset)	$	(38,001)
District's proportionate share of the RMP OPEB liability (asset)	$	(124,930)
Total District's share of net pension and OPEB liabilities and assets	$	(1,343,317)

The net pension and OPEB liabilities and assets were measured as of June 30, 2021, and the total pension and OPEB liabilities used to calculate the net pension and OPEB liabilities and assets were determined by an actuarial valuation as of that date. The District's proportion of the net pension and OPEB liabilities and assets were based on the present value of contributions for FY2022 through FY2039, as determined by projections based on the June 30, 2021 valuation.

The District's proportionate share and changes in the pension and OPEB liabilities and assets were as follows:

	June 30, 2021 Measurement	June 30, 2020 Measurement	Change
Pension	0.2860%	0.1682%	0.1178%
OPEB:			
ARHCT	0.2973%	0.1681%	0.1292%
ODD	0.6235%	0.6811%	(0.0576%)
RMP	0.6222%	0.6834%	(0.0612%)

Based on the measurement date of June 30, 2021, the District recognized pension expense of $807,148 and OPEB expense of ($1,982,660), respectively, for the year ended June 30, 2022. At June 30, 2022, the District reported deferred outflows of resources and deferred inflows of resources related to pensions and OPEB from the following sources:

	Pensions	
Defined Benefit:	Deferred Outflows of Resources	Deferred Inflows of Resources
Differences between expected and actual experience	$ -	(21,884)
Changes of assumptions	-	-
Net difference between projected and actual earnings on pension plan investments	-	(2,350,079)
Changes in proportion and differences between District contributions and proportionate share of contributions	442,211	-
District contribution subsequent to the measurement date	168,902	-
Total	$ 611,113	(2,371,963)

	OPEB ARHCT	
	Deferred Outflows of Resources	Deferred Inflows of Resources
Differences between expected and actual experience	$ -	(24,263)
Changes of assumptions	-	(99,797)
Net difference between projected and actual earnings on pension plan investments	-	(1,351,551)
Changes in proportion and differences between District contributions and proportionate share of contributions	-	(114,905)
District contribution subsequent to the measurement date	119,699	-
Total	$ 119,699	(1,590,516)

	OPEB ODD	
	Deferred Outflows of Resources	Deferred Inflows of Resources
Differences between expected and actual experience	$ -	(4,458)
Changes of assumptions	-	(21)
Net difference between projected and actual earnings on pension plan investments	-	(4,868)
Changes in proportion and differences between District contributions and proportionate share of contributions	4,266	(1,396)
District contribution subsequent to the measurement date	2,224	-
Total	$ 6,490	(10,743)

	OPEB RMP	
	Deferred Outflows of Resources	Deferred Inflows of Resources
Differences between expected and actual experience	$ 23,974	(4,046)
Changes of assumptions	8,486	(46,215)
Net difference between projected and actual earnings on pension plan investments	-	(49,128)
Changes in proportion and differences between District contributions and proportionate share of contributions	5,074	(1,687)
District contribution subsequent to the measurement date	23,075	-
Total	$ 60,609	(101,076)

$168,902 and $144,998 are reported as deferred outflows of resources related to pensions and OPEB resulting from District contributions subsequent to the measurement date and will be recognized as a reduction of the net pension and OPEB liability and as an increase to the net pension and OPEB assets in the year ended June 30, 2022 (actuarial), respectively. Other amounts reported as deferred outflows of resources and deferred inflows of resources related to pensions and OPEB will be recognized in pension expense as follows:

Year Ended June 30,	Pension	OPEB ARHCT	OPEB ODD	OPEB RMP
2022	$ (124,700)	(555,412)	(1,405)	(13,882)
2023	(535,951)	(311,361)	(1,396)	(13,903)
2024	(582,545)	(334,334)	(1,455)	(14,475)
2025	(686,556)	(389,409)	(1,630)	(16,176)
2026	-	-	(255)	(2,327)
Thereafter	-	-	(336)	(2,779)
Total	$ (1,929,752)	(1,590,516)	(6,477)	(63,542)

For the year ended June 30, 2022, the District recognized $1,345,918 and ($200,975) of pension and OPEB amortization of the deferred outflows and inflows of resources, respectively.

Sensitivity of the Net Pension and OPEB Liabilities and Assets to Changes in the Discount Rate: The following presents the net pension and OPEB liabilities (assets) of the Plan calculated using the discount rate of 7.38%, as well as what the Plans' net pension and OPEB liabilities would be if they were calculated using a discount rate that is 1-percentage-point lower (6.38%) or 1-percentage-point higher (8.38%) than the current rate:

		1% Decrease (6.38%)	**Current Rate (7.38%)**	**1% Increase (8.38%)**
Net pension liability	$	4,602,138	2,276,333	317,462
Net OPEB ARHCT liability (asset)	$	(2,490,671)	(3,456,719)	(4,255,990)
Net OPEB ODD liability (asset)	$	(38,094)	(38,001)	(37,957)
Net OPEB RMP liability (asset)	$	(46,133)	(124,930)	(183,867)

Sensitivity of the District's proportionate share of the net OPEB liability and asset to changes in the healthcare cost trend rates. The following present the District's proportionate share of the net OPEB liability and asset, as well as what the District's proportionate share of the net OPEB liability and asset would be if it were calculated using healthcare cost trend rates that are 1-percentage-point lower or 1-percentage-point higher than the current healthcare cost trend rates:

		1% Decrease	Current Rate	1% Increase
Net OPEB ARHCT liability (asset)	$	(4,345,836)	(3,456,719)	(2,379,351)
Net OPEB ODD liability (asset)	$	N/A	(38,001)	N/A
Net OPEB RMP liability (asset)	$	(191,812)	(124,930)	(33,018)

Teachers Retirement System (TRS) – Defined Contribution Plan (DC)

Plan Description and Funding Requirements. School Districts and Public Employers in the State of Alaska have a defined contribution retirement plan for new hires first enrolled on or after July 1, 2006. The Administrator of the Plan is the Commissioner of Administration or the Commissioner's designee. Plan members make mandatory contributions of 8% of gross eligible compensation. State statutes require the employer to contribute 7% of employees' eligible compensation. Additionally, employers are required to contribute to other post-employment benefits (DB): 0.83% for the retiree medical plan, 0.08% for occupational death and disability, and 3% of employers' average annual employee compensation to the health reimbursement arrangement (HRA DC). The employer effective contribution rate is 12.56%. Additionally, there is a defined benefit unfunded liability (DBUL) amount levied against the DC plan and allocated to the DB Plan's pension and OPEB contribution.

Plan members are 100% vested with their contributions.

Members become vested in employers' contributions as follows:

2 years of service – 25%
3 years of service – 50%
4 years of service – 75%
5 years of service – 100%

The School District contributed $266,311 for the year ended June 30, 2022, which included forfeitures of $24,191 which has been applied against contributions.

C. Risk Management

The District faces a considerable number of risks of loss, including (a) damage to and loss of property and contents, (b) employee torts, (c) professional liability, i.e., errors and omissions, (d) environmental damage, (e) workers compensation, and (f) medical/dental/vision costs for employees. The District participates in the Alaska Municipal League Joint Insurance (AMLJIA), which covers property and contents, torts, general and auto liability, school leader's errors and omissions, and workers compensation. AMLJIA is a public entity risk pool which reinsures risk above certain levels, thereby relieving the members of the need for additional assessments. The Association's bylaws provide for the assessment of supplemental contributions from members in the event that losses and expenses for any coverage year exceed the annual contributions and income earned on such contributions for the year. The Association made no supplemental assessments during the year ended June 30, 2022.

The District has elected the reimbursable method of payment for Employment Security Compensation (ESC). Under this arrangement, the actual costs of ESC are reimbursed to the State of Alaska.

Health Insurance

The District maintains a health and medical benefit program, which covers all full time employees. The District has retained a major portion of the risk for this plan and, accordingly, is liable for any employee health claims that are approved for payment. Stop-loss coverage limits were $95,000 for individual claims and $916,022 for aggregate claims. Health and medical insurance expenditures were $1,293,997 for the year ended June 30, 2022, and consisted of paid claims, stop-loss premiums, and administrative fees.

Accruals were made based upon estimates of the health claims on a monthly basis, when there are excess of premiums paid, then half of the excess amount is refunded 120 days after year end. There was no such excess amounts, resulting in a liability, accounted for in the General (School Operating) Fund and are included in "Health Insurance Payable." Total estimated liability (receivable) at June 30, 2022 amounted to $263,479. Changes in the claims liability (receivable) amount were:

Fiscal Year		Beginning Liability (Receivable)	Excess Premiums Paid	Total Claims Paid	Total Claim Expenditure	Ending Liability (Receivable)
2021	$	(127,810)	208,391	699,368	1,025,670	(9,899)
2022	$	(9,899)	-	1,149,726	1,423,104	263,479

D. Subsequent Accounting Pronouncements

The Governmental Accounting Standards Board has passed several new accounting standards with upcoming implementation dates covering several topics as follows:

- GASB 94 *Public-Private and Public-Public Partnerships and Availability Payments Arrangements.* Effective for fiscal years beginning after June 15, 2022.
- GASB 96 *Subscription-Based Information Technology Arrangements.* Effective for fiscal years beginning after June 15, 2022.
- GASB 99 *Omnibus 2022.* Multiple effective dates.
- GASB 100 *Accounting Changes and Error Corrections—an amendment of GASB Statement No. 62.* Effective for fiscal years beginning after June 15, 2023. Multiple effective dates.
- GASB 101 *Compensated Absences.* Effective for fiscal years beginning after December 15, 2023.

Statements 94 and 99 are not expected to have any significant impact on the financial statements of the District.

GASB Statement No. 96 will improve financial reporting by establishing a definition for Subscription-based information technology arrangements (SBITAs) and providing uniform guidance for accounting and financial reporting for transactions that meet that definition. That definition and uniform guidance will result in greater consistency in practice. Establishing the capitalization criteria for implementation costs also will reduce diversity and improve comparability in financial reporting by governments. This Statement also will enhance the relevance and reliability of a government's financial statements by requiring a government to report a subscription asset and subscription liability for a SBITA and to disclose essential information about the arrangement. The disclosures will allow users to understand the scale and important aspects of a government's SBITA activities and evaluate a government's obligations and assets resulting from SBITAs.

GASB Statement No. 100 will improve the clarity of the accounting and financial reporting requirements for accounting changes and error corrections, which will result in greater consistency in application in practice. In turn, more understandable, reliable, relevant, consistent, and comparable information will be provided to financial statement users for making decisions or assessing accountability. In addition, the display and note disclosure requirements will result in more consistent, decision useful, understandable, and comprehensive information for users about accounting changes and error corrections.

GASB Statement No. 101 unified recognition and measurement model in this Statement will result in a liability for compensated absences that more appropriately reflects when a government incurs an obligation. In addition, the model can be applied consistently to any type of compensated absence and will eliminate potential comparability issues between governments that offer different types of leave.

The model also will result in a more robust estimate of the amount of compensated absences that a government will pay or settle, which will enhance the relevance and reliability of information about the liability for compensated absences

E. New Accounting Pronouncements

In 2022, the District implemented GASB Statement No. 87, *Leases,* which established standards of accounting and financial reporting for leases by lessees and lessors. The requirements of this Statement apply to financial statements of all state and local governments.

The new standard requires the District to recognize certain lease assets and liabilities for leases. It establishes a single model for lease accounting based on the underlying principle that leases are financings of the right to use an underlying asset for a period of time. Under this Statement, a lessee is required to recognize a liability and an intangible right-to-use lease asset, and a lessor is required to recognize a lease receivable and a deferred inflow of resources, thereby enhancing the relevance and consistency of information about the District’s leasing activities.

As a result of adopting this new accounting pronouncement, there were no changes in beginning of year net position or fund balance. The District recognized the following amounts in financial statements with regard to leases:

Statement of Net Position:	Governmental Activities
Lease receivable	$ 438,182
Deferred inflow of resources	$ 433,861

Balance Sheet- Governmental Funds:	General fund
Lease receivable	$ 438,182
Deferred inflow of resources	$ 433,861

REQUIRED SUPPLEMENTARY INFORMATION

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

School Operating Fund

Schedule of Revenues, Expenditures, and Changes
in Fund Balance - Original and Final Budget and Actual

Year Ended June 30, 2022

	Original Budget	Final Budget	Actual	Variance with Final Budget - Positive (Negative)
Revenues:				
Local sources:				
Other local	$ 385,000	385,000	278,001	(106,999)
Interest	-	-	11,074	11,074
E-rate	725,822	725,822	794,449	68,627
Other sources - donations	-	-	33,222	33,222
Intergovernmental:				
City direct appropriations	3,000,000	3,000,000	3,000,000	-
State of Alaska	10,052,434	9,824,809	9,775,208	(49,601)
Federal sources	35,200	35,200	30,807	(4,393)
Total revenues	14,198,456	13,970,831	13,922,761	(48,070)
Expenditures:				
Current:				
Instruction	5,476,689	5,318,090	4,926,049	392,041
Special education instruction	1,387,054	1,189,580	926,573	263,007
Special education support services - students	239,345	248,618	232,327	16,291
Support services - students	324,250	310,294	304,721	5,573
Support services - instruction	1,721,761	1,734,215	1,624,213	110,002
School administration	795,978	803,132	785,782	17,350
School administration support services	352,138	382,390	363,956	18,434
District administration	306,930	305,568	302,244	3,324
District administration support services	910,001	851,077	738,347	112,730
Operations and maintenance of plant	2,696,805	2,928,908	2,929,698	(790)
Student activities	295,360	342,843	352,068	(9,225)
Community services	-	6,844	6,844	-
Total expenditures	14,506,311	14,421,559	13,492,822	928,737
Excess (deficiency) of revenues over expenditures	(307,855)	(450,728)	429,939	880,667
Other financing uses -				
Transfers out	(115,000)	(515,000)	(515,000)	-
Net change in fund balance	$ (422,855)	(965,728)	(85,061)	880,667
Fund balance, beginning of year			2,605,928	
Fund balance, end of year			$ 2,520,867	

The accompanying notes to Required Supplementary Information

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

Schedule of District's Proportionate Share of the Net Pension Liability

Public Employees' Retirement System (PERS)

June 30, 2022

Year	District's Proportion of the Net Pension Liability	District's Proportionate Share of the Net Pension Liability	State of Alaska Proportionate Share of the Net Pension Liability	Total Net Pension Liability	District's Covered Payroll	District's Proportionate Share of the Net Pension Liability as a Percentage of Covered Payroll	Plan Fiduciary Net Position as a Percentage of the Total Pension Liability
2015	0.0442%	$ 2,063,075	$ 1,988,775	$ 4,051,850	$ 1,984,403	103.96%	62.37%
2016	0.0756%	$ 3,664,413	$ 984,525	$ 4,648,938	$ 1,902,337	192.63%	63.96%
2017	0.0756%	$ 3,942,606	$ 498,163	$ 4,440,769	$ 1,794,827	219.66%	59.55%
2018	0.0602%	$ 3,110,761	$ 1,157,693	$ 4,268,454	$ 1,729,430	179.87%	63.37%
2019	0.0618%	$ 3,068,792	$ 892,968	$ 3,961,760	$ 1,755,118	174.85%	65.19%
2020	0.0452%	$ 2,476,540	$ 983,863	$ 3,460,403	$ 1,699,864	145.69%	63.42%
2021	0.0399%	$ 2,352,318	$ 973,047	$ 3,325,365	$ 1,931,032	121.82%	61.61%
2022	0.0570%	$ 2,091,976	$ 282,553	$ 2,374,529	$ 1,842,318	113.55%	74.46%

See accompanying notes to Required Supplementary Information.

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

Schedule of District's Proportionate Share of the Net OPEB Liability (Asset)

Public Employees' Retirement System (PERS)

June 30, 2022

Year	District's Proportion of the Net OPEB Liability (Asset)	District's Proportionate Share of the Net OPEB Liability (Asset)	State of Alaska Proportionate Share of the Net OPEB Liability (Asset)	Total Net OPEB Liability (Asset)	District's Covered Payroll	District's Proportionate Share of the Net OPEB Liability as a Percentage of Covered Payroll	Plan Fiduciary Net Position as a Percentage of the Total OPEB Liability (Asset)
Alaska Retiree Healthcare Trust Plan (ARHCT):							
2018	0.0602%	$ 508,539	$ 189,262	$ 697,801	$ 1,729,430	29.41%	89.68%
2019	0.0618%	$ 633,294	$ 183,507	$ 816,801	$ 1,755,118	36.08%	88.12%
2020	0.0451%	$ 66,878	$ 26,794	$ 93,672	$ 1,699,864	3.93%	98.13%
2021	0.0398%	$ (180,120)	$ (74,611)	$ (254,731)	$ 1,931,032	-9.33%	106.15%
2022	0.0573%	$ (1,469,122)	$ (193,823)	$ (1,662,945)	$ 1,842,318	-79.74%	135.54%
Occupational Death and Disability (ODD):							
2018	0.0901%	$ (12,789)	$ -	$ (12,789)	$ 1,729,430	-0.74%	212.97%
2019	0.0762%	$ (14,808)	$ -	$ (14,808)	$ 1,755,118	-0.84%	270.62%
2020	0.0536%	$ (12,999)	$ -	$ (12,999)	$ 1,699,864	-0.76%	297.43%
2021	0.0638%	$ (17,398)	$ -	$ (17,398)	$ 1,931,032	-0.90%	283.80%
2022	0.0636%	$ (27,967)	$ -	$ (27,967)	$ 1,842,318	-1.52%	374.22%
Retiree Medical Plan (RMP):							
2018	0.0901%	$ 4,700	$ -	$ 4,700	$ 392,864	1.20%	93.98%
2019	0.0762%	$ 9,702	$ -	$ 9,702	$ 359,677	2.70%	88.71%
2020	0.0675%	$ 16,137	$ -	$ 16,137	$ 304,986	5.29%	83.17%
2021	0.0797%	$ 5,650	$ -	$ 5,650	$ 452,109	1.25%	92.23%
2022	0.0747%	$ (20,055)	$ -	$ (20,055)	$ 459,636	-4.36%	115.10%

See accompanying notes to Required Supplementary Information.

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

Schedule of District's Contributions (Pensions)

Public Employees' Retirement System (PERS)

June 30, 2022

Year	Contractually Required Contribution	Contributions Relative to the Contractually Required Contribution	Contribution Deficiency (Excess)	District's Covered Payroll	Contributions as a Percentage of Covered Payroll
2015	$ 164,943	$ (164,943)	$ -	$ 1,902,337	8.67%
2016	$ 173,815	$ (173,815)	$ -	$ 1,794,827	9.68%
2017	$ 191,409	$ (191,409)	$ -	$ 1,729,430	11.07%
2018	$ 229,523	$ (229,523)	$ -	$ 1,755,118	13.08%
2019	$ 220,579	$ (219,945)	$ 634	$ 1,699,864	12.98%
2020	$ 226,054	$ (227,074)	$ (1,020)	$ 1,931,032	11.71%
2021	$ 228,205	$ (238,571)	$ (10,366)	$ 1,842,318	12.39%
2022	$ 225,991	$ (214,407)	$ 11,584	$ 1,696,077	13.32%

See accompanying notes to Required Supplementary Information.

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

Schedule of District's Contributions (OPEB)

Public Employees' Retirement System (PERS)

June 30, 2022

Year	Contractually Required Contribution	Contributions Relative to the Contractually Required Contribution	Contribution Deficiency (Excess)	District's Covered Payroll	Contributions as a Percentage of Covered Payroll
Alaska Retiree Healthcare Trust Plan (ARHCT):					
2018	$ 68,866	$ (68,866)	$ -	$ 1,755,118	3.92%
2019	$ 76,823	$ (76,823)	$ -	$ 1,699,864	4.52%
2020	$ 87,814	$ (87,814)	$ -	$ 1,931,032	4.55%
2021	$ 48,368	$ (48,368)	$ -	$ 1,842,318	2.63%
2022	$ 52,458	$ (52,458)	$ -	$ 1,696,077	3.09%
Occupational Death and Disability (ODD):					
2018	$ 1,381	$ (1,381)	$ -	$ 1,755,118	0.08%
2019	$ 2,189	$ (2,189)	$ -	$ 1,699,864	0.13%
2020	$ 2,799	$ (2,799)	$ -	$ 1,931,032	0.14%
2021	$ 3,385	$ (3,385)	$ -	$ 1,842,318	0.18%
2022	$ 3,087	$ (3,087)	$ -	$ 1,696,077	0.18%
Retiree Medical Plan (RMP):					
2018	$ 8,888	$ (8,888)	$ -	$ 359,677	2.47%
2019	$ 7,916	$ (7,916)	$ -	$ 304,986	2.60%
2020	$ 14,209	$ (14,209)	$ -	$ 452,109	3.14%
2021	$ 13,867	$ (13,867)	$ -	$ 459,636	3.02%
2022	$ 10,655	$ (10,655)	$ -	$ 420,591	2.53%

See accompanying notes to Required Supplementary Information.

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

Schedule of District's Proportionate Share of the Net Pension Liability

Teachers' Retirement System (TRS)

June 30, 2022

Year	District's Proportion of the Net Pension Liability	District's Proportionate Share of the Net Pension Liability	State of Alaska Proportionate Share of the Net Pension Liability	Total Net Pension Liability	District's Covered Payroll	District's Proportionate Share of the Net Pension Liability as a Percentage of Covered Payroll	Plan Fiduciary Net Position as a Percentage of the Total Pension Liability
2015	0.0832%	$ 2,495,425	$ 11,804,622	$ 14,300,047	$ 4,673,662	53.39%	55.70%
2016	0.2151%	$ 4,001,658	$ 4,946,597	$ 8,948,255	$ 4,976,332	80.41%	73.82%
2017	0.2781%	$ 6,350,471	$ 5,877,618	$ 12,228,089	$ 4,673,662	135.88%	68.40%
2018	0.2095%	$ 4,245,734	$ 5,786,624	$ 10,032,358	$ 4,700,743	90.32%	72.39%
2019	0.2130%	$ 4,078,378	$ 6,064,234	$ 10,142,612	$ 4,501,282	90.60%	74.09%
2020	0.1847%	$ 3,451,847	$ 5,119,986	$ 8,571,833	$ 4,052,747	85.17%	74.68%
2021	0.1682%	$ 3,419,793	$ 5,933,281	$ 9,353,074	$ 4,476,154	76.40%	72.81%
2022	0.2860%	$ 2,276,333	$ 1,931,664	$ 4,207,997	$ 4,596,696	49.52%	89.43%

See accompanying notes to Required Supplementary Information.

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

Schedule of District's Proportionate Share of the Net OPEB Liability (Asset)

Teachers' Retirement System (TRS)

June 30, 2022

Year	District's Proportion of the Net OPEB Liability (Asset)	District's Proportionate Share of the Net OPEB Liability (Asset)	State of Alaska Proportionate Share of the Net OPEB Liability (Asset)	Total Net OPEB Liability (Asset)	District's Covered Payroll	District's Proportionate Share of the Net OPEB Liability as a Percentage of Covered Payroll	Plan Fiduciary Net Position as a Percentage of the Total OPEB Liability (Asset)
Alaska Retiree Healthcare Trust Plan (ARHCT):							
2018	0.2088%	$ 384,039	$ 674,032	$ 1,058,071	$ 4,700,743	8.17%	93.75%
2019	0.2127%	$ 661,259	$ 985,960	$ 1,647,219	$ 4,501,282	14.69%	90.23%
2020	0.1846%	$ (282,079)	$ (419,481)	$ (701,560)	$ 4,052,747	-6.96%	105.50%
2021	0.1681%	$ (601,388)	$ (1,044,941)	$ (1,646,329)	$ 4,476,154	-13.44%	113.78%
2022	0.2973%	$ (3,456,719)	$ (2,691,707)	$ (6,148,426)	$ 4,596,696	-75.20%	145.41%
Occupational Death and Disability (ODD):							
2018	0.6574%	$ (21,484)	$ -	$ (21,484)	$ 4,700,743	-0.46%	1342.59%
2019	0.7308%	$ (25,621)	$ -	$ (25,621)	$ 4,501,282	-0.57%	1304.81%
2020	0.7067%	$ (28,417)	$ -	$ (28,417)	$ 4,052,747	-0.70%	1409.77%
2021	0.6811%	$ (29,319)	$ -	$ (29,319)	$ 4,476,154	-0.66%	931.08%
2022	0.6235%	$ (38,001)	$ -	$ (38,001)	$ 4,596,696	-0.83%	1254.36%
Retiree Medical Plan (RMP):							
2018	0.6574%	$ (31,161)	$ -	$ (31,161)	$ 1,147,033	-2.72%	118.16%
2019	0.7308%	$ (23,370)	$ -	$ (23,370)	$ 2,172,070	-1.08%	109.56%
2020	0.7062%	$ (27,090)	$ -	$ (27,090)	$ 2,417,771	-1.12%	110.03%
2021	0.6834%	$ (67,412)	$ -	$ (67,412)	$ 2,269,912	-2.97%	125.59%
2022	0.6222%	$ (124,930)	$ -	$ (124,930)	$ 2,147,834	-5.82%	142.54%

See accompanying notes to Required Supplementary Information.

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

Schedule of District's Contributions (Pensions)

Teachers' Retirement System (TRS)

June 30, 2022

Year	Contractually Required Contribution	Contributions Relative to the Contractually Required Contribution	Contribution Deficiency (Excess)	District's Covered Payroll	Contributions as a Percentage of Covered Payroll
2015	$ 197,303	$ (197,303)	$ -	$ 4,976,332	3.96%
2016	$ 180,778	$ (180,778)	$ -	$ 4,673,662	3.87%
2017	$ 200,341	$ (200,341)	$ -	$ 4,700,743	4.26%
2018	$ 219,437	$ (219,437)	$ -	$ 4,501,282	4.87%
2019	$ 140,384	$ (113,224)	$ 27,160	$ 4,052,747	3.46%
2020	$ 156,072	$ (156,327)	$ (255)	$ 4,476,154	3.49%
2021	$ 156,746	$ (156,746)	$ -	$ 4,596,696	3.41%
2022	$ 169,229	$ (168,902)	$ 327	$ 4,619,514	3.66%

See accompanying notes to Required Supplementary Information.

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

Schedule of District's Contributions (OPEB)

Teachers' Retirement System (TRS)

June 30, 2022

Year	Contractually Required Contribution	Contributions Relative to the Contractually Required Contribution	Contribution Deficiency (Excess)	District's Covered Payroll	Contributions as a Percentage of Covered Payroll
Alaska Retiree Healthcare Trust Plan (ARHCT):					
2018	$ 95,188	$ (95,188)	$ -	$ 4,501,282	2.11%
2019	$ 68,138	$ (68,138)	$ -	$ 4,052,747	1.68%
2020	$ 88,054	$ (88,054)	$ -	$ 4,476,154	1.97%
2021	$ 122,340	$ (122,340)	$ -	$ 4,596,696	2.66%
2022	$ 119,699	$ (119,699)	$ -	$ 4,619,514	2.59%
Occupational Death and Disability (ODD):					
2018	$ -	$ -	$ -	$ 4,501,282	0.00%
2019	$ 2,206	$ (2,206)	$ -	$ 4,052,747	0.05%
2020	$ 2,237	$ (2,237)	$ -	$ 4,476,154	0.05%
2021	$ 2,257	$ (2,257)	$ -	$ 4,596,696	0.05%
2022	$ 2,224	$ (2,224)	$ -	$ 4,619,514	0.05%
Retiree Medical Plan (RMP):					
2018	$ 23,903	$ (23,903)	$ -	$ 2,172,070	1.10%
2019	$ 21,785	$ (21,785)	$ -	$ 2,417,771	0.90%
2020	$ 30,486	$ (30,486)	$ -	$ 2,269,912	1.34%
2021	$ 26,234	$ (26,234)	$ -	$ 2,147,834	1.22%
2022	$ 23,075	$ (23,075)	$ -	$ 2,120,311	1.09%

See accompanying notes to Required Supplementary Information.

1. Budgetary Information

Annual budgets are adopted by the School Board for all operating revenues, expenditures, and interfund transfers. Budgets are prepared and presented on the modified accrual basis of accounting. Unexpended balances of grants from state and federal governments lapse at June 30.

The adopted School Operating Fund budget is submitted to the City of Nome for approval of the local appropriation, then to the State of Alaska, Department of Education and Early Development for review to determine compliance with Alaska statutes and Department regulations.

The School Board authorizes formal budget revisions several times each year to adjust the revenues and expenditures to available resources and program needs. Both the original and final revised and approved budget are presented in the budgetary comparison statement. The final revised and approved budget is presented in the additional supplementary information. Expenditure authority for the School Operating Fund is limited to the total approved budget and functional areas of expenditures are not to be overspent.

Annual budgets for the Special Revenue Funds with primarily local revenue sources or those with state or federal revenue sources that do not require budgetary reporting follow the same guidelines as the School Operating Fund as noted in the preceding paragraph.

Annual budgets for the Special Revenue Funds are prepared in connection with the application for the special programs' award and are reviewed and approved by the School Board. Expenditure authority for Special Revenue Fund programs is limited to the actual combined revenues and transfers from other funds. Project budgets are adopted for Capital Project funds based on the lives of the construction projects. Expenditure authority is limited to the actual combined revenue and transfers from other funds.

The following functions had expenditures in excess of appropriation in the School Operating Fund:

Operations and maintenance of plant	$	790
Student activities	$	9,225

2. Public Employees' Retirement System

Schedule of District's Proportionate Share of Net Pension and OPEB Liability (Asset)

The table is presented based on the Plan measurement date which is one year prior to fiscal year end for all years presented.

Changes in Methods Since the Prior Valuation – June 30, 2020 to June 30, 2021:

There were no changes in actuarial methods since the prior valuation.

Changes in Assumptions Since the Prior Valuation – June 30, 2020 to June 30, 2021:

- Pension - Healthcare claim costs are updated annually. Retired member contributions were updated to reflect the 5% decrease from CY20 to CY21. The amounts included in the normal cost for administrative expenses were changed from $7,223,000 to $7,625,000 for pension, and from $4,934,000 to $5,531,000 for healthcare (based on the most recent two years of actual administrative expenses paid from plan assets). There were no other changes in actuarial assumptions since the prior valuation.

- OPEB ODD and RMP- Healthcare claim costs are updated annually. The amounts included in the normal cost for administrative expenses were changed from $1,000 to $16,000 for occupational death and disability, and from $20,000 to $24,000 for retiree medical (based on the most recent two years of actual administrative expenses paid from plan assets). There were no other changes in actuarial assumptions since the prior valuation.

Changes in Benefit Provisions Since the Prior Valuation – June 30, 2020 to June 30, 2021:

There were no changes in benefit provisions since the prior valuation.

GASB requires ten years of information be presented. However, until a full ten years of information is available, the District will present only those years for which information is available.

Schedule of District Contributions (Pension) and (OPEB)

The table valuation date is June 30, 2020 which was rolled forward to June 30, 2021. Actuarially determined contribution rates are calculated as of June 30th, two years prior to the fiscal year in which contributions are reported.

3. Teachers' Retirement System

Schedule of District's Proportionate Share of Net Pension and OPEB Liability (Asset)

The table is presented based on the Plan measurement date which is one year prior to fiscal year end for all years presented.

Changes in Methods Since the Prior Valuation – June 30, 2020 to June 30, 2021:

There were no changes in actuarial methods since the prior valuation.

Changes in Assumptions Since the Prior Valuation – June 30, 2020 to June 30, 2021:

- Pension - Healthcare claim costs are updated annually. The amounts included in the normal cost for administrative expenses were changed from $3,003,000 to $3,217,000 for pension, and from $1,362,000 to $1,604,000 for healthcare (based on the most recent two years of actual administrative expenses paid from plan assets). There were no other changes in actuarial assumptions since the prior valuation.
- OPEB ODD and RMP- Healthcare claim costs are updated annually. The amounts included in the normal cost for administrative expenses were changed from $0 to $5,000 for occupational death and disability, and from $8,000 to $22,000 for retiree medical (based on the most recent two years of actual administrative expenses paid from plan assets). There were no other changes in actuarial assumptions since the prior valuation.

Changes in Benefit Provisions Since the Prior Valuation – June 30, 2020 to June 30, 2021:

There were no changes in benefit provisions since the prior valuation.

GASB requires ten years of information be presented. However, until a full ten years of information is available, the District will present only those years for which information is available.

Schedule of District Contributions (Pension) and (OPEB)

The table valuation date is June 30, 2020 which was rolled forward to June 30, 2021. Actuarially determined contribution rates are calculated as of June 30th, two years prior to the fiscal year in which contributions are reported.

SUPPLEMENTARY INFORMATION

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

School Operating Fund

Schedule of Revenues, Expenditures, and Changes
in Fund Balance - Budget and Actual

Year Ended June 30, 2022

	Final Budget	Actual	Variance with Final Budget- Positive (Negative)
Revenues:			
Local sources:			
Other local	$ 385,000	278,001	(106,999)
Interest	-	11,074	11,074
E-rate	725,822	794,449	68,627
Other sources	-	33,222	33,222
Total local sources	1,110,822	1,116,746	5,924
Intergovernmental:			
City of Nome - direct appropriation	3,000,000	3,000,000	-
State of Alaska:			
Foundation program	8,827,771	8,828,694	923
Quality schools	27,390	27,390	-
Other state revenue	-	2,907	2,907
On-behalf TRS	865,362	805,842	(59,520)
On-behalf PERS	104,286	110,375	6,089
Total State of Alaska	9,824,809	9,775,208	(49,601)
Federal sources -			
Direct sources - Impact Aid	35,200	30,807	(4,393)
Total revenues	13,970,831	13,922,761	(48,070)
Expenditures:			
Instruction:			
Certificated salaries	2,940,949	2,892,157	48,792
Non-certificated salaries	177,033	154,677	22,356
Employee benefits	1,707,546	1,602,546	105,000
Transportation allowance	31,765	19,719	12,046
Professional and technical services	7,000	6,925	75
Student travel	2,575	2,342	233
Utility services	4,909	2,787	2,122
Other purchased services	23,319	18,004	5,315
Supplies, materials and media	413,494	219,281	194,213
Tuition- students and stipends	8,000	7,131	869
Other	1,500	480	1,020
Total instruction	5,318,090	4,926,049	392,041

(continued)

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

School Operating Fund

Schedule of Revenues, Expenditures, and Changes
in Fund Balance - Budget and Actual, Continued

	Final Budget	Actual	Variance with Final Budget- Positive (Negative)
Expenditures, continued:			
Special education instruction:			
Certificated salaries	$ 379,762	338,632	41,130
Non-certificated salaries	358,602	266,128	92,474
Employee benefits	429,816	303,240	126,576
Transportation allowance	3,115	1,914	1,201
Staff travel	400	-	400
Supplies, materials and media	17,735	16,659	1,076
Other	150	-	150
Total special education instruction	1,189,580	926,573	263,007
Special education support services - students:			
Certificated salaries	83,484	83,484	-
Non-certificated salaries	43,424	43,405	19
Employee benefits	103,664	98,102	5,562
Staff travel	546	545	1
Other purchased services	4,030	4,028	2
Supplies, materials and media	12,970	2,278	10,692
Other	500	485	15
Total special education support services - students	248,618	232,327	16,291
Support services - students:			
Certificated salaries	129,105	128,512	593
Non-certificated salaries	56,493	51,222	5,271
Employee benefits	119,978	120,768	(790)
Transportation allowance	800	302	498
Other purchased services	165	165	-
Supplies, materials and media	3,663	3,662	1
Other	90	90	-
Total support services - students	310,294	304,721	5,573
Support services - instruction:			
Certificated salaries	96,515	80,412	16,103
Non-certificated salaries	233,277	231,934	1,343
Employee benefits	173,633	187,872	(14,239)
Professional and technical services	1,609	1,609	-
Staff travel	1,448	947	501
Utility services	813,507	784,008	29,499
Other purchased services	2,255	49	2,206
Supplies, materials and media	381,684	307,690	73,994
Other	2,630	2,035	595
Equipment	27,657	27,657	-
Total support services - instruction	1,734,215	1,624,213	110,002

(continued)

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

School Operating Fund

Schedule of Revenues, Expenditures, and Changes
in Fund Balance - Budget and Actual, Continued

	Final Budget	Actual	Variance with Final Budget- Positive (Negative)
Expenditures, continued:			
School administration:			
Certificated salaries	$ 545,464	545,463	1
Employee benefits	246,513	232,929	13,584
Staff travel	182	181	1
Other purchased services	138	-	138
Supplies, materials and media	5,227	2,767	2,460
Other	5,608	4,442	1,166
Total school administration	803,132	785,782	17,350
School administration support services:			
Non-certificated salaries	186,602	181,055	5,547
Employee benefits	187,670	175,496	12,174
Other purchased services	6,268	6,267	1
Supplies, materials and media	1,850	1,138	712
Total school administration support services	382,390	363,956	18,434
District administration:			
Certificated salaries	154,193	154,193	-
Employee benefits	82,826	83,408	(582)
Professional and technical services	8,899	8,439	460
Staff travel	20,279	18,638	1,641
Insurance and bond premiums	225	-	225
Supplies, materials and media	3,725	2,149	1,576
Other	35,421	35,417	4
Total district administration	305,568	302,244	3,324
District administration support services:			
Non-certificated salaries	227,896	227,895	1
Employee benefits	264,458	219,148	45,310
Professional and technical services	278,779	278,779	-
Staff travel	12,287	11,108	1,179
Utility services	1,431	1,430	1
Other purchased services	13,809	8,872	4,937
Insurance and bond premiums	61,000	60,678	322
Supplies, materials and media	20,080	15,923	4,157
Other	21,337	21,105	232
Indirect cost recovery	(50,000)	(106,591)	56,591
Total district administration support services	851,077	738,347	112,730

(continued)

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

School Operating Fund

Schedule of Revenues, Expenditures, and Changes
in Fund Balance - Budget and Actual, Continued

	Final Budget	Actual	Variance with Final Budget- Positive (Negative)
Expenditures, continued:			
Operations and maintenance of plant:			
Non-certificated salaries	$ 124,535	124,534	1
Employee benefits	78,931	79,727	(796)
Professional and technical services	3,906	3,906	-
Staff travel	2,320	2,320	-
Utility services	83,965	83,963	2
Energy	1,158,607	1,158,605	2
Other purchased services	1,239,955	1,239,955	-
Insurance and bond premiums	185,332	185,331	1
Supplies, materials and media	51,337	51,337	-
Other	20	20	-
Total operations and maintenance of plant	2,928,908	2,929,698	(790)
Student activities:			
Certificated salaries	98,975	98,975	-
Non-certificated salaries	5,015	5,015	-
Employee benefits	25,526	29,267	(3,741)
Professional and technical services	7,360	7,360	-
Staff travel	6,675	3,343	3,332
Student travel	166,857	167,505	(648)
Other purchased services	11,341	11,341	-
Supplies, materials and media	19,794	27,962	(8,168)
Other	1,300	1,300	-
Total student activities	342,843	352,068	(9,225)
Community services -			
Other	6,844	6,844	-
Total expenditures	$ 14,421,559	13,492,822	928,737
Excess (deficiency) of revenues over expenditures	(450,728)	429,939	880,667
Other financing uses:			
Transfers to other funds:			
Food Service program	(75,000)	(75,000)	-
Pupil Transportation	(40,000)	(40,000)	-
General Capital Project Fund	(400,000)	(400,000)	-
Total transfers	(515,000)	(515,000)	-
Net change in fund balance	$ (965,728)	(85,061)	880,667
Fund balance, beginning of year		2,605,928	
Fund balance, end of year		$ 2,520,867	

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

General Capital Project Funds

Schedule of Revenues, Expenditures, and Changes in Fund Balance

Year Ended June 30, 2022

Revenues	$	-
Expenditures:		
Operations and maintenance of plant:		
Professional and technical services		18,677
Other purchased services		331,752
Supplies, materials and media		42,658
Equipment		13,338
Total operations and maintenance of plant		406,425
Food services -		
Supplies, materials and media		40,532
Total expenditures		446,957
Excess (deficiency) of revenues over expenditures		(446,957)
Other financing sources -		
Transfers from School Operating Fund		400,000
Net change in fund balance		(46,957)
Fund balance, beginning of year		3,372,744
Fund balance, end of year	$	3,325,787

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

Other Governmental Funds

Combining Balance Sheet

June 30, 2022

	Special Revenue Funds									
	School Broadband Assistance	Pupil Transportation	Artists in Schools	Comprehensive State Literacy Development	Food Service Program	Alaska Nutritional Foods	Title VI-B IDEA	Title I-A Consolidated Admin Pool Program	Preschool Disabled	School Improvement
Assets										
Assets:										
Accounts receivable	$ 27,984	-	-	12,264	3,172	-	115,870	33,672	60	27,058
Due from other funds	-	306,690	2,000	-	182,402	8,193	-	-	-	-
Prepaid items	-	40,149	-	-	-	-	6,151	-	-	13,194
Total assets	$ 27,984	346,839	2,000	12,264	185,574	8,193	122,021	33,672	60	40,252
Liabilities and Fund Balances (Deficit)										
Liabilities:										
Accounts payable	$ -	-	-	-	1,095	-	18,135	-	-	93 -
Accrued payroll liabilities	-	-	-	-	-	-	-	-	-	10,875
Unearned revenue	-	-	-	-	-	8,193	-	-	-	-
Due to other funds	27,984	-	-	12,264	-	-	103,886	33,672	60	29,377
Total liabilities	27,984	-	-	12,264	1,095	8,193	122,021	33,672	60	40,252
Fund balances (deficit):										
Nonspendable	-	40,149	-	-	-	-	6,151	-	-	13,194
Restricted	-	-	-	-	-	-	-	-	-	-
Committed	-	306,690	2,000	-	184,479	-	-	-	-	-
Unassigned	-	-	-	-	-	-	(6,151)	-	-	(13,194)
Total fund balances (deficit)	-	346,839	2,000	-	184,479	-	-	-	-	-
Total liabilities and fund balances (deficit)	$ 27,984	346,839	2,000	12,264	185,574	8,193	122,021	33,672	60	40,252

(continued)

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

Other Governmental Funds

Combining Balance Sheet, Continued

	Special Revenue Funds									
	Title II-A	Title IV-A	Title I-A Basic	Title I-C Migrant Education	Migrant Book Program	Carl Perkins	Safe Children's Act	COVID-19 (ESSERF)	Elementary and Secondary School Emergency Relief II	Elementary and Secondary School Emergency Relief III
Assets										
Assets:										
Accounts receivable	$ 21,957	16,764	57,244	131,135	9,077	19,012	-	7,231	235,156	244,521
Due from other funds	-	-	-	-	-	-	93	-	-	-
Prepaid items	22,892	-	-	375	-	-	-	-	-	-
Total assets	$ 44,849	16,764	57,244	131,510	9,077	19,012	93	7,231	235,156	244,521
Liabilities and Fund Balances (Deficit)										
Liabilities:										
Accounts payable	$ 7,200	-	5,129	1,777	-	-	-	-	12,438	41,495
Accrued payroll liabilities	-	-	-	691	-	-	-	-	-	-
Unearned revenue	-	-	-	-	-	-	93	-	-	-
Due to other funds	37,649	16,764	52,115	129,042	9,077	19,012	-	7,231	222,718	203,026
Total liabilities	44,849	16,764	57,244	131,510	9,077	19,012	93	7,231	235,156	244,521
Fund balances (deficit):										
Nonspendable	22,892	-	-	375	-	-	-	-	-	-
Restricted	-	-	-	-	-	-	-	-	-	-
Committed	-	-	-	-	-	-	-	-	-	-
Unassigned	(22,892)	-	-	(375)	-	-	-	-	-	-
Total fund balances (deficit)	-	-	-	-	-	-	-	-	-	-
Total liabilities and fund balances (deficit)	$ 44,849	16,764	57,244	131,510	9,077	19,012	93	7,231	235,156	244,521

(continued)

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

Other Governmental Funds

Combining Balance Sheet, Continued

	Special Revenue Funds								
Assets	REAP - RLIS Education	Indian Education	Johnson O'Malley	UAF TASK	UAF Future Educators	Inupiaq Immersion Program	Arts and Culture	Nome-Beltz Apartments	Albro Gregory Scholarship Program
Assets:									
Accounts receivable	$ 14,993	76,721	-	-	-	-	25,111	-	-
Due from other funds	-	-	17,549	1,991	4,550	50,686	24,889	1,773,132	5,374
Prepaid items	-	-	-	-	-	-	-	500	-
Total assets	$ 14,993	76,721	17,549	1,991	4,550	50,686	50,000	1,773,632	5,374
Liabilities and Fund Balances (Deficit)									95
Liabilities:									
Accounts payable	$ -	-	-	-	4,550	-	-	15,013	-
Accrued payroll liabilities	-	-	-	-	-	-	-	-	-
Unearned revenue	-	-	17,549	1,991	-	-	50,000	-	-
Due to other funds	14,993	76,721	-	-	-	-	-	-	-
Total liabilities	14,993	76,721	17,549	1,991	4,550	-	50,000	15,013	-
Fund balances (deficit):									
Nonspendable	-	-	-	-	-	-	-	500	-
Restricted	-	-	-	-	-	50,686	-	-	5,374
Committed	-	-	-	-	-	-	-	1,758,119	-
Unassigned	-	-	-	-	-	-	-	-	-
Total fund balances (deficit)	-	-	-	-	-	50,686	-	1,758,619	5,374
Total liabilities and fund balances (deficit)	$ 14,993	76,721	17,549	1,991	4,550	50,686	50,000	1,773,632	5,374

(continued)

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

Other Governmental Funds

Combining Balance Sheet, Continued

	Special Revenue Funds			Capital Project Funds						
	Student Activities Fund	Games of Chance and Skill	Total Special Revenue Funds	NBHS Partial Roof Replacement	NBHS and NES DDC Control System Upgrade	NES Fire Alarm System Replacement	NBHS Generator Addition	Nome Teacher VPSO Housing	Total Capital Project Funds	Total Other Governmental Funds
Assets										
Assets:										
Accounts receivable	$ 4,196	-	1,083,198	-	-	-	-	388	388	1,083,586
Due from other funds	430,514	15,365	2,823,428	556,667	-	-	-	-	556,667	3,380,095
Prepaid items	334	-	83,595	-	-	-	-	-	-	83,595
Total assets	$ 435,044	15,365	3,990,221	556,667	-	-	-	388	557,055	4,547,276
Liabilities and Fund Balances (Deficit)										
Liabilities:										
Accounts payable	$ 2,998	-	109,830	1,763	-	-	-	388	2,151	111,981
Accrued payroll liabilities	-	-	11,566	-	-	-	-	-	-	11,566
Unearned revenue	-	-	77,826	554,904	-	-	-	-	554,904	632,730
Due to other funds	-	-	995,591	-	27,338	5,195	4,500	-	37,033	1,032,624
Total liabilities	2,998	-	1,194,813	556,667	27,338	5,195	4,500	388	594,088	1,788,901
Fund balances (deficit):										
Nonspendable	334	-	83,595	-	-	-	-	-	-	83,595
Restricted	431,712	15,365	503,137	-	-	-	-	-	-	503,137
Committed	-	-	2,251,288	-	-	-	-	-	-	2,251,288
Unassigned	-	-	(42,612)	-	(27,338)	(5,195)	(4,500)	-	(37,033)	(79,645)
Total fund balances (deficit)	432,046	15,365	2,795,408	-	(27,338)	(5,195)	(4,500)	-	(37,033)	2,758,375
Total liabilities and fund balances (deficit)	$ 435,044	15,365	3,990,221	556,667	-	-	-	388	557,055	4,547,276

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

Other Governmental Funds

Combining Statement of Revenues, Expenditures and Changes in Fund Balances (Deficit)

Year Ended June 30, 2022

	Special Revenue Funds								
	School Broadband Assistance	Pupil Transportation	Artists in Schools	Comprehensive State Literacy Development	Food Service Program	Title VI-B IDEA	Title I-A Consolidated Admin Pool Program	Preschool Disabled	School Improvement
Revenues:									
Local sources:									
Charges for services	$ -	-	-	-	5,592	-	-	-	-
Other local	-	-	-	-	-	-	-	-	-
Intergovernmental:									
State of Alaska	27,984	456,602	-	-	-	-	-	-	-
Federal sources:									
Direct	-	-	-	-	-	-	-	-	-
Pass-through	-	-	-	39,690	522,911	274,632	96,022	11,223	37,823
Total revenues	27,984	456,602	-	39,690	528,503	274,632	96,022	11,223	37,823
Expenditures:									
Current:									
Instruction	-	-	-	10,619	-	-	-	-	20,958
Special education instruction	-	-	-	-	-	230,448	-	9,288	-
Special education support services - students	-	-	-	-	-	26,006	-	1,224	-
Support services - students	-	-	-	-	-	-	-	-	-
Support services - instruction	27,984	-	-	26,558	-	788	96,022	-	14,470
School administration	-	-	-	-	-	-	-	-	-
School administration support services	-	-	-	-	-	-	-	-	-
District administration	-	-	-	-	-	-	-	-	-
District administration support services	-	-	-	2,513	-	17,390	-	711	2,395
Operations and maintenance of plant	-	-	-	-	-	-	-	-	-
Student activities	-	-	-	-	-	-	-	-	-
Student transportation - to and from school	-	487,278	-	-	-	-	-	-	-
Student transportation - school activities	-	2,650	-	-	-	-	-	-	-
Community services	-	-	-	-	-	-	-	-	-
Food services	-	-	-	-	610,764	-	-	-	-
Construction and facilities acquisition	-	-	-	-	-	-	-	-	-
Total expenditures	27,984	489,928	-	39,690	610,764	274,632	96,022	11,223	37,823
Excess (deficiency) of revenues over expenditures	-	(33,326)	-	-	(82,261)	-	-	-	-
Other financing sources - Transfers from School Operating Fund	-	40,000	-	-	75,000	-	-	-	-
Net change in fund balance	-	6,674	-	-	(7,261)	-	-	-	-
Fund balance (deficit), beginning of year	-	340,165	2,000	-	191,740	-	-	-	-
Fund balance (deficit), end of year	$ -	346,839	2,000	-	184,479	-	-	-	-

(continued)

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

Other Governmental Funds

Combining Statement of Revenues, Expenditures and Changes in Fund Balances (Deficit), Continued

	Special Revenue Funds								
	Title II-A	Title IV-A	Title I-A Basic	Title I-C Migrant Education	Migrant Book Program	Carl Perkins	COVID-19 (ESSERF)	Elementary and Secondary School Emergency Relief II	Elementary and Secondary School Emergency Relief III
Revenues:									
Local sources:									
Charges for services	$ -	-	-	-	-	-	-	-	-
Other local	-	-	-	-	-	-	-	-	-
Intergovernmental:									
State of Alaska	-	-	-	-	-	-	-	-	-
Federal sources:									
Direct	-	-	-	-	-	-	-	-	-
Pass-through	72,021	21,907	179,473	332,627	9,077	36,435	41,479	354,738	413,873
Total revenues	72,021	21,907	179,473	332,627	9,077	36,435	41,479	354,738	413,873
Expenditures:									
Current:									
Instruction	2,329	11,992	151,980	153,711	8,502	30,601	24,098	153,602	90,885
Special education instruction	-	-	11,000	-	-	-	-	17,678	-
Special education support services - students	-	-	-	-	-	-	-	2,106	-
Support services - students	-	-	-	105,261	-	-	-	14,880	41,617
Support services - instruction	65,132	425	5,129	38,728	-	4,099	-	16,847	13,136
School administration	-	-	-	-	-	-	-	15,720	-
School administration support services	-	-	-	-	-	-	-	10,751	-
District administration	-	-	-	-	-	-	-	-	987
District administration support services	4,560	1,008	11,364	27,605	575	1,735	2,626	27,977	10,753
Operations and maintenance of plant	-	-	-	-	-	-	2,830	80,024	249,205
Student activities	-	8,482	-	-	-	-	874	471	5,400
Student transportation - to and from school	-	-	-	6,370	-	-	-	7,500	1,890
Student transportation - school activities	-	-	-	952	-	-	-	-	-
Community services	-	-	-	-	-	-	-	7,182	-
Food services	-	-	-	-	-	-	11,051	-	-
Construction and facilities acquisition	-	-	-	-	-	-	-	-	-
Total expenditures	72,021	21,907	179,473	332,627	9,077	36,435	41,479	354,738	413,873
Excess (deficiency) of revenues over expenditures	-	-	-	-	-	-	-	-	-
Other financing sources - Transfers from School Operating Fund	-	-	-	-	-	-	-	-	-
Net change in fund balance	-	-	-	-	-	-	-	-	-
Fund balance (deficit), beginning of year	-	-	-	-	-	-	-	-	-
Fund balance (deficit), end of year	$ -	-	-	-	-	-	-	-	-

(continued)

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

Other Governmental Funds

Combining Statement of Revenues, Expenditures and Changes in Fund Balances (Deficit), Continued

	Special Revenue Funds							
	REAP - RLIS Education	Indian Education	Johnson O'Malley	UAF TASK	NSEDC Concession Stand Renovation	NSEDC Culture Club Travel	UAF Future Educators	Inupiaq Immersion Program
Revenues:								
Local sources:								
Charges for services	$ -	-	-	-	-	-	-	-
Other local	-	-	-	-	24,664	2,500	7,510	-
Intergovernmental:								
State of Alaska	-	-	-	-	-	-	-	-
Federal sources:								
Direct	14,993	217,815	-	-	-	-	-	-
Pass-through	-	-	6,736	31,964	-	-	-	-
Total revenues	14,993	217,815	6,736	31,964	24,664	2,500	7,510	-
Expenditures:								
Current:								
Instruction	11,254	204,023	4,779	31,964	-	-	7,510	44,864
Special education instruction	-	-	-	-	-	-	-	-
Special education support services - students	-	-	-	-	-	-	-	-
Support services - students	-	-	-	-	-	-	-	-
Support services - instruction	2,790	-	-	-	-	-	-	-
School administration	-	-	-	-	-	-	-	-
School administration support services	-	-	-	-	-	-	-	-
District administration	-	-	-	-	-	-	-	-
District administration support services	949	13,792	427	-	-	-	-	-
Operations and maintenance of plant	-	-	-	-	24,664	-	-	-
Student activities	-	-	-	-	-	2,500	-	-
Student transportation - to and from school	-	-	200	-	-	-	-	-
Student transportation - school activities	-	-	1,330	-	-	-	-	-
Community services	-	-	-	-	-	-	-	-
Food services	-	-	-	-	-	-	-	-
Construction and facilities acquisition	-	-	-	-	-	-	-	-
Total expenditures	14,993	217,815	6,736	31,964	24,664	2,500	7,510	44,864
Excess (deficiency) of revenues over expenditures	-	-	-	-	-	-	-	(44,864)
Other financing sources - Transfers from School Operating Fund	-	-	-	-	-	-	-	-
Net change in fund balance	-	-	-	-	-	-	-	(44,864)
Fund balance (deficit), beginning of year	-	-	-	-	-	-	-	95,550
Fund balance (deficit), end of year	$ -	-	-	-	-	-	-	50,686

(continued)

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

Other Governmental Funds

Combining Statement of Revenues, Expenditures and Changes in Fund Balances (Deficit), Continued

	Special Revenue Funds							
	SNC Culture Camp	Arts and Culture	NSEDC Large Infrastructure Program	Nome-Beltz Apartments Program	Albro Gregory Scholarship Program	Student Activities	Games of Chance and Skill	Total Special Revenue Funds
Revenues:								
Local sources:								
Charges for services	$ -	-	-	233,163	-	-	-	238,755
Other local	-	25,111	17,961	-	-	326,198	11	403,955
Intergovernmental:								
State of Alaska	-	-	-	-	-	-	-	484,586
Federal sources:								
Direct	-	-	-	-	-	-	-	232,808
Pass-through	-	-	-	-	-	-	-	2,482,631
Total revenues	-	25,111	17,961	233,163	-	326,198	11	3,842,735
Expenditures:								
Current:								
Instruction	-	5,929	-	-	-	995	-	970,595
Special education instruction	-	19,182	-	-	-	-	-	287,596
Special education support services - students	-	-	-	-	-	-	-	29,336
Support services - students	-	-	-	-	-	-	-	161,758
Support services - instruction	18,500	-	-	-	-	24	-	330,632
School administration	-	-	-	-	-	-	-	15,720
School administration support services	-	-	-	-	-	-	-	10,751
District administration	-	-	-	-	-	-	-	987
District administration support services	-	-	-	-	-	-	-	126,380
Operations and maintenance of plant	-	-	17,961	192,633	-	-	-	567,317
Student activities	-	-	-	-	-	292,883	-	310,610
Student transportation - to and from school	-	-	-	-	-	-	-	503,238
Student transportation - school activities	-	-	-	-	-	-	-	4,932
Community services	-	-	-	-	-	-	-	7,182
Food services	-	-	-	-	-	-	-	621,815
Construction and facilities acquisition	-	-	-	-	-	-	-	-
Total expenditures	18,500	25,111	17,961	192,633	-	293,902	-	3,948,849
Excess (deficiency) of revenues over expenditures	(18,500)	-	-	40,530	-	32,296	11	(106,114)
Other financing sources - Transfers from School Operating Fund	-	-	-	-	-	-	-	115,000
Net change in fund balance	(18,500)	-	-	40,530	-	32,296	11	8,886
Fund balance (deficit), beginning of year	18,500	-	-	1,718,089	5,374	399,750	15,354	2,786,522
Fund balance (deficit), end of year	$ -	-	-	1,758,619	5,374	432,046	15,365	2,795,408

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(continued)

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

Other Governmental Funds

Combining Statement of Revenues, Expenditures and Changes in Fund Balances (Deficit), Continued

	Capital Project Fund						
	NBHS Partial Roof Replacement	NBHS and NES DDC Control System Upgrade	NES Fire Alarm System Replacement	NBHS Generator Addition	Nome Teacher VPSO Housing	Total Capital Project Funds	Total Other Governmental Funds
Revenues:							
Local sources:							
Charges for services	$ -	-	-	-	-	-	238,755
Other local	-	-	-	-	-	-	403,955
Intergovernmental:							
State of Alaska	5,796	-	-	-	16,470	22,266	506,852
Federal sources:							
Direct	-	-	-	-	-	-	232,808
Pass-through	-	-	-	-	-	-	2,482,631
Total revenues	5,796	-	-	-	16,470	22,266	3,865,001
Expenditures:							
Current:							
Instruction	-	-	-	-	-	-	970,595
Special education instruction	-	-	-	-	-	-	287,596
Special education support services - students	-	-	-	-	-	-	29,336
Support services - students	-	-	-	-	-	-	161,758
Support services - instruction	-	-	-	-	-	-	330,632
School administration	-	-	-	-	-	-	15,720
School administration support services	-	-	-	-	-	-	10,751
District administration	-	-	-	-	-	-	987
District administration support services	-	-	-	-	-	-	126,380
Operations and maintenance of plant	-	-	-	-	-	-	567,317
Student activities	-	-	-	-	-	-	310,610
Student transportation - to and from school	-	-	-	-	-	-	503,238
Student transportation - school activities	-	-	-	-	-	-	4,932
Community services	-	-	-	-	-	-	7,182
Food services	-	-	-	-	-	-	621,815
Construction and facilities acquisition	5,796	-	-	4,500	16,470	26,766	26,766
Total expenditures	5,796	-	-	4,500	16,470	26,766	3,975,615
Excess (deficiency) of revenues over expenditures	-	-	-	(4,500)	-	(4,500)	(110,614)
Other financing sources - Transfers from School Operating Fund	-	-	-	-	-	-	115,000
Net change in fund balance	-	-	-	(4,500)	-	(4,500)	4,386
Fund balance (deficit), beginning of year	-	(27,338)	(5,195)	-	-	(32,533)	2,753,989
Fund balance (deficit), end of year	$ -	(27,338)	(5,195)	(4,500)	-	(37,033)	2,758,375

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

School Broadband Assistance Special Revenue Fund

Schedule of Revenues, Expenditures, and Changes
in Fund Balance- Budget and Actual

Year Ended June 30, 2022

	Budget	Actual	Variance with Final Budget- Positive (Negative)
Revenues:			
Intergovernmental -			
State of Alaska	$ 27,984	27,984	-
Expenditures:			
Support services - instruction -			
Utility services	27,984	27,984	-
Excess of revenues over expenditures	$ -	-	-
Fund balance, beginning of year		-	
Fund balance, end of year		$ -	

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

Pupil Transportation Special Revenue Fund

Schedule of Revenues, Expenditures, and Changes
in Fund Balance - Budget and Actual

Year Ended June 30, 2022

	Budget	Actual	Variance with Final Budget- Positive (Negative)
Revenues:			
Intergovernmental -			
State of Alaska	$ 432,180	456,602	24,422
Expenditures:			
Student transportation - to and from school -			
Other purchased services	472,180	487,278	(15,098)
Student transportation - school activities -			
Other purchased services	-	2,650	(2,650)
Total expenditures	472,180	489,928	(17,748)
Excess (deficiency) of revenues over expenditures	(40,000)	(33,326)	6,674
Other financing sources -			
Transfers from School Operating Fund	40,000	40,000	-
Net change in fund balance	$ -	6,674	6,674
Fund balance, beginning of year		340,165	
Fund balance, end of year		$ 346,839	

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

Artists In Schools Special Revenue Fund

Schedule of Revenues, Expenditures, and Changes
in Fund Balance - Budget and Actual

Year Ended June 30, 2021

	Budget	Actual	Variance with Final Budget- Positive (Negative)
Revenues:	$ -	-	-
Expenditures:	-	-	-
Excess (deficiency) of revenues over expenditures	-	-	-
Net change in fund balance	$ -	-	-
Fund balance, beginning of year		2,000	
Fund balance, end of year		$ 2,000	

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

Comprehensive State Literacy Development Special Revenue Fund

Schedule of Revenues, Expenditures, and Changes
in Fund Balance - Budget and Actual

Year Ended June 30, 2022

	Budget	Actual	Variance with Final Budget- Positive (Negative)
Revenues:			
Intergovernmental -			
Federal sources - through the State of Alaska	$ 170,427	39,690	(130,737)
Expenditures:			
Instruction:			
Certificated salaries	44,660	-	44,660
Non-certificated salaries	3,215	650	2,565
Employee benefits	4,459	56	4,403
Professional and technical services	73,992	-	73,992
Supplies, materials and media	12,000	9,913	2,087
Total instruction	138,326	10,619	127,707
Support services - instruction:			
Professional and technical services	21,310	21,310	-
Staff travel	-	5,248	(5,248)
Total support services - instruction	21,310	26,558	(5,248)
District administration support services -			
Indirect cost	10,791	2,513	8,278
Total expenditures	170,427	39,690	130,737
Excess of revenues over expenditures	$ -	-	-
Fund balance, beginning of year		-	
Fund balance, end of year		$ -	

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

Food Service Program Special Revenue Fund

Schedule of Revenues, Expenditures, and Changes
in Fund Balance - Budget and Actual

Year Ended June 30, 2022

	Budget	Actual	Variance with Final Budget- Positive (Negative)
Revenues:			
Local sources -			
Charges for services- food services	$ -	5,592	5,592
Intergovernmental -			
Federal sources - through			
the State of Alaska	530,000	522,911	(7,089)
Total revenues	530,000	528,503	(1,497)
Expenditures:			
Food services:			
Other purchased services	605,000	568,592	36,408
Supplies, materials and media	-	30,798	(30,798)
Other expenses	-	5,930	(5,930)
Equipment	-	5,444	(5,444)
Total expenditures	605,000	610,764	(5,764)
Excess (deficiency) of revenues over expenditures	(75,000)	(82,261)	(7,261)
Other financing sources -			
Transfers from School Operating Fund	75,000	75,000	-
Net change in fund balance	$ -	(7,261)	(7,261)
Fund balance, beginning of year		191,740	
Fund balance, end of year		$ 184,479	

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

Title VI-B IDEA Special Revenue Fund

Schedule of Revenues, Expenditures, and Changes
in Fund Balance - Budget and Actual

Year Ended June 30, 2022

	Budget	Actual	Variance with Final Budget- Positive (Negative)
Revenues:			
Intergovernmental -			
Federal sources - through the State of Alaska	$ 326,744	274,632	(52,112)
Expenditures:			
Special education instruction:			
Certificated salaries	20,000	5,600	14,400
Non-certificated salaries	4,000	-	4,000
Employee benefits	7,909	-	7,909
Professional and technical services	195,312	183,512	11,800
Staff travel	15,555	1,293	14,262
Other purchased services	1,000	-	1,000
Supplies, materials and media	54,033	40,043	13,990
Other	400	-	400
Total special education instruction	298,209	230,448	67,761
Special education support services - students:			
Certificated salaries	5,600	-	5,600
Non-certificated salaries	2,100	3,500	(1,400)
Employee benefits	-	1,309	(1,309)
Staff travel	-	7,725	(7,725)
Supplies, materials and media	-	13,072	(13,072)
Other	-	400	(400)
Total special education support services - students	7,700	26,006	(18,306)
Support services - instruction :			
Certificated salaries	-	766	(766)
Employee benefits	-	22	(22)
Total support services - instruction	-	788	(788)
District administration support services -			
Indirect costs	20,835	17,390	3,445
Total expenditures	326,744	274,632	52,112
Excess of revenues over expenditures	$ -	-	-
Fund balance, beginning of year		-	
Fund balance, end of year		$ -	

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

Title I-A Consolidated Admin Pool Program Special Revenue Fund

Schedule of Revenues, Expenditures, and Changes
in Fund Balance - Budget and Actual

Year Ended June 30, 2022

	Budget	Actual	Variance with Final Budget- Positive (Negative)
Revenues:			
Intergovernmental -			
Federal sources - through the State of Alaska	$ 96,022	96,022	-
Expenditures:			
Support services - instruction:			
Certificated salaries	68,043	69,193	(1,150)
Employee benefits	21,597	23,276	(1,679)
Staff travel	6,382	3,553	2,829
Total expenditures	96,022	96,022	-
Excess of revenues over expenditures	$ -	-	-
Fund balance, beginning of year		-	
Fund balance, end of year		$ -	

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

Preschool Disabled Special Revenue Fund

Schedule of Revenues, Expenditures, and Changes
in Fund Balance - Budget and Actual

Year Ended June 30, 2022

	Budget	Actual	Variance with Final Budget- Positive (Negative)
Revenues:			
Intergovernmental -			
Federal sources - through the State of Alaska	$ 11,261	11,223	(38)
Expenditures:			
Special education instruction:			
Professional and technical services	9,227	9,227	-
Other purchased services	1,321	-	1,321
Supplies, materials and media	-	61	(61)
Total special education instruction	10,548	9,288	1,260
Special education support services - students -			
Professional and technical services	-	1,224	(1,224)
District administration support services-			
Indirect costs	713	711	2
Total expenditures	11,261	11,223	38
Excess of revenues over expenditures	$ -	-	-
Fund balance, beginning of year		-	
Fund balance, end of year		$ -	

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

School Improvement Special Revenue Fund

Schedule of Revenues, Expenditures, and Changes
in Fund Balance - Budget and Actual

Year Ended June 30, 2022

	Budget	Actual	Variance with Final Budget- Positive (Negative)
Revenues:			
Intergovernmental -			
Federal sources - through the State of Alaska	$ 50,000	37,823	(12,177)
Expenditures:			
Instruction:			
Certified salaries	36,001	10,620	25,381
Employee benefits	-	255	(255)
Supplies, materials and media	10,833	10,083	750
Total instruction	46,834	20,958	25,876
Support services - instruction -			
Staff travel	-	14,470	(14,470)
District administration support services -			
Indirect costs	3,166	2,395	771
Total expenditures	50,000	37,823	12,177
Excess of revenues over expenditures	$ -	-	-
Fund balance, beginning of year		-	
Fund balance, end of year		$ -	

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

Title II-A Special Revenue Fund

Schedule of Revenues, Expenditures, and Changes
in Fund Balance - Budget and Actual

Year Ended June 30, 2022

	Budget	Actual	Variance with Final Budget- Positive (Negative)
Revenues:			
Intergovernmental -			
Federal sources - through the State of Alaska	$ 117,891	72,021	(45,870)
Expenditures:			
Instruction:			
Certificated salaries	-	1,108	(1,108)
Non-certificated salaries	4,070	-	4,070
Employee benefits	-	296	(296)
Staff travel	-	105	(105)
Supplies, materials and media	-	820	(820)
Total instruction	4,070	2,329	1,741
Support services - instruction:			
Certificated salaries	44,742	26,308	18,434
Employee benefits	3,975	2,259	1,716
Professional and technical services	25,262	12,703	12,559
Staff travel	14,233	15,782	(1,549)
Supplies, materials and media	3,894	2,337	1,557
Other	14,250	5,743	8,507
Total support services - instruction	106,356	65,132	41,224
District administration support services-			
Indirect costs	7,465	4,560	2,905
Total expenditures	117,891	72,021	45,870
Excess of revenues over expenditures	$ -	-	-
Fund balance, beginning of year		-	
Fund balance, end of year		$ -	

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

Title IV-A Special Revenue Fund

Schedule of Revenues, Expenditures, and Changes
in Fund Balance - Budget and Actual

Year Ended June 30, 2022

	Budget	Actual	Variance with Final Budget- Positive (Negative)
Revenues:			
Intergovernmental -			
Federal sources - through			
the State of Alaska	$ 40,781	21,907	(18,874)
Expenditures:			
Instruction:			
Student travel	-	6,000	(6,000)
Equipment	-	5,992	(5,992)
Total instruction	-	11,992	(11,992)
Support services- instruction			
Staff Travel	1,930	425	1,505
District administration support services -			
Indirect costs	2,582	1,008	1,574
Student activities:			
Certificated salaries	4,000	4,000	-
Non-certificated salaries	8,750	-	8,750
Employee benefits	283	598	(315)
Professional and technical services	575	-	575
Supplies, materials and media	22,661	3,884	18,777
Total student activities	36,269	8,482	27,787
Total expenditures	40,781	21,907	18,874
Excess of revenues			
over expenditures	$ -	-	-
Fund balance, beginning of year		-	
Fund balance, end of year		$ -	

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

Title I-A Basic Program Special Revenue Fund

Schedule of Revenues, Expenditures, and Changes
in Fund Balance - Budget and Actual

Year Ended June 30, 2022

	Budget	Actual	Variance with Final Budget- Positive (Negative)
Revenues:			
Intergovernmental -			
Federal sources - through the State of Alaska	$ 293,484	179,473	(114,011)
Expenditures:			
Instruction:			
Certificated salaries	100,092	85,075	15,017
Non-certificated salaries	47,164	40,396	6,768
Employee benefits	51,668	24,931	26,737
Transportation allowance	460	400	60
Supplies, materials and media	60,517	1,178	59,339
Total instruction	259,901	151,980	107,921
Special education instruction-			
Professional and technical services	15,000	11,000	4,000
Support services - instruction:			
Professional and technical services	-	2,394	(2,394)
Staff travel	-	2,735	(2,735)
Total support services - instruction	-	5,129	(5,129)
District administration support services-			
Indirect costs	18,583	11,364	7,219
Total expenditures	293,484	179,473	114,011
Excess of revenues over expenditures	$ -	-	-
Fund balance, beginning of year		-	
Fund balance, end of year		$ -	

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

Title I-C Migrant Education Special Revenue Fund

Schedule of Revenues, Expenditures, and Changes
in Fund Balance - Budget and Actual

Year Ended June 30, 2022

	Budget	Actual	Variance with Final Budget- Positive (Negative)
Revenues:			
Intergovernmental -			
Federal sources - through the State of Alaska	$ 503,969	332,627	(171,342)
Expenditures:			
Instruction:			
Certificated salaries	56,800	24,440	32,360
Non-certificated salaries	76,746	32,312	44,434
Employee benefits	88,767	12,216	76,551
Other purchased services	-	1,360	(1,360)
Supplies, materials and media	53,047	17,203	35,844
Tuition - students and stipends	58,750	66,180	(7,430)
Total instruction	334,110	153,711	180,399
Support services - students:			
Certificated salaries	83,153	81,826	1,327
Employee benefits	-	23,435	(23,435)
Total support services - students	83,153	105,261	(22,108)
Support services - instruction:			
Non-certificated salaries	-	21,259	(21,259)
Employee benefits	-	13,253	(13,253)
Professional and technical services	-	420	(420)
Staff travel	-	3,796	(3,796)
Total support services - instruction	-	38,728	(38,728)
District administration support services:			
Non-certificated salaries	25,500	7,244	18,256
Employee benefits	-	3,490	(3,490)
Staff travel	250	-	250
Indirect costs	28,191	16,871	11,320
Total district administration support services	53,941	27,605	26,336
Student activities:			
Certificated salaries	5,000	-	5,000
Non-certificated salaries	8,000	-	8,000
Other purchased services	4,425	-	4,425
Total student activities	17,425	-	17,425
Student transportation - to and from school -			
Other purchased services	-	6,370	(6,370)
Student transportation - school activities -			
Other purchased services	15,340	952	14,388
Total expenditures	503,969	332,627	171,342
Excess of revenues over expenditures	$ -	-	-
Fund balance, beginning of year		-	
Fund balance, end of year		$ -	

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

Migrant Book Program Special Revenue Fund

Schedule of Revenues, Expenditures, and Changes
in Fund Balance - Budget and Actual

Year Ended June 30, 2022

	Budget	Actual	Variance with Final Budget- Positive (Negative)
Revenues:			
Intergovernmental -			
Federal sources - through the State of Alaska	$ 11,400	9,077	(2,323)
Expenditures:			
Instruction -			
Supplies, materials and media	10,678	8,502	2,176
District administration support services -			
Indirect costs	722	575	147
Total expenditures	11,400	9,077	2,323
Excess of revenues over expenditures	$ -	-	-
Fund balance, beginning of year		-	
Fund balance, end of year		$ -	

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

Carl Perkins Special Revenue Fund

Schedule of Revenues, Expenditures, and Changes
in Fund Balance - Budget and Actual

Year Ended June 30, 2022

	Budget	Actual	Variance with Final Budget- Positive (Negative)
Revenues:			
Intergovernmental -			
Federal sources - through the State of Alaska	$ 37,830	36,435	(1,395)
Expenditures:			
Instruction:			
Professional and technical services	2,500	2,500	-
Other purchased services	9,382	9,570	(188)
Supplies, materials and media	19,976	18,511	1,465
Other	20	20	-
Total instruction	31,878	30,601	1,277
Support services - instruction:			
Certificated salaries	1,434	1,400	34
Employee benefits	51	32	19
Professional and technical services	2,667	2,667	-
Total support services - instruction	4,152	4,099	53
District administration support services -			
Indirect costs	1,800	1,735	65
Total expenditures	37,830	36,435	1,395
Excess of revenues over expenditures	$ -	-	-
Fund balance, beginning of year		-	
Fund balance, end of year		$ -	

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

COVID-19 (ESSERF) Special Revenue Fund

Schedule of Revenues, Expenditures, and Changes
in Fund Balance - Budget and Actual

Year Ended June 30, 2022

	Budget	Actual	Variance with Final Budget- Positive (Negative)
Revenues:			
Intergovernmental -			
Federal sources - through the State of Alaska	$ 41,471	41,479	8
Expenditures:			
Instruction -			
Supplies, materials and media	38,845	24,098	14,747
District administration support services -			
Indirect costs	2,626	2,626	-
Operations and maintenance of plant -			
Supplies, materials and media	-	2,830	(2,830)
Student activities:			
Non-certificated salaries	-	854	(854)
Employee benefits	-	20	(20)
Total student activities	-	874	(874)
Food services:			
Non-certificated salaries	-	10,795	(10,795)
Employee benefits	-	256	(256)
Total food services	-	11,051	(11,051)
Total expenditures	41,471	41,479	(8)
Excess of revenues over expenditures	$ -	-	-
Fund balance, beginning of year		-	
Fund balance, end of year		$ -	

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

Elementary and Secondary School Emergency Relief II Special Revenue Fund

Schedule of Revenues, Expenditures, and Changes
in Fund Balance - Budget and Actual

Year Ended June 30, 2022

	Budget	Actual	Variance with Final Budget- Positive (Negative)
Revenues:			
Intergovernmental -			
Federal sources - through the State of Alaska	$ 313,164	354,738	41,574
Expenditures:			
Instruction:			
Certificated salaries	62,250	125,711	(63,461)
Non-certificated salaries	-	4,938	(4,938)
Employee benefits	6,945	17,881	(10,936)
Supplies, materials, media	8,750	5,072	3,678
Total instruction	77,945	153,602	(75,657)
Special education instruction:			
Certificated salaries	-	12,190	(12,190)
Non-certificated salaries	7,500	3,553	3,947
Employee benefits	-	1,935	(1,935)
Total special education instruction	7,500	17,678	(10,178)
Special education support services - students:			
Certificated salaries	-	2,000	(2,000)
Employee benefits	-	106	(106)
Total special education support services - students	-	2,106	(2,106)
Support services - students:			
Certificated salaries	-	8,599	(8,599)
Non-certificated salaries	-	2,009	(2,009)
Employee benefits	-	4,272	(4,272)
Total support services - students	-	14,880	(14,880)
Support services - instruction:			
Certificated salaries	-	5,000	(5,000)
Non-certificated salaries	-	1,917	(1,917)
Employee benefits	-	930	(930)
Professional and technical services	9,000	9,000	-
Total support services - instruction	9,000	16,847	(7,847)
School administration :			
Certificated salaries	-	14,283	(14,283)
Employee benefits	-	1,437	(1,437)
Total school administration	$ -	15,720	(15,720)

(Continued)

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

Elementary and Secondary School Emergency Relief II Special Revenue Fund

Schedule of Revenues, Expenditures, and Changes
in Fund Balance - Budget and Actual, Continued

	Budget	Actual	Variance with Final Budget- Positive (Negative)
Expenditures, continued:			
School administration support services:			
Certificated salaries	$ -	5,000	(5,000)
Non-certificated salaries	-	3,861	(3,861)
Employee benefits	-	1,890	(1,890)
Total school administration support services	-	10,751	(10,751)
District administration support services:			
Certificated salaries	-	3,000	(3,000)
Non-certificated salaries	-	1,743	(1,743)
Employee benefits	-	772	(772)
Indirect costs	19,829	22,462	(2,633)
Total district administration support services	19,829	27,977	(8,148)
Operations and maintenance of plant:			
Certificated salaries	-	2,000	(2,000)
Employee benefits	-	411	(411)
Other purchased services	100,000	60,908	39,092
Supplies, materials, media	74,450	16,705	57,745
Total operations and maintenance of plant	174,450	80,024	94,426
Student activities:			
Non-certificated salaries	-	440	(440)
Employee benefits	-	31	(31)
Total student activities	-	471	(471)
Student transportation - to and from school -			
Other purchased services	6,440	7,500	(1,060)
Community services -			
Other	-	7,182	(7,182)
Food services -			
Supplies, materials, media	18,000	-	18,000
Total expenditures	313,164	354,738	(41,574)
Excess of revenues over expenditures	$ -	-	-
Fund balance, beginning of year		-	
Fund balance, end of year		$ -	

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

Elementary and Secondary School Emergency Relief III Special Revenue Fund

Schedule of Revenues, Expenditures, and Changes
in Fund Balance - Budget and Actual

Year Ended June 30, 2022

	Budget	Actual	Variance with Final Budget- Positive (Negative)
Revenues:			
Intergovernmental -			
Federal sources - through the State of Alaska	$ 1,315,907	413,873	(902,034)
Expenditures:			
Instruction:			
Non-certificated salaries	100,400	8,702	91,698
Employee benefits	62,000	2,724	59,276
Staff travel	-	415	(415)
Student travel	-	15,000	(15,000)
Supplies, materials, media	233,000	64,044	168,956
Total instruction	395,400	90,885	304,515
Support services - students:			
Non-certificated salaries	80,000	26,996	53,004
Employee benefits	-	14,621	(14,621)
Total support services - students	80,000	41,617	38,383
Support services - instruction -			
Staff travel	-	13,136	(13,136)
District administration -			
Staff travel	-	987	(987)
District administration support services -			
Indirect costs	32,667	10,753	21,914
Operations and maintenance of plant:			
Other purchased services	-	5,153	(5,153)
Other capital outlay	800,000	244,052	555,948
Total operations and maintenance of plant	800,000	249,205	550,795
Student activities -			
Student travel	-	5,400	(5,400)
Student transportation - to and from school -			
Other purchased services	7,840	1,890	5,950
Total expenditures	1,315,907	413,873	902,034
Excess of revenues over expenditures	$ -	-	-
Fund balance, beginning of year		-	
Fund balance, end of year		$ -	

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

REAP - RLIS Education Special Revenue Fund

Schedule of Revenues, Expenditures, and Changes
in Fund Balance - Budget and Actual

Year Ended June 30, 2022

	Budget	Actual	Variance with Final Budget- Positive (Negative)
Revenues:			
Intergovernmental -			
Federal sources - direct	$ 14,993	14,993	-
Expenditures:			
Instruction:			
Certificated salaries	-	11,254	(11,254)
Supplies, materials, media	14,993	-	14,993
Total instruction	14,993	11,254	3,739
Support services - instruction -			
Staff travel	-	2,790	(2,790)
District administration support services -			
Indirect costs	-	949	(949)
Total expenditures	14,993	14,993	-
Excess of revenues over expenditures	$ -	-	-
Fund balance, beginning of year		-	
Fund balance, end of year		$ -	

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

Indian Education Special Revenue Fund

Schedule of Revenues, Expenditures, and Changes
in Fund Balance - Budget and Actual

Year Ended June 30, 2022

	Budget	Actual	Variance with Final Budget- Positive (Negative)
Revenues:			
Intergovernmental -			
Federal sources - direct	$ 217,815	217,815	-
Expenditures:			
Instruction:			
Certificated salaries	107,639	105,050	2,589
Non-certificated salaries	39,535	43,073	(3,538)
Employee benefits	57,084	55,520	1,564
Transportation allowance	-	380	(380)
Total instruction	204,258	204,023	235
District administration support services -			
Indirect costs	13,557	13,792	(235)
Total expenditures	217,815	217,815	-
Excess of revenues over expenditures	$ -	-	-
Fund balance, beginning of year		-	
Fund balance, end of year		$ -	

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

Johnson O'Malley Special Revenue Fund

Schedule of Revenues, Expenditures, and Changes
in Fund Balance - Budget and Actual

Year Ended June 30, 2022

	Budget	Actual	Variance with Final Budget- Positive (Negative)
Revenues:			
Intergovernmental -			
Federal sources - through other intermediate agencies	$ 13,754	6,736	(7,018)
Expenditures:			
Instruction:			
Supplies, materials and media	12,757	4,779	7,978
Other	150	-	150
Total instruction	12,907	4,779	8,128
District administration support services-			
Indirect costs	847	427	420
Student transportation - to and from school -			
Other purchased services	-	200	(200)
Student transportation - school activities -			
Other purchased services	-	1,330	(1,330)
Total expenditures	13,754	6,736	7,018
Excess of revenues over expenditures	$ -	-	-
Fund balance, beginning of year		-	
Fund balance, end of year		$ -	

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

UAF TASK Special Revenue Fund

Schedule of Revenues, Expenditures, and Changes
in Fund Balance

Year Ended June 30, 2022

	Budget	Actual	Variance with Final Budget- Positive (Negative)
Revenues:			
Intergovernmental -			
Federal sources - through other intermediate agencies	$ 33,300	31,964	(1,336)
Expenditures:			
Instruction:			
Student travel	25,300	23,699	1,601
Supplies, materials and media	8,000	8,265	(265)
Total expenditures	33,300	31,964	1,336
Excess of revenues over expenditures	$ -	-	-
Fund balance, beginning of year		-	
Fund balance, end of year		$ -	

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

NSEDC Concession Stand Renovation Special Revenue Fund

Schedule of Revenues, Expenditures, and Changes
in Fund Balance - Budget and Actual

Year Ended June 30, 2022

	Budget	Actual	Variance with Final Budget- Positive (Negative)
Revenues:			
Local sources - other local	$ 24,664	24,664	-
Expenditures:			
Operations and maintenance of plant - Other purchased services	24,664	24,664	-
Excess of revenues over expenditures	$ -	-	-
Fund balance, beginning of year		-	
Fund balance, end of year		$ -	

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

NSEDC Culture Club Travel Special Revenue Fund

Schedule of Revenues, Expenditures, and Changes
in Fund Balance - Budget and Actual

Year Ended June 30, 2022

	Budget	Actual	Variance with Final Budget- Positive (Negative)
Revenues :			
Local sources - other local	$ 2,500	2,500	-
Expenditures:			
Student activities -			
Supplies, materials and media	2,500	2,500	-
Excess of revenues over expenditures	$ -	-	-
Fund balance, beginning of year		-	
Fund balance, end of year		$ -	

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

UAF Future Educators Special Revenue Fund

Schedule of Revenues, Expenditures, and Changes
in Fund Balance - Budget and Actual

Year Ended June 30, 2022

	Budget	Actual	Variance with Final Budget- Positive (Negative)
Revenues:			
Local sources - other local	$ 7,510	7,510	-
Expenditures:			
Instruction -			
Student travel	7,510	7,510	-
Excess of revenues over expenditures	$ -	-	-
Fund balance, beginning of year		-	
Fund balance, end of year		$ -	

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

Inupiaq Immersion Program Special Revenue Fund

Schedule of Revenues, Expenditures, and Changes
in Fund Balance

Year Ended June 30, 2022

Revenues:	$	-
Expenditures:		
Instruction:		
Certificated salaries		500
Non-certificated salaries		34,209
Employee benefits		10,155
Total expenditures		44,864
Excess (deficiency) of revenues over expenditures		(44,864)
Fund balance, beginning of year		95,550
Fund balance, end of year	$	50,686

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

SNC Culture Camp Special Revenue Fund

Schedule of Revenues, Expenditures, and Changes
in Fund Balance

Year Ended June 30, 2022

Revenues:	$ -
Expenditures :	
Support services - instruction -	
Other purchased services	18,500
Excess (deficiency) of revenues over expenditures	(18,500)
Fund balance, beginning of year	18,500
Fund balance, end of year	$ -

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

Arts and Culture Special Revenue Fund

Schedule of Revenues, Expenditures, and Changes
in Fund Balance - Budget and Actual

Year Ended June 30, 2022

		Actual
Revenues:		
Local sources - other local	$	25,111
Expenditures:		
Instruction:		
Non-certificated salaries		2,790
Employee benefits		3,139
Total instruction		5,929
Special education instruction -		
Certificated salaries		19,182
Total expenditures		25,111
Excess of revenues over expenditures		-
Fund balance, beginning of year		-
Fund balance, end of year	$	-

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

NSEDC Large Infrastructure Program Special Revenue Fund

Schedule of Revenues, Expenditures, and Changes
in Fund Balance - Budget and Actual

Year Ended June 30, 2022

	Budget	Actual	Variance with Final Budget- Positive (Negative)
Revenues:			
Local sources - other local	$ 17,961	17,961	-
Expenditures:			
Operations and maintenance of plant - Equipment	17,961	17,961	-
Excess of revenues over expenditures	$ -	-	-
Fund balance, beginning of year		-	
Fund balance, end of year		$ -	

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

Nome-Beltz Apartments Program Special Revenue Fund

Schedule of Revenues, Expenditures, and Changes
in Fund Balance

Year Ended June 30, 2022

	Actual
Revenues:	
Local sources -	
Charges for services - rental receipts	$ 233,163
Expenditures:	
Operations and maintenance of plant:	
Utility services	5,331
Energy	20,842
Other purchased services	88,386
Supplies, materials and media	77,497
Other	577
Total expenditures	192,633
Excess of revenues over expenditures	40,530
Fund balance, beginning of year	1,718,089
Fund balance, end of year	$ 1,758,619

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

Albro Gregory Scholarship Program Special Revenue Fund

Schedule of Revenues, Expenditures, and Changes
in Fund Balance

Year Ended June 30, 2022

Revenues	$	-
Expenditures		-
Excess of revenues over expenditures		-
Fund balance, beginning of year		5,374
Fund balance, end of year	$	5,374

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

Student Activities Special Revenue Fund

Schedule of Revenues, Expenditures, and Changes
in Fund Balance

Year Ended June 30, 2022

Revenues -		
Local sources - other local	$	326,198
Expenditures:		
Instruction -		
Supplies, materials and media		995
Support services - instruction -		
Supplies, materials and media		24
Student activities:		
Certified salaries		3,000
Employee benefits		195
Professional and technical services		363
Staff travel		460
Student travel		173,918
Other purchased services		2,613
Supplies, materials and media		97,581
Other		14,753
Total student activities		292,883
Total expenditures		293,902
Excess of revenues over expenditures		32,296
Fund balance, beginning of year		399,750
Fund balance, end of year	$	432,046

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

Games of Chance and Skill Special Revenue Fund

Schedule of Revenues, Expenditures, and Changes in Fund Balance

Year Ended June 30, 2022

Revenues -		
Local sources - other local	$	11
Expenditures		-
Excess of revenues over expenditures		11
Fund balance, beginning of year, as restated		15,354
Fund balance, end of year	$	15,365

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

NBHS Partial Roof Replacement Capital Project Fund

Schedule of Revenues, Expenditures, and Changes
in Fund Balance

Year Ended June 30, 2022

Revenues:		
Intergovernmental -		
State of Alaska	$	5,796
Expenditures:		
Construction and facilities acquisition:		
Professional and technical services		5,317
Other		479
Total expenditures		5,796
Excess of revenues over expenditures		-
Fund balance, beginning of year		-
Fund balance, end of year	$	-

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

NBHS and NES DDC Control System Upgrade Capital Project Fund

Schedule of Revenues, Expenditures, and Changes
in Fund Balance (Deficit)

Year Ended June 30, 2022

Revenues	$	-
Expenditures		-
Excess of revenues over expenditures		-
Fund balance (deficit), beginning of year		(27,338)
Fund balance (deficit), end of year	$	(27,338)

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

NES Fire Alarm System Replacement Capital Project Fund

Schedule of Revenues, Expenditures, and Changes
in Fund Balance (Deficit)

Year Ended June 30, 2022

Revenues	$ -
Expenditures	-
Excess of revenues over expenditures	-
Fund balance (deficit), beginning of year	(5,195)
Fund balance (deficit), end of year	$ (5,195)

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

NBHS Generator Addition Capital Project Fund

Schedule of Revenues, Expenditures, and Changes
in Fund Balance (Deficit)

Year Ended June 30, 2022

Revenues:	$	-
Expenditures:		
Construction and facilities acquisition -		
Professional and technical services		4,500
Excess (deficiency) of revenues		
over expenditures		(4,500)
Fund balance, beginning of year		-
Fund balance (deficit), end of year	$	(4,500)

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

Nome Teacher VPSO Housing Capital Project Fund

Schedule of Revenues, Expenditures, and Changes in Fund Balance

Year Ended June 30, 2022

Revenues:		
Intergovernmental-		
State of Alaska	$	16,470
Expenditures -		
Construction and facilities acquisition -		
Professional and technical services		16,470
Excess of revenues over expenditures		-
Fund balance, beginning of year		-
Fund balance, end of year	$	-

Nome Public Schools
(A component Unit of the City of Nome

Student Activity

Schedule of Changes in Assets and Fund Balances

For the Year Ended June 30, 2022

	Beginning Balance	Increases	Decreases	Ending Balance
Assets:				
Accounts receivable	$ 724	3,472	-	4,196
Prepaid items	-	334	-	334
Due from School Operating Fund	400,863	29,651	-	430,514
	$ 401,587	33,457	-	435,044
Liabilities:				
Accounts Payable	$ 1,837	1,161	-	2,998
Fund Balances:				
Districtwide				
Technology	-	12,000	24	11,976
Middle/High school:				
ACSA -- 8th Grade Class of 2020 DC Trip	21,265	-	-	21,265
ACSA -- 8th Grade Class of 2022 DC Trip	1,117	27,323	7,093	21,347
ACSA -- 8th Grade Class of 2023 DC Trip	259	147	-	406
ACSA -- 8th Grade Class of 2024 DC Trip	-	131	-	131
ACSA -- Action	1,335	-	-	1,335
ACSA - Class of 2021 DC Trip	5,437	-	-	5,437
ACSA -- DC Ticket Account	33,457	2,647	23,261	12,843
ACSA - Ski & Bike Mechanics	-	-	-	-
ACSA -- Student Council	5,723	-	-	5,723
Archery Club	40	-	-	40
Boys Varsity Basketball	19,591	30,506	18,902	31,195
Breakfast Snack	71	-	71	-
Class of 2022	-	-	-	-
Class of 2023	-	12,838	9,422	3,416
Cross Country	10,127	3,408	8,920	4,615
Culinary Club	929	-	-	929
Culture Club	350	990	28	1,312
Design Technology	83	-	-	83
Drama Club	2,686	2,231	-	4,917
EdRising	-	8,233	5,680	2,553
Esports	2,601	1,665	1,617	2,649
General	2,273	4,166	5,664	775
Girls Varsity Basketball	31,027	11,299	5,066	37,260
Gym Banners	8,473	16,780	7,145	18,108
Honor Society	267	160	-	427
HS Student Council	1,852	-	-	1,852
Jr. High Basketball Tournament	2,572	-	-	2,572
Jr. High Boys Basketball	22,657	23,488	16,700	29,445
Jr. High Cheerleading	-	2,600	-	2,600
Jr. High Girls Basketball	6,155	16,871	20,193	2,833
Jr. High Student Council	2,776	1,243	-	4,019
Jr. High Volleyball	13,619	7,136	14,901	5,854
Jr. High Wrestling	(6,341)	7,787	(4,773)	6,219

(continued)

Nome Public Schools
(A component Unit of the City of Nome

Student Activity

Schedule of Changes in Assets and Fund Balances, Continued

	Beginning Balance	Increases	Decreases	Ending Balance
Fund balances, continued:				
Middle/High school, continued:				
JV Boys Basketball	883	-	-	883
JV Girls Basketball	1,278	9,360	-	10,638
JV Volleyball	323	-	-	323
Let Us Buy - Student Store	2,078	4,474	2,196	4,356
Lisa Leeper's - Lego Robotics	9,680	-	-	9,680
Music/Choir	12,358	-	(5,389)	17,747
Nanook News	(35)	350	-	315
Native Youth Leadership NNYLO	1,080	-	-	1,080
Native Youth Olympics NYO	13,351	750	10,516	3,585
NB Class of 2022	4,371	-	4,371	-
NBHS Athletics	939	-	-	939
NBHS Close Up/DC Trip	27,527	62,555	62,745	27,337
Norton Sound Shootout	4,385	-	-	4,385
NSEDC - Outdoor Activities	-	-	-	-
NSEDC - Student Activity Travel	-	-	-	-
NYO Junior Account	3,010	-	-	3,010
Skills USA VICA	24,913	-	-	24,913
Ski Team	-	3,072	1,226	1,846
Speech & Debate Club	1,036	-	-	1,036
Spirit Committee	650	-	-	650
Student Career Exploration Trips	-	320	9,495	(9,175)
Subway Showdown	6,441	-	5,708	733
Suicide, Alcohol and/or Substance Abuse Prevention	1,500	-	1,500	-
Swim Team	895	300	-	1,195
The PRIDE Club	-	401	-	401
Varsity Cheerleading	6,710	2,730	2,656	6,784
Varsity Volleyball	42,834	14,936	17,487	40,283
Varsity Wrestling	16,653	4,751	8,560	12,844
Yearbook	-	1,600	-	1,600
Youth Dance Group	3,980	-	-	3,980
Total Middle/High School	377,241	287,248	260,961	403,528

(continued)

Nome Public Schools
(A component Unit of the City of Nome

Student Activity

Schedule of Changes in Assets and Fund Balances, Continued

	Beginning Balance	Increases	Decreases	Ending Balance
Fund balances, continued:				
Elementary school:				
NES Basketball	27	-	-	27
NES Cross Country	175	-	-	175
NES Library Club	6,745	500	2,995	4,250
NES Student Council	663	-	-	663
NES Wrestling	7,640	-	-	7,640
NES Youth Activities	2,462	-	-	2,462
Nome Elementary General Activities	4,598	-	-	4,598
SBA Breakfast	-	-	-	-
SBA Pep Rally	-	-	-	-
Ski Team	250	-	-	250
Swimming	-	-	-	-
Youth Basketball	(51)	-	3,472	(3,523)
Total Elementary School	22,509	500	6,467	16,542
Total fund balance	399,750	299,748	267,452	432,046
Total liabilities and fund balance	$ 401,587	300,909	267,452	435,044

Exhibit K-1

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

Schedule of Compliance - AS 14.17.505

June 30, 2022

Total fund balance - School Operating Fund	$	2,520,867	
less exemptions per 4 AAC 09.160(a)			
Inventory		39,430	
Prepaid items		600,084	
Federal impact aid received		30,807	
Fund Balance Subject to 10% Limitation	$	1,850,546	

Nonexempt fund balance as a percentage of current year expenditures:

Fund balance subject to limitation	1,850,546	=	13.72%
Current year expenditures	13,492,822		

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

Schedule of Expenditures of Federal Awards

Year Ended June 30, 2022

Grant Title	Grant Number	Pass through Number	Assistance Listing Number	Total Grant Award	Federal Share of Expenditures
U.S. Department of Education:					
Direct programs:					
Impact Aid	S041B220165		84.041	$ 30,807	30,807
Indian Education	S060A210518		84.060A	217,815	217,815
REAP - RLIS	S358C210020		84.358C	14,993	14,993
Passed through the State of Alaska,					
Department of Education and Early Development:					
Title II-A Consolidated Admin Pool Program		IP 22.NPSD.01	84.367	800	800
Title II-A		IP 22.NPSD.01	84.367	117,891	72,021
Total ALN 84.367				118,691	72,821
Title IV-A Consolidated Admin Pool Program		IP 22.NPSD.01	84.424	500	500
Title IV-A		IP 22.NPSD.01	84.424A	40,781	21,907
Total ALN 84.424				41,281	22,407
Special Education Cluster:					
Title VI-B IDEA		SE 22.NPSD.01	84.027	270,889	270,801
Title VI-B IDEA ARP		SE 22.NPSD.01	84.173X	58,155	3,831
Preschool Disabled Section 619		SE 22.NPSD.01	84.173	6,249	6,211
Preschool Disabled Section 619 IDEA ARP		SE 22.NPSD.01	84.173X	5,012	5,012
Total Special Education Cluster				340,305	285,855
Carl Perkins		EK 22.NPSD.01	84.048	35,812	34,435
Carl Perkins		EK 22.NPSD.01	84.048A	2,000	2,000
Total ALN 84.048				37,812	36,435
Title I-A Basic		IP 22.NPSD.01	84.010	293,596	179,473
Title I-A Basic Consolidated Admin Pool Program		IP 22.NPSD.01	84.010	41,500	41,500
School Improvement		SI 22.NPSD.01	84.010	75,100	37,823
Total ALN 84.010				410,196	258,796
COVID-19 Elementary & Secondary School Emergency Relief Fund I		ER.22.NPSD.01	84.425D	41,479	41,479
COVID-19 Elementary & Secondary School Emergency Relief Fund II		ER.22.NPSD.01	84.425D	633,919	354,738
COVID-19 Elementary & Secondary School Emergency Relief Fund III		ER.22.NPSD.01	84.425U	1,819,955	413,873
Total ALN 84.425				2,495,353	810,090
Comprehensive State Literacy Development		AL 22.NPSD.01	84.371C	170,427	39,690
Title I-C Migrant Education		IP 22.NPSD.01	84.011	615,055	332,627
Title I-C Basic Consolidated Admin Pool Program		IP 22.NPSD.01	84.011	53,222	53,222
Migrant Literacy		MB 22.NPSD.01	84.011	11,400	9,077
Total ALN 84.011				679,677	394,926
Passed through University of Alaska Fairbanks -					
TASK		G12390	84.362A	33,300	31,964
Total Department of Education				4,590,657	2,216,599
U.S. Department of the Interior -					
Passed through Kawerak, Inc. -					
Johnson O'Malley		FY22	15.130	10,530	6,736
U.S. Department of Agriculture:					
Passed through the State of Alaska,					
Department of Education and Early Development:					
Child Nutrition Cluster:					
National School Breakfast Program		03501	10.553	147,049	147,049
National School Lunch Program		03501	10.555	323,510	323,510
Emergency Operating Costs		03501	10.555	1,171	1,171
Commodity Supplemental Food Program		FY22	10.555	26,707	26,707
Supply Chain Assistance Funds		03501	10.555	19,680	19,680
Total Child Nutrition Cluster				518,117	518,117
Food Distribution Admin Fee Reimbursement		FD 21.NPSD.01	10.560	4,180	4,180
COVID-19 CNP P-EBT Admin Costs		03501	10.649	614	614
Total Department of Agriculture				522,911	522,911
Total Expenditures of Federal Awards				$ 5,124,098	2,746,246

See accompanying notes to the Schedule

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome, Alaska)

Notes to Schedule of Expenditures of Federal Awards

Year Ended June 30, 2022

Note 1. Basis of Presentation

The accompanying schedule of expenditures of federal awards (the "Schedule") includes the federal award activity of Nome Public Schools under programs of the federal government for the year ended June 30, 2022. The information in this Schedule is presented in accordance with the requirements of *Title 2 U.S. Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance)*. Because the Schedule presents only a selected portion of the operations of Nome Public Schools, it is not intended to and does not present the basic financial statements of Nome Public Schools.

Note 2. Summary of Significant Accounting Policies

Expenditures reported on the Schedule are reported on the modified accrual basis of accounting. Such expenditures are recognized following the cost principles contained in the Uniform Guidance, wherein certain types of expenditures are not allowable or are limited as to reimbursement. Negative amounts shown on the Schedule represent adjustments or credits made in the normal course of business to amounts reported as expenditures in prior years. Nome Public Schools has elected not to use the 10% de minimis indirect cost rate allowed under the Uniform Guidance.

Note 3. Non-monetary Assistance

Non-monetary assistance is reported in the schedule at fair market value of commodities received and disbursed. For the year ended June 30, 2022, the District received $26,707 in commodities.

Note 4. Passed Through Awards

No amounts were passed through to subrecipients.

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

Schedule of State Financial Assistance

Year Ended June 30, 2022

Grant Title	Grant Number	Grant Award	Eligible Expenditures
State of Alaska, Department of Education and Early Development:			
Direct:			
# Foundation	None	$ 8,828,694	8,828,694
Quality Schools	None	27,390	27,390
Student Transportation	None	456,602	456,602
NBHS Partial Roof Replacement	GR-19-018	1,556,442	5,796
Dividend Raffle Funds	None	2,907	2,907
Broadband Assistance	None	27,984	27,984
Total Department of Education and Early Development		10,900,019	9,349,373
Alaska Housing Finance Corporation -			
Direct -			
Nome Teacher VPSO Housing	THP-20-NPS-1	500,000	16,470
Total state financial assistance		$ 12,471,433	9,365,843

See accompanying notes to schedule.

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome, Alaska)

Notes to Schedule of State Financial Assistance

Year Ended June 30, 2022

Note 1. Basis of Presentation

The accompanying schedule of state financial assistance (the "Schedule") includes the state award activity of Nome Public Schools under programs of the State of Alaska for the year ended June 30, 2022. The information in this Schedule is presented in accordance with the requirements of the *State of Alaska Audit Guide and Compliance Supplement for State Single Audits*. Because the Schedule presents only a selected portion of the operations of Nome Public Schools, it is not intended to and does not present the basic financial statements of Nome Public Schools.

Note 2. Summary of Significant Accounting Policies

Expenditures reported on the Schedule are reported on the modified accrual basis of accounting, which is described in Note I to the District's basic financial statements.

Note 3. Subrecipients

No state funds were passed through to Subrecipients.

Note 4. Major Programs

# denotes a major program for compliance audit purposes.

Note 5. Reconciliation of State Expenditures to the Financial Statements

The following programs are reported as Intergovernmental-State of Alaska revenues, however are not subject to compliance in accordance with the *State of Alaska Audit Guide and Compliance Supplement for State Single Audits*:

Total Schedule of State Financial Assistance	$ 9,365,843
PERS On-Behalf	110,375
TRS On-Behalf	805,842
Total State Financial Assistance	$ 10,282,060

COMPLIANCE SECTION

Altman, Rogers & Co. CERTIFIED PUBLIC ACCOUNTANTS

Report on Internal Control over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with *Government Auditing Standards*

Independent Auditor's Report

Members of the School Board
Nome Public Schools
Nome, Alaska

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of the governmental activities, each major fund, and the aggregate remaining fund information of Nome Public Schools, a component unit of the City of Nome, Alaska, as of and for the year ended June 30, 2022, and the related notes to the financial statements, which collectively comprise Nome Public Schools' basic financial statements, and have issued our report thereon dated November 7, 2022.

Report on Internal Control over Financial Reporting

In planning and performing our audit of the financial statements, we considered Nome Public Schools' internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinions on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of Nome Public Schools' internal control. Accordingly, we do not express an opinion on the effectiveness of Nome Public Schools' internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

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Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses or significant deficiencies may exist that were not identified.

Report on Compliance and Other Matters

As part of obtaining reasonable assurance about whether Nome Public Schools' financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the entity's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Altman, Rogers & Co.

Anchorage, Alaska
November 7, 2022

Altman, Rogers & Co. CERTIFIED PUBLIC ACCOUNTANTS

Report on Compliance for Each Major Federal Program and Report on Internal Control Over Compliance Required by *the Uniform Guidance*

Independent Auditor's Report

Members of the School Board
Nome Public Schools
Nome, Alaska

Report on Compliance for Each Major Federal Program

Opinion on Each Major Federal Program

We have audited Nome Public Schools' compliance with the types of compliance requirements identified as subject to audit in the *OMB Compliance Supplement* that could have a direct and material effect on each of Nome Public Schools' major federal programs for the year ended June 30, 2022. Nome Public Schools' major federal programs are identified in the summary of auditor's results section of the accompanying Federal Schedule of Findings and Questioned costs.

In our opinion, Nome Public Schools complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended June 30, 2022.

Basis for Opinion on Each Major Federal Program

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America (GAAS); the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States (Government Auditing Standards); and the audit requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Our responsibilities under those standards and the Uniform Guidance are further described in the Auditor's Responsibilities for the Audit of Compliance section of our report.

We are required to be independent of Nome Public Schools and to meet our other ethical responsibilities, in accordance with relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion on compliance for each major federal program. Our audit does not provide a legal determination of Nome Public Schools' compliance with the compliance requirements referred to above.

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Responsibilities of Management for Compliance

Management is responsible for compliance with the requirements referred to above and for the design, implementation, and maintenance of effective internal control over compliance with the requirements of laws, statutes, regulations, rules, and provisions of contracts or grant agreements applicable to Nome Public Schools' federal programs.

Auditor's Responsibilities for the Audit of Compliance

Our objectives are to obtain reasonable assurance about whether material noncompliance with the compliance requirements referred to above occurred, whether due to fraud or error, and express an opinion on Nome Public Schools' compliance based on our audit. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards, *Government Auditing Standards*, and the Uniform Guidance will always detect material noncompliance when it exists. The risk of not detecting material noncompliance resulting from fraud is higher than for that resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Noncompliance with the compliance requirements referred to above is considered material if there is a substantial likelihood that, individually or in the aggregate, it would influence the judgment made by a reasonable user of the report on compliance about Nome Public Schools' compliance with the requirements of each major federal program as a whole.

In performing an audit in accordance with generally accepted auditing standards, *Government Auditing Standards*, and the Uniform Guidance, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material noncompliance, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding Nome Public Schools' compliance with the compliance requirements referred to above and performing such other procedures as we considered necessary in the circumstances.
- Obtain an understanding of Nome Public Schools' internal control over compliance relevant to the audit in order to design audit procedures that are appropriate in the circumstances and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of Nome Public Schools' internal control over compliance. Accordingly, no such opinion is expressed.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and any significant deficiencies and material weaknesses in internal control over compliance that we identified during the audit.

Members of the School Board
Nome Public Schools

Report on Internal Control over Compliance

A *deficiency in internal control over compliance* exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A *material weakness in internal control over compliance* is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described Auditor's Responsibilities for the Audit of Compliance section above and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies in internal control over compliance. Given these limitations, during our audit we did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above. However, material weaknesses or significant deficiencies in internal control over compliance may exist that were not identified.

Our audit was not designed for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, no such opinion is expressed.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

Altman, Rogers & Co.

Anchorage, Alaska
November 7, 2022

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome, Alaska)

Federal Schedule of Findings and Questioned Costs

Year Ended June 30, 2022

Section I – Summary of Auditor's Results

Financial Statements

Type of report the auditor issued on whether the financial statements audited were prepared in accordance with GAAP:	*Unmodified*			
Is a going concern emphasis-of-matter paragraph included in the audit report?	____	Yes	X	No
Internal control over financial reporting:				
Material weakness identified?	____	Yes	X	No
Significant deficiency identified?	____	Yes	X	None reported
Noncompliance material to the financial statements noted?	____	Yes	X	No

Federal Awards

Internal control over major federal programs (2 CFR 200.516(a)(1)):				
Material weakness identified?	____	Yes	X	No
Significant deficiency identified?	____	Yes	X	None reported
Any material noncompliance with provisions of laws, regulations, contracts, or grant agreements related to a major program (2 CFR 200.516(a)(2))?	____	Yes	X	No
Type of auditor's report issued on compliance for major federal programs:	*Unmodified*			
Any audit findings disclosed that are required to be reported in accordance with Uniform Guidance, 2 CFR 200.516(a)(3) or (4)?	____	Yes	X	No

Identification of major programs:

Assistance Listing Number(s)	Name of Federal Program or Cluster
84.425	Education Stabilization Fund

Dollar threshold used to distinguish between Type A and Type B programs:	$ 750,000			
Auditee qualified as low-risk auditee?	X	Yes	_____	No

Section II – Financial Statement Findings

Nome Public Schools did not have any findings that relate to the financial statements.

Section III – Federal Award Findings

Nome Public Schools did not have any findings that relate to the federal awards.

Altman, Rogers & Co. CERTIFIED PUBLIC ACCOUNTANTS

Report on Compliance For Each Major State Program and Report on Internal Control Over Compliance Required by the *State of Alaska Audit Guide and Compliance Supplement for State Single Audits*

Independent Auditor's Report

Members of the School Board
Nome Public Schools
Nome, Alaska

Report on Compliance for Each Major State Program

Opinion on Each Major State Program

We have audited Nome Public Schools' compliance with the types of compliance requirements identified as subject to audit in the *State of Alaska Audit Guide and Compliance Supplements* that could have a direct and material effect on each of Nome Public Schools' major state programs for the year ended June 30, 2022. Nome Public Schools' major state programs are identified in the accompanying Schedule of State Financial Assistance.

In our opinion, Nome Public Schools complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major state programs for the year ended June 30, 2022.

Basis for Opinion on Each Major State Program

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America (GAAS); the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States (Government Auditing Standards); and the audit requirements in the *State of Alaska Audit Guide*. Our responsibilities under those standards and the *State of Alaska Audit Guide* are further described in the Auditor's Responsibilities for the Audit of Compliance section of our report.

We are required to be independent of Nome Public Schools and to meet our other ethical responsibilities, in accordance with relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion on compliance for each major state program. Our audit does not provide a legal determination of Nome Public Schools' compliance with the compliance requirements referred to above.

Responsibilities of Management for Compliance

Management is responsible for compliance with the requirements referred to above and for the design, implementation, and maintenance of effective internal control over compliance with the requirements of laws, statutes, regulations, rules and provisions of contracts or grant agreements applicable to Nome Public Schools' state programs.

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Offices in Juneau and Soldotna A Professional Corporation

Auditor's Responsibilities for the Audit of Compliance

Our objectives are to obtain reasonable assurance about whether material noncompliance with the compliance requirements referred to above occurred, whether due to fraud or error, and express an opinion on Nome Public Schools' compliance based on our audit. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS, *Government Auditing Standards*, and *State of Alaska Audit Guide* requirements will always detect material noncompliance when it exists. The risk of not detecting material noncompliance resulting from fraud is higher than for that resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Noncompliance with the compliance requirements referred to above is considered material, if there is a substantial likelihood that, individually or in the aggregate, it would influence the judgment made by a reasonable user of the report on compliance about Nome Public Schools' compliance with the requirements of each major state program as a whole.

In performing an audit in accordance with GAAS, *Government Auditing Standards*, and the *State of Alaska Audit Guide*, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material noncompliance, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding Nome Public Schools' compliance with the compliance requirements referred to above and performing such other procedures as we considered necessary in the circumstances.
- Obtain an understanding of Nome Public Schools' internal control over compliance relevant to the audit in order to design audit procedures that are appropriate in the circumstances and to test and report on internal control over compliance in accordance with the State of Alaska requirements, but not for the purpose of expressing an opinion on the effectiveness of Nome Public Schools' internal control over compliance. Accordingly, no such opinion is expressed.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and any significant deficiencies and material weaknesses in internal control over compliance that we identified during the audit.

Report on Internal Control Over Compliance

A *deficiency in internal control over compliance* exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a state program on a timely basis. A *material weakness in internal control over compliance* is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a state program will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a state program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Members of the School Board
Nome Public Schools

Our consideration of internal control over compliance was for the limited purpose described in the Auditor's Responsibilities for the Audit of Compliance section above and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies in internal control over compliance. Given these limitations, during our audit we did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above. However, material weaknesses or significant deficiencies in internal control over compliance may exist that were not identified.

Our audit was not designed for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, no such opinion is expressed.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the State of Alaska. Accordingly, this report is not suitable for any other purpose.

Altman, Rogers & Co.

Anchorage, Alaska
November 7, 2022

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

State Schedule of Findings and Questioned Costs

Year Ended June 30, 2022

Section I – Summary of Auditor's Results

Financial Statements

Type of auditor's report issued:	*Unmodified*			
Internal control over financial reporting:				
Material weakness identified?	____	Yes	X	No
Significant deficiency identified?	____	Yes	X	None reported
Noncompliance material to the financial statements noted?	____	Yes	X	No

State Awards

Internal control over major programs:				
Material weakness identified?	____	Yes	X	No
Significant deficiency identified?	____	Yes	X	None reported
Type of auditor's report issued on compliance for major programs:	*Unmodified*			
Dollar threshold used to distinguish between Type A and Type B programs:	$ 750,000			
Auditee qualified as low-risk auditee?	X	Yes	____	No

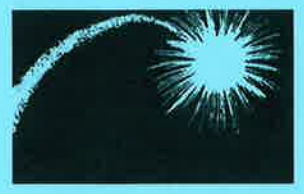
Section II – Financial Statement Findings

Nome Public Schools did not have any findings related to the financial statements.

Section III – State Award Findings and Questioned Costs

Nome Public Schools did not have any findings related to state awards.

Middle School FLASH



Grades 6-8

2nd Edition

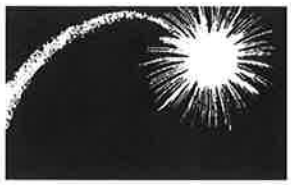
Authors

Andrea Gerber, Lead Author
Kari Kesler, Lead Author
Mo Lewis
Rebecca Milliman
Becky Reitzes

Public Health
Seattle & King County

Printed in March 2022

Middle School FLASH



Grades 6-8

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Seattle & King County

Printed in March 2022

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About the Authors

FLASH is created and owned by the Family Planning Program of Public Health - Seattle & King County. The Public Health Family Planning Health Education team partners with communities, schools and other Public Health programs to implement science- and evidence-based interventions that reduce unintended pregnancy, teen pregnancy, STD rates and sexual violence. In addition to publishing FLASH, they provide training for local and national audiences on best practices in the reproductive health field and ensure access to family planning clinical services in King County.

Andrea Gerber, MS Ed has been a Family Planning Health Educator with Public Health – Seattle & King County for over 20 years. Andrea's work has focused on improving reproductive and sexual health outcomes through direct education, training, and improving access to clinical services. She has delivered sexual health education lessons in elementary, middle and high school classrooms, and is a co-author of the most recent edition of Washington State's HIV prevention curriculum.

Kari Kesler, MA has been a Family Planning Health Educator with Public Health – Seattle & King County for over 10 years. Kari has also worked as a sexual violence prevention educator and as a college instructor. She has designed and led projects designed to lower teen pregnancy, STD and HIV rates in various communities. Kari has delivered sexual health education lessons in elementary, middle and high school classrooms and is a co-author of the redesigned KNOW curriculum, Washington State's HIV prevention curriculum.

Mo Lewis is the Prevention Specialist at the National Sexual Violence Resource Center, is the co-founder of the Violence Prevention Coalition in King County and is a co-author of the High School FLASH curriculum. Mo holds a degree from the University of Washington and has worked in the field of sexual assault prevention for 9 years. Before shifting to sexual violence prevention, Mo worked in the field of HIV prevention with a particular focus on youth empowerment within the LGBTQ community.

Rebecca Milliman, MSW is the Prevention and Education Coordinator at the Harborview Center for Sexual Assault and Traumatic Stress in Seattle, WA. She works with youth and adults to prevent sexual assault, promote healthy relationships, and create safer communities. Rebecca is a co-founder of the Violence Prevention Coalition and a co-author of the High School FLASH curriculum. Rebecca received a B.A. in Sociology from the University of Virginia and a Master of Social Work from the University of Washington.

Becky Reitzes, MA has been a Family Planning Health Educator with Public Health – Seattle & King County since 2001, where she has worked to institutionalize sexual health education and reduce teen pregnancy and STD rates across King County. Becky has over 15 years of experience in providing professional trainings, conducting community outreach and in developing culturally relevant materials and curricula. She has delivered sexual health education lessons in elementary, middle and high school classrooms and is a co-author of the redesigned KNOW curriculum, Washington State's HIV prevention curriculum.

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7/8 FLASH
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Acknowledgements

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Students and staff in these school districts: Bellevue, Federal Way, Highline, Kent, Montesano, Seattle, Tahoma, Vashon Island (Washington), Portland, Vernonia (Oregon) and at Bellarmine Preparatory School of Tacoma

Medical Review

The following physicians provided medical review for the 2nd edition of Middle School FLASH. Medical reviewers for previous editions of FLASH can be found under Acknowledgements.

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Contact Us

FLASH is available in both an online and hard copy format.

To purchase FLASH licenses for online access, printed FLASH binders, or remote FLASH training:
https://flash.braincert.com

For questions about the curriculum, ordering, or training:
FLASH@kingcounty.gov

To download free FLASH lessons at the elementary and special education levels:
www.kingcounty.gov/health/health

Funding

Funding for various aspects of the curriculum has been provided over the years by Public Health – Seattle & King, Washington State Department of Health Family Planning Grant and U.S. Department of Health and Human Services Grant # 2 FPHPA 100029 and by private foundations.

Funding for translation of the Middle School FLASH Family Homework was previously provided by Center for Health Training with funding from Mathematica Policy Research, Inc. under contract to the U.S. Department of Health and Human Services (DHHS), Administration for Children and Families (ACF), Family and Youth Services Bureau, with the support of the DHHS ACF Office of Planning, Research, and Evaluation.

What's New in the 2nd Edition?

Middle School FLASH has been redesigned to make it more teacher-friendly and to better achieve the goals of the curriculum:

- Preventing teen pregnancy
- Preventing STDs including HIV
- Preventing sexual violence
- Improving family communication
- Increasing knowledge about sexual and reproductive health

Standards
The 2nd edition of Middle School FLASH has been aligned to the CDC's National Health Education Standards for Sexual Health (HECAT) and the National Sexuality Education Standards. Each lesson lists the standards that are covered in that lesson. A curriculum alignment grid is provided for both sets of standards.

Assessments
Each lesson now contains assessments based on the standards it is aligned to. Additionally, each lesson concludes with an exit ticket activity, for on the spot assessment of material covered that day.

Layout
The lessons now begin with a brief summary, so teachers can see at a glance what the lesson covers. Additionally, a timed table of activities is provided on the first page, to assist teachers in staying on track and help them easily see where the bulk of the time on each activity is dedicated. Teacher scripting has been clearly demarcated from lesson instructions, to make the lessons easier to follow. In the online version, scripting can be hid completely for teachers who are experienced users of the lesson.

Number of Lessons
This new curriculum is designed to be more easily implemented in middle schools in its entirety. The 2nd edition contains seven lessons, so that it can easily be implemented in less than two weeks in a classroom setting. For those who are able to dedicate more instructional time to this important topic area, additional lessons will be released in the future.

Curriculum Contents

Introduction and Credits

Lesson Plans

1. Reproductive System and Pregnancy
2. Sexual Orientation and Gender Identity
3. Rules of Dating
4. Saying No
5. Preventing STDs
6. Condoms to Prevent HIV and Other STDs
7. Birth Control Methods

Appendices

1. Letters to Families Introducing Middle School FLASH
2. Laws Relevant to a Sexual Health Unit
3. Recognizing and Reporting Sexual Abuse and Assault
4. Guidance for Utilizing Guest Speakers

Goals & Philosophy of FLASH

The FLASH curriculum is designed to prevent teen pregnancy, STDs and sexual violence, increase family communication, and improve young people's knowledge about sexual and reproductive health. FLASH is a comprehensive curriculum, emphasizing abstinence, condoms and birth control to prevent pregnancy and STDs. FLASH lessons prepare students to:

- Successfully navigate puberty
- Abstain from sex
- Use condoms and birth control when they do have sex
- Confirm consent before engaging in sexual activity
- Report sexual abuse
- Communicate with their family about sexual health
- Make decisions that minimize risk to their sexual health
- Seek medical care in order to take care of their reproductive health

Theoretical Basis for FLASH

The FLASH curriculum is based on the Theory of Planned Behavior. It is designed to support young people in making healthy choices: abstain from sex, use protection when they do have sex, seek health care when they need it, communicate effectively with their families, and respect other's decisions not to have sex.

The Theory of Planned Behavior posits that the combination of attitudes toward behavior, subjective norms, and self-efficacy shape an individual's behaviors. As such, FLASH includes a variety of strategies designed to create positive attitudes, beliefs and norms and to build skills and self-efficacy in order to reduce rates of pregnancy, STDs and sexual violence.

- There are activities that focus on building positive attitudes about abstinence, condoms and birth control
- There are activities that focus on building positive peer norms about abstinence, condoms, birth control and respecting other's decisions no to have sex
- There are activities that focus on building self-efficacy, by teaching skills and offering ample and appropriately scaffolded practice, so that students can have the experience of successfully using the new skill.

The sexual violence prevention lessons are further based on the Social-Ecological Model and the Confluence Model. The Social Ecological Model addresses factors at the (1) individual, (2) relationship, (3) community and (4) society levels that put people at risk of experiencing violence as a victim or perpetrator. FLASH focuses primarily on the levels 2, 3 and 4. The use of scenarios, introspective work and social norm re-setting addresses these levels. Visit the CDC's Violence Prevention website for more information.

The Confluence Model of Sexual Aggression has long been used to explain sexual violence, but has only recently begun to be applied in the realm of prevention. This model posits that adverse developmental experiences during childhood have a detrimental impact on the ways in which individuals view themselves and others, and their ability to form meaningful and healthy relationships. In particular, these experiences can lead to a rigid, violent and objectifying view of women, which is a significant risk factor for perpetrating sexual violence (CDC). FLASH addresses this risk factor by focusing heavily on increasing respect for all genders and breaking down harmful gender stereotypes.

Recommended Policy, Procedure & Practice

TEACH ACCURATE INFORMATION
Sexual health education instruction should be medically and scientifically accurate. Sources of reliable information include government agencies (e.g., the U.S. Centers for Disease Control and Prevention, your state or local health department), major universities, and the peer-reviewed journals and websites of major national professional associations. Materials should be reviewed for accuracy on a regular basis as science continually evolves.

TEACH AGE APPROPRIATE CONTENT
Sexual health education instruction should be age appropriate and should anticipate students' growth and development. Content and skills should be taught before students will need them in their own lives, when possible. There is no risk that introducing material before students are sexually active will hasten their sexual debut. The American Academy of Pediatrics reports that "There is no evidence that increased sexual knowledge…affects the likelihood of adolescents having sexual intercourse at a younger age."[1]

TEACH IN WAYS THAT INCLUDE EVERY CHILD
In sexual health education it's crucial to validate and affirm every student with conscious regard for the probable diversity in the room including aspects of diversity that may not be readily apparent. Students will be much more able to personalize health information and acquire new skills if they feel seen and respected for their genders and gender identities, races and ethnicities, abilities and disabilities, sexual orientations, and varying body types.

TEACH IN THE USUAL CO-ED SETTING
Teaching sexual health education in co-ed classrooms has many advantages. It ensures that all students are receiving the same information, in the same way, thus decreasing any sense of secrecy associated with these topics. The experience of respectful discussion in a co-ed classroom cuts down on disrespectful communication between genders when students have less supervision, such as in hallways, recess, cafeteria, and outside of school etc. It prepares all students to communicate about sexual health related topics with a future partner, regardless of their gender. It supports sexual violence prevention by not creating false distinctions between men and women. And finally, it does not place an undue burden on gender variant and transgender children to choose a classroom to affiliate themselves with.

PREVIEW VISUAL AIDS
It's important to preview any YouTube or other films before showing them in class. Previewing is important regardless of a film's subject matter, both to ensure teachers are familiar with the

content and to address any technological difficulties.

TEACH COMPREHENSIVELY
The most effective sexual health education programs take a comprehensive approach, teaching about abstinence, birth control and condoms. The FLASH curriculum reinforces the national norm that the majority of teens do, in fact, abstain from intercourse. It teaches the refusal skills needed to effectively use abstinence. The FLASH curriculum also teaches the benefits of birth control, including condoms. It teaches skills needed to use birth control effectively, including condom use skills and skills in accessing health care. It promotes positive attitudes and positive peer norms about birth control, condoms and abstinence.

DISPLAY BIRTH CONTROL METHODS
Best practice in middle and high school is to show and handle the actual birth control methods, including condoms, in order to model your comfort with them. In middle school, people need to learn the steps for correct condom use. In high school, students should practice doing those steps in class. Students in both middle and high school should be allowed to handle other birth control methods.

PROMOTE A SUPPORTIVE CLASSROOM ENVIRONMENT
Best practice is to establish in the beginning of a semester that the learning community will be harassment-free. Students can better learn this sensitive material in a safe and supportive environment. Every class has students who have experienced sexual abuse or rape, as well as students who have suffered other traumas related to their sexuality. The sexual health education classroom must not be a site of further trauma. It is important to treat bullying that is based on gender, sexual orientation, or gender identity with similar gravity and consequences as you would any other bullying.

PARTNER WITH FAMILIES
Families are children's first and most important sexuality educators. Research has shown that when parents value delaying sex and using contraception and when they communicate with their child about sexuality openly and comfortably, the child is less likely to take sexual risks. Hence, one of the goals of the FLASH curriculum is to foster increased communication between students and their families about dating, relationships, and sexual health. Families should also receive adequate notice in advance of the sexual health unit so that they can preview materials, ask any questions they have, and choose whether or not their child will participate. Parents who have concerns should be invited to silently observe a class in which their child is not participating.

EXCUSE STUDENTS
In many states, families have the right to excuse their child from planned sexual health lessons. FLASH considers that best practice. Families who choose to have their student excused can be offered FLASH lessons and Family Homework activities to use at home if they wish. Best practice is for teachers to handle the student's leaving class in a discreet and respectful way and to give them meaningful alternative work to do elsewhere.

ANSWER ALL QUESTIONS
It's the philosophy of the FLASH curriculum that every student's question deserves an accurate, age-appropriate answer. Sometimes students ask questions in crude or shocking ways out of anxiety, peer pressure or to testing limits. Treating all questions seriously changes the climate quickly to a more mature one. Guidelines for handling questions follow in this Introduction.

PROTECT STUDENTS' PRIVACY & SEEK HELP WHEN APPROPRIATE
It is important to keep student disclosures and personal information confidential within legal boundaries. Never reveal one student's private information to another student. Talk with another staff person only in private and only when necessary. If students disclose information that requires a report to Child Protective Services, afford the student as much control as possible. Invite the student to do the telling themselves, if they prefer, with the teacher present for support and to ensure that it happens. Disclose only what is necessary.

Getting Prepared

TRAINING
The FLASH curriculum is written to be as user-friendly as possible, and training is not required. Nevertheless, teachers consistently report that they find FLASH training extremely useful. Professional training enables participants to practice and refine skills under the guidance of professional sexual health educators, increasing their skill and confidence delivering the curriculum and answering student question. For questions about training, please contact FLASH@kingcounty.gov.

SEXUAL HEALTH EDUCATION LAWS
It is important to follow all policy governing sexual health education, including state laws, State Department of Education guidelines, and local School Board policy. Be aware that current practices are sometimes based on "the way things are done" rather than policy or law, and may require further discussion among staff and administration. For more information about relevant laws, see Appendix 2.

Partnering with Your Administrator

It is best practice to involve building administrators prior to teaching the FLASH unit. The principal must be informed about the unit in order to respond to parents' questions and concerns. Discuss the course content, materials, activities, parent communication, outside speakers (if used), and question answering protocols with your building principal.

Partnering with Families

Helping Families Decide If Their Child Should Participate

Every family wants the best for their child. It is important to understand their questions and concerns to help address them.

- Are they worried that their child will be embarrassed or that there will be a lot of teasing and harassment as a result of these lessons?
- Is their primary concern that their family's conservative or progressive values might be disrespected? Are they from a culture or a religious tradition with values very different from those they see in mainstream media?

- Do they fear that participating might encourage their child to have sex sooner than she or he otherwise would have?
- Are they afraid that their child's sexual assault experience or her having had an abortion will make the class difficult for him or her? Is their child gay and they worry he'll feel invisible in this unit? Is she adopted and they want her not to feel disrespected for that? Does their child have a medical condition or surgery that they worry classmates will learn about?

Families need to feel heard and understood. Reflect back what you hear and ask clarifying questions. But, most important: the clearer you can be about what they're worrying about, the easier it will be to offer a helpful response.

If part of their concern is the content or tone of the lessons, offer them a chance to look at the lesson plans. Make copies of the lessons for them or make the curriculum available in the office for them to read.

If part of their concern is how you will handle values, explain the use of the FLASH Values Question Protocol. The wide range of beliefs about non-universal values will be respected and acknowledged. Students will always be encouraged to find out what their families believe about these issues. The teacher will never share their own values about these topics with the class. Universal values will be reinforced (e.g. forcing someone to have sex is wrong, etc.)

If part of their concern is their child's emotional safety, you might describe how you go about establishing ground rules. Explain that you revisit them as often as necessary and that your top priority is that your students feel recognized and unafraid.

If part of their concern is whether their child is ready, it may help them to realize that many students already have acquired a lot of misinformation and disrespectful modeling from peers and from the media. Explain that your class will work to replace misinformation with accurate content and disrespectful attitudes with respect. Make sure they know that researchers have found that programs similar to FLASH can actually help teens abstain longer and use better protection later on. But also be clear that you'll respect their decision if they choose to waive their child's participation.

If one topic in particular is of concern to them, you can invite them to waive their child from that lesson instead of the whole unit.

The bottom line is that students and their families are the best judges of what is best for them.

SUPPORTING FAMILY COMMUNICATION

FLASH will be far more effective in reducing teen pregnancy, STDs, and sexual assault among your students if their families communicate about these issues at home while you teach about them in school.

FAMILY HOMEWORK

FLASH provides ten-minute homework assignments that encourage communication, particularly regarding the adult's and the child's personal feelings and beliefs, and those of their cultures and religions. When you use these Family Homework assignments, please follow these guidelines:

a. Explain that the student can do the assignment with an adult family member, or someone who is like family (e.g. guardian, foster parent, etc.)

b. Always offer an alternative Individual Homework assignment for students who may not be able to talk with an adult in the family or whose family prefers not to do Family Homework. The same credit should be available for either kind of assignment, so that nobody gets punished for not completing Family Homework.

c. Never ask students to report on the content of these conversations - only that they did talk. To ask about a student's or family's beliefs or feelings would violate their privacy. The child gets credit just for having talked with a trusted adult.

REFER HOME
When issues arise in the classroom where there's diversity of opinion, always use the FLASH Values Question Protocol (explained in detail in this introduction). On occasions when you don't have time to use the whole protocol, such as when the bell is about to ring, remember to refer students to their families.

Teaching the Unit

FLASH is designed to be teacher friendly. It does not require many outside materials or much advance preparation. Ample teacher scripting is provided to support delivery of new lessons and activities. The first page of each lesson plan includes a timed agenda. Most lessons offer italicized scripts, not to lock you into our language, but as a tool to translate into your own words as needed. If you access Middle School or High School FLASH online, this italicized script can be hidden once you are familiar with the lesson, if you prefer.

The following best practice guidelines in the teaching of sexual health education will provide additional support for teachers:

- Use medical terminology, except when reading a student question that contains slang. Follow the guidance provided later in the introduction for answering student questions that contain slang. Model comfort and ease with medical words for body parts.

- Promote positive attitudes and beliefs about abstinence, condoms, and all birth control methods. Don't let your personal beliefs and values influence your positive portrayal of these important topics.

- Teach inclusively. Make sure your language and examples represent the diversity of young people in your school, including gay, lesbian, bisexual and transgender young people, teens who are and who are not yet sexually active, students with disabilities, students who have experienced trauma, etc.

- Teach with a kind and matter of fact tone. It's important not to joke about or trivialize sexual health education. However, it is also not helpful to be stern or overly serious. A matter of fact tone, coupled with kind and supportive words, will put students at ease and help them learn.

- Teach as if an administrator or parent were in the room. In other words, there are no secrets – never say or do anything you wouldn't be proud to find on the internet.

Making Referrals

There are times you will need to refer students for services that aren't within your scope of practice. It's important to know ahead of time if minor's can consent for their own care in your state, or what the age restrictions are. School nurses are often great resources for learning about youth-friendly, non-biased services that exist in your community. There are several lessons in both Middle School and High School FLASH that offer additional guidance on offering appropriate referrals, as well as a template for creating your own local sexual health resource sheet, or a generic national resource sheet that can be used instead.

PREGNANCY
You may need to refer a student for a pregnancy test or for services related to an existent pregnancy. The most appropriate referral is usually to a family planning clinic. They can perform a pregnancy test and can make additional referrals if a student is pregnant. Remember that when referring a student to any community-based provider, not just those that are pregnancy-related, only offer resources that give complete, unambiguous answers over the phone regarding their missions, services, funding and what they will or will not refer for. Most legitimate family planning clinics in the U.S. receive Title X ("Title Ten") federal funding. These clinics provide the full range of FDA-approved contraceptives. They also provide unbiased pregnancy options counseling and referral for all legal options.

To find a Family Planning clinic in your area, call the National Women's Health Information Center (1-800-994-9662 or go to http://www.hhs.gov/opa/title-x-family-planning/initiatives-and-resources/title-x-grantees-list/), a service of the U.S. Department of Health and Human Services.

SEXUAL ORIENTATION & GENDER IDENTITY
There is no reason to believe that a student needs a mental health referral simply because they are lesbian, gay, bisexual or transgender (LGBT). Being LGBT is not a pathology and does not require treatment. However, if a student is struggling with their sexual orientation or gender identity, or if an LGBT student needs mental health counseling about a different issue, it is important that they receive a referral to a professional who is qualified to work with them.

The American Psychological Association "advises that parents, guardians, young people and their families avoid sexual orientation treatments that portray homosexuality as a mental illness or developmental disorder and instead seek psychotherapy, social support and educational services that provide accurate information on sexual orientation and sexuality, increase family and school support and reduce rejection of sexual minority youth."[2] For solid advice on this subject, see *Just the Facts about Sexual Orientation and Youth: A Primer for Principals, Educators and School Personnel* at: www.apa.org/pi/lgbt/resources/just-the-facts.pdf. To find a reputable provider in your area, check with a local LGBT agency, PFLAG chapter, or university mental health clinic.

Answering Students' Questions

The surest way to meet students where they are developmentally is to make time for them to ask questions and to honor them with answers.

In this section, we will discuss the place of values in the classroom and offer a model for addressing value-laden questions, called the FLASH Values Question Protocol. We will also discuss strategies for addressing other questions students ask, including questions containing slang, personal questions, and questions about sexual technique.

The Place of Values in the Classroom

It's neither possible nor desirable to provide value-free education. Every moment someone spends in the classroom they are communicating some of what they believe about sexuality. When a teacher talks about their students' families, when they talk about their own family, when they intervene in sexual bullying, all of these things communicate values.

FLASH is not value-free. But those who work in public schools need to distinguish between two different *types* of values. They need to be handled differently.

There are some values that are relatively universal. These are values shared by 95% of families in public schools. They are values teachers aren't only *permitted* to express; they are obligated to reinforce them.

There are other values that are not universal. These need to be answered with care to avoid hurting or offending a child and their family.

Relatively universal values include such things as:
- Forcing someone to have sex with you is wrong.
- Knowingly spreading disease is wrong.
- Taking care of your reproductive health is important.
- Sex between children and adults is wrong.
- Elementary school-aged children should not have sex.

Values that are not universal - those without consensus in the United States – are ones where a teacher should NEVER teach or express a particular belief. But that doesn't mean these topics should be avoided altogether. The teacher's role is to provide information on these matters and to facilitate respectful discussion about them.

Examples of non-universal issues where there is a wide range of values in the community include:
- Abortion
- Birth control
- Masturbation
- Sex outside of marriage
- Cohabitation
- At what age & under what circumstances it's ok to start having sex

Parents and guardians, unlike teachers, should feel free to ask their children about their feelings and beliefs and to share their own with their children. In fact, this sort of dialogue within families is very important. Children need a chance at home to explore feelings and beliefs with adults they love, just as they need a chance to learn factual information and to have universal, community values reinforced at school. Employees of public schools and other public agencies,

unlike family members, have an ethical obligation not to share their personal beliefs in these non-universal arenas; and not to side with one family or one religious perspective.

Just because it's inappropriate in a public school setting to teach *particular* non-universal values doesn't mean one can't teach *about* the issues. It just means that it must be done with respect for the diversity of opinion within the community. For example, a teacher may discuss abortion - what it is, where abortions are performed, the fact that it is legal in the United States - but it is not appropriate for that teacher to share their beliefs about the rightness or wrongness of abortion.

When answering a question about an issue where there is diversity of opinion, utilize the FLASH Values Question Protocol that follows.

FLASH Values Question Protocol

1. **Listen to the question or read it aloud verbatim.**
2. **Validate the question.**
3. **Identify it as a belief question.**
4. **Answer the factual part, if there is one.**
5. **Help the class describe the community's range of beliefs.**
6. **Refer to family, clergy and other trusted adults.**

Example:
Q: *"What do you believe about masturbation?"*
A: *"That's an interesting question; a lot of kids wonder about masturbation. This is not a fact question like most of the ones you've been asking me. It's one where families might believe different things. I can tell you what masturbation is. It's when a person touches their genitals for pleasure. What kinds of beliefs have you heard about masturbation? Some people believe … [pause] Uh, huh, and some people believe … [pause, listen, nod] Some people believe … [pause]. So the point is: there are lots of different perspectives about masturbation. Only your family can tell you what they believe about it. It would be a good idea for you to talk with someone in your family, and ask them what their beliefs are.*

You will eventually tailor your use of the protocol, only using *every* step the first time a topic comes up. It's important to practice the protocol step by step until it becomes a natural part of teaching.

Read the question:
Read it verbatim, if you can. Use your judgment, of course, but even reading aloud relatively crude language - as long as you do it with a matter of fact tone and facial expression - conveys your respect for the child who asked the question. It is likely to promote respect in return. Sometimes students need, for social status' sake or out of embarrassment, to ask in ways that seem intended to challenge teachers even though the underlying question is completely legitimate and they have a serious need for an answer. Even when they don't, someone else in the class may. And if not, taking the question seriously will still set a vitally important tone. More information about questions containing slang can be found in the section titled "Other Types of Questions."

Validate the question:
"I am glad someone asked this one." Or *"That's an interesting question." Or "People ask this every year." Or "This one is really compassionate/respectful/thoughtful."*
This will encourage your students to keep asking while also discouraging snide remarks about whoever asked that particular question.

Identify it as a belief question:
"Most of the questions you've been asking have been 'fact questions' where I could look up an answer that all the experts agree upon. This one is more of a 'value question' where different families may have different beliefs."
Teaching your students to distinguish facts from opinions is at least as important as any content you will convey.

Answer the factual part, if there is one:
"Before we get to differing beliefs about masturbation, let me just make sure you know it doesn't cause people to go blind or mentally ill or to grow hair on their palms or anything like that."
Even if the question is about the rightness or wrongness of masturbation, you need to make sure that your class understands what it is and that - values notwithstanding - no physical harm results from masturbating.

Some questions that are apparently fact questions may need a discussion of the underlying values, but always start by answering them:
"Can girls masturbate?" "This is a common question. Masturbation is when someone touches their own genitals for pleasure. Both boys and girls are able to masturbate. People do have different ideas, though, about whether or not masturbation is OK..."

Help the class describe the community's range of beliefs:
"Tell me some of the things you've heard that people believe about that."
"Some people believe ___?"
"Um, hmm, and some people believe ___?"

On sensitive issues such as sex and religion, it is unfair and potentially illegal to ask individual students their own beliefs. But it is very appropriate to ask them to think about what they have heard.

In a class that is used to thinking about the range of community values, you will be able to draw a full assortment of answers from the students. In other groups, especially younger ones, you may draw only a dichotomy (*"Some people believe masturbation is wrong."* and *"Some people believe it is right."*) In any case, your role is two-fold:

1. to make sure that every belief gets expressed - or paraphrased - respectfully, hopefully just the way the person who believed it might express it, and
2. to make sure that a complete a range of beliefs gets expressed, even if you have to supplement the few values the group can think of:

"That's right, some people believe that masturbation is wrong under any circumstances and that people should never do it. And some believe masturbation is a good and healthy thing, as long as it's done in private. Some people believe it's OK for little kids to masturbate but that after a certain age, children should be taught not to. Others believe there's no age limit. Some people think masturbating is fine for people who are single but that once you are in a relationship it's

better to stop. Other people think masturbation is a fine thing to do regardless of whether you are single or in a relationship."

Refer to family, clergy and other trusted adults:
"Because people have such different beliefs about masturbation, I really want to encourage you to talk with someone in your family, or an adult who is like family to you about this topic. Only they can tell you what they believe."

Notice that this encouragement didn't assume that every child has a parent they can talk with. Young people may be living in foster care or group homes, with extended family, or even on their own. It's important they they be encouraged to talk with family members or adults who are like family to them, while also being very sensitive to the range of living situations students may be residing in.

Other Types of Questions

Most questions students ask will not be value-laden. New teachers are often relieved to discover that *most* questions asked in a sexual health unit, like most in other units, are straightforward fact questions: ones for which there is a factual answer.

Some types of questions can be more challenging. Rather than a formal protocol, like the one offered for value-laden questions, the following pages contain tips and strategies for use with different types of questions.

Questions Using Slang
Student questions often contain slang. Most often, students use slang because it is the terminology they are most familiar with, or because they have a question about the meaning of the term.

Slang terms range from widely used, common terms to words that some may find inappropriate or off-putting. When students use slang it is an opportunity to teach the class the medical or standard term. It is also an opportunity to maintain a respectful environment and diffuse the need to test or shock the teacher.

Strategies:

- Validate questions with slang, just as you would all other types of student questions.
- When reading a written question aloud, read the question verbatim. Identify the slang as such, in a non-judgmental way, and translate it into medical/standard language. Let the class know we'll all be using the medical/standard term in class.
- Assume good intent on the part of your students. Students typically use the language they have been exposed to, including by family members. Don't denigrate students for using slang; simply instruct the class to use the medical/standard term in health class.
- Handle slang as a learning opportunity, in your regular calm and respectful manner. This greatly reduces students need to test or shock you.
- Your answer might include the FLASH Values Question Protocol.

- Let your administrator know, in advance, how you handle slang in your classroom.

- Slurs fall into a different category than slang. If students use a slur in sexual health class (e.g. for women, people who are gay, etc.), use the following steps: (1) validate question by saying you're glad this important topic came up; (2) identify the term as an offensive word; (3) let the class know we won't be using this word in school, ever, because it is hurtful. It is helpful to proceed as though the speaker didn't mean harm because it will help them save face and more readily adopt more respectful language.

The Personal Question
Students sometimes ask questions that contain a personal element. The question could be about you, such as, "How old were you the first time you had sex?" It could be about the student himself or herself, such as, "I have a rash that I am worried about, what should I do?" Or, it could be a personal question about someone else, such as, "Is Mr. Smith gay?"

Students ask these questions for a variety of reasons. They are curious about the trusted adults in their life, they are newly learning about boundaries, and they are seeking to normalize their own experiences. They are also applying the things they are learning in sexual health class to themselves and the people in their lives. Finally, they find teachers to be a credible and accurate source of information about things that are important to them.

There are many useful strategies for answering these questions in a helpful way, while also teaching about privacy and appropriate boundaries.

Strategies:
- Validate personal questions, just like other student questions. Be cautious about inadvertently embarrassing or shaming students for asking personal questions.

- Use personal questions as an opportunity to model and teach about healthy boundaries.

- Do not share information about your sexual experiences or history. Sometimes teachers want to share this information to set a positive example or to share a cautionary story. Even though the intent is good, it is still inappropriate to share with students. It is also less helpful to students than one might hope.

- When you decline to answer a question about yourself, follow these steps: (1) affirm that students are often curious about the adults in their life; (2) reframe the question, so that it is general, not personal; and (3) answer with factual information and/or the FLASH Values Question Protocol.

- When students ask a written questions about themselves or someone else, paraphrase the question to the third person. Answer the question about people in general, not this specific person.

- When students ask questions out loud about themselves or someone else, remind the class about respecting people's privacy, and answer the question about people in general, not this specific person.

The Sexual Technique Question
Technique questions are about how to perform a sexual act. They are often worded as "How do you…", "How does a person…" or "What's the best way to…"

Clearly, giving guidance about sexual performance is inappropriate. Yet there are helpful, age appropriate ways to respond to these questions. Most questions that appear to be about technique (to adults) are just a student's way of getting more information about a topic. The intent of the question is usually "What is…"

Even during those times when an actual sexual technique question is being asked, there is usually a general factual question embedded in it that can be answered instead.

Strategies:

- Validate questions worded in this way, just as you would all other types of question.
- Reframe technique questions as factual questions. Answer the factual aspect of the question.
- If you think the question is really asking for information on how to perform sexual acts, let the class know that teachers, school nurses, etc. don't give sex advice. Instead, use the student's question as an opportunity to give accurate information about the topic in general.
- Your answer might include the FLASH Values Question Protocol.

Final Considerations

Sexual health education is an important part of young people's school experience. In additional to giving them factual information they need about their bodies and feelings, it teaches important skills that students will use to keep themselves healthy well into their adulthood. Young people who become pregnant while still in school are at high risk of dropping out of school. STDs acquired while an adolescent may stay with that person for the rest of their lives. Risk of sexual assault is at its highest during high school and college years. The information taught in FLASH has a real impact on the health, happiness, and futures of young people.

If you have any further questions that were not covered in this introduction, please contact the developers of this curriculum. You can also find additional information on the FLASH website, in the appendices of the FLASH curriculum, and in the Rationale sections of the lessons.

References

[1] Committee on Public Education, American Academy of Pediatrics. (2001) Sexuality, Education and the Media. *Pediatrics, 107*(1), 192.

[2] American Psychological Association. (2009, August 5). *Insufficient Evidence that Sexual Orientation Change Efforts Work, Says APA.* Retrieved from www.apa.org/news/press/releases/2009/08/therapeutic.aspx.

Reproductive System and Pregnancy

Grades 6–8, Lesson 1

Summary

An overview of basic reproductive organs and their functions is provided in a lecture format, while students follow along on a worksheet. Small groups compete for points by answering questions related to pregnancy and the reproductive system. The lesson concludes with an explanation of FLASH Family Homework.

Student Learning Objectives

The student will be able to …

1. Describe basic reproductive organs and their functions.
2. Describe conception and its relation to the menstrual cycle.
3. Describe the signs and symptoms of pregnancy.

Lesson Timing

Warm up	Bell work + 3 minutes
Purpose of lesson	2 minutes
Review reproductive system and conception	15 minutes
Reproductive system and pregnancy game	22 minutes
Explain homework	5 minutes
Exit ticket	3 minutes
Total	50 minutes

FLASH Key Concepts

People's bodies can look very different from each other. These differences are normal and healthy.

The reproductive systems of males and females have many similarities.

Standards

National Health Education Standards (SHECAT)

Standard 1	Students will comprehend concepts related to health promotion and disease prevention to enhance health.
SH1.8.28	Describe conception and its relationship to the menstrual cycle.
SH1.8.27	Summarize basic male and female reproductive body parts and their functions.

National Sexuality Education Standards

AP.8.CC.1	Describe male and female sexual and reproductive systems including body parts and their functions.
AP.8.AI.1	Identify accurate and credible sources of information about sexual health.
PR.8.CC.1	Define sexual intercourse and its relationship to human reproduction.
PR.8.CC.5	Describe the signs and symptoms of a pregnancy.
PR.8.CC.6	Identify prenatal practices that can contribute to a healthy pregnancy.
PR.8.AI.3	Identify medically accurate sources of pregnancy-related information and support including pregnancy options, safe surrender policies and prenatal care.

Rationale

This lesson provides basic information about reproductive organs and their functions, fertilization, sexual intercourse, conception, signs and symptoms of pregnancy, and basic prenatal practices, pregnancy options and safe surrender laws, following the guidance of the National Sexuality Education Standards and National Health Education Standards (SHECAT). Knowledge of the reproductive system and pregnancy helps students better understand later lessons on abstinence, birth control, STDs and HIV.

This lesson emphasizes similarities between male and female reproductive anatomy. The purpose is twofold.

- First, it creates a schema for better comprehension (e.g., egg and sperm are both sex cells; the ovaries and testicles both produce sex hormones; the fallopian tube and vas deferens are both passageways for sex cells, etc.). The pairing of functions and processes, where they exist, makes the information about the reproductive system easier to understand and remember.

- Second, it supports sexual violence prevention concepts taught elsewhere in FLASH. According to the CDC, adherence to rigid gender stereotypes is a risk factor for perpetration of sexual violence.[1] Historically, these stereotypes are projected onto reproductive functions in health and science education (e.g. active sperm, passive egg). This lesson provides the framework and scripting to avoid unintentional gender stereotypes, to offer equitable and accurate information, and to discuss differences respectfully.

Materials Needed

Student Materials

- *Reproductive System Worksheets 1, 2, 3, 4*
- *Individual Homework: Reproductive System and Pregnancy*
- *Family Homework: Talking About the Reproductive System and Pregnancy,* available in English, Spanish, Russian, Chinese, Vietnamese and Arabic
- *To Parents & Guardians: Introducing FLASH Family Homework,* available in multiple languages on the FLASH website
- *Lesson 1 Exit Ticket*

Classroom Materials

- *Lesson 1 Warm Up*
- *Reproductive System Visuals 1, 2, 3, 4*
- *Sexual Health Resources - King County, U.S.,* or develop a local resource sheet

Teacher Materials

- *Developing a Local Sexual Health Resources List: Teacher Guide* for those developing a local resource sheet

Teacher Preparation

1. Prepare Visuals for document camera or projector.

2. Using the guidance in *Developing a Local Sexual Health Resources List* create a resource sheet specific to your community, or choose instead to use the *Sexual Health Resources in the U.S.* handout. Post the resource sheet in the classroom. You will hand out copies to the students in a later lesson.

Activities

1. Warm Up

Display warm up as bell work.

Prompt:
Today is the first day of our sexual health education unit. We will be covering the following topics:

- Reproductive system
- Pregnancy
- Identity
- Dating and healthy relationships
- Saying no to sex
- Condoms
- STDs, including HIV
- Birth control

I hope this unit is helpful and interesting for everyone!

Write down one fact you already know about any one of these topics. You may have learned it from your family or guardian, doctor, television, books, friends, etc.

2. Explain the purpose of the lesson

Let students know they will be learning about the reproductive system and pregnancy today and list the other topics they will be covering during the FLASH unit. Point out the *Sexual Health Resource Sheet* you have posted in the room and let them know you will be handing out copies during a later lesson.

Today we are going to learn about the human reproductive system, which includes all of the body parts involved in creating a pregnancy. For the rest of our FLASH *lessons we will be talking about staying healthy, including having healthy relationships, how to avoid getting or giving STDs, and how to prevent pregnancy if someone is having sex but doesn't want to become pregnant. I want you to notice that I've posted a resource sheet here at the front of the room, with information about where you could go to get help with some of these topics. Learning this information today will be useful for later lessons.*

3. Review reproductive organs and process of conception

Show students *Reproductive System Visuals 1, 2, 3 and 4*. Fill in the names and describe the functions of the organs while students write the names of the body parts and take notes on the corresponding *Reproductive System Worksheets*. Explain that they can use these worksheets and their notes later when they play a game to review what they have learned.

Visual 1 (front view)
This is a picture of the reproductive organs that are on the inside of someone's body. These are the parts that women usually have in their bodies. Let's start here with the ***ovary*** *(1). As you can see, there are two ovaries. Who knows what they do? That's right, egg cells are released from the ovaries about once a month after puberty. That's called* ***ovulation****. The ovaries also make the hormone estrogen. A person with ovaries is born with all the egg cells*

they will ever have.
After ovulation, the egg cell travels down the ***fallopian tube*** ***(2)*** *toward the uterus. If the egg meets a sperm cell while it is in the fallopian tube and they join together, that is called* ***fertilization****. If the fertilized egg lives, it will begin dividing into many cells. The fertilized egg will try to attach to the wall of the uterus, which is called* ***implantation****. If the fertilized egg is able to implant, that is the beginning of a pregnancy. This process of fertilization and implantation is called* ***conception****.*

Does anyone know what some symptoms are that might let someone know that they are pregnant? That's right, a common symptom is missing a period. Other symptoms include swollen breasts, feeling very tired, feeling sick to the stomach, and needing to urinate more often. Of course, anyone who had vaginal sex without using a condom or other birth control could be pregnant, even if they didn't have any symptoms. After a person is pregnant it is important they take steps to have a healthy pregnancy, whether they intend to continue the pregnancy or not. That includes visiting the doctor right away and not smoking, drinking alcohol or doing other drugs.

An egg cell might meet a sperm cell in the fallopian tube because a couple had vaginal sex without using a condom or other birth control. Other times, a person may have used donated sperm to create a pregnancy. Most months, the egg cell will not meet any sperm cells. In that case, the egg cell will simply disintegrate. If a couple was having vaginal sex, but did not want to become pregnant, they could use a condom or the woman could use a hormonal birth control method. Birth control stops ovulation, which means there would be no egg available to fertilize.

This is the ***uterus*** ***(3)****. It is where a pregnancy would grow if a person was pregnant, and it is where period blood comes from. Each month the uterus prepares for pregnancy, just in case it happens. It prepares by building up a lining of blood along its walls. About 14 days after ovulation, if conception didn't happen, this lining of blood leaves the body, passing through the cervix and out through the vagina. That's called* ***menstruation****, or having a period.*

The ***cervix*** ***(4)*** *is the name for the bottom part of the uterus. You can also think of it as the back wall of the vagina. The vagina stops where the cervix begins. You will notice that the cervix has a small opening. This opening is just big enough for sperm to swim through and for period blood to come out of. When someone gives birth to a baby through the vagina, the cervix opens up much bigger to allow the baby out.*

This is the ***vagina*** ***(5)****. It is where period blood comes out. When we talk about vaginal sex, we are talking about a penis going in the vagina. When a person gives birth to a baby, the baby either comes out here through the vagina, or a doctor makes a cut through the abdomen and uterus to deliver the baby via an operation called a* ***cesarean section****.*

Visual 2 (side view)
Now, let's look at the same parts from the side. Number 1 is the ovary. Who remembers what it does? Exactly.

Continue to review the parts in this way for the following: (1) ovary, (2) fallopian tube, (3) uterus, (4) cervix, (5) vagina.

There are two parts listed here that are on the outside of the body. The ***labia*** ***(6)*** *are folds of*

*skin that cover and protect the vagina and clitoris. The **clitoris** (7) is a small organ just above the opening of the urethra. It is made of the same kind of special tissue, called erectile tissue, that the penis is made of. The clitoris can become erect because it was touched, because a person is sexually aroused, or sometimes for no particular reason.*

*You can see several parts that are in this same area of the body, but that aren't part of the reproductive system. The **bladder** (8), which stores urine, or pee, and the **urethra** (9), which is the tube through which urine leaves the body. The **anus** (10) is where feces, or poop, comes out of the body. When we talk about anal sex, we are talking about putting a penis in another person's anus.*

Visual 3 (front view)
*This is a picture of the reproductive organs that are on the inside of someone's body. These are the parts that men usually have in their bodies. Let's start here with the **testicles** (1). As you can see there are two testicles. The testicles are where sperm are made, beginning in puberty. They also make the hormone testosterone. Does anyone remember the parts from the female reproductive system that are similar to the testicles? There are two of them, they make hormones, and they store the egg cells. That's right, the testicles are similar to the ovaries.*

*The testicles are inside of a muscular sac of skin called the **scrotum** (2). The testicles need to be at a certain temperature to make sperm. The scrotum pulls the testicles up closer to the body to keep the warm, or moves the testicles away from the body to cool them off, in order to keep them the right temperature.*

*After sperm cells are made in the testicles they move into this part here, called the **epididymis** (3). It is a really long, tightly coiled up tube where the sperm stay for 2 to 3 months while they finish maturing. Sperm stay in the testicles and epididymis until a person ejaculates. **Ejaculation** is when semen is released from the penis. This only happens when the penis has an **erection**. Remember, the penis is made of erectile tissue, like the clitoris. It can become erect when it is touched, or if the person is feeling sexually turned on, or sometimes for no particular reason.*

*When a person ejaculates, sperm travel from the epididymis up into these tubes called the **vas deferens** (4). You may notice that the vas deferens connects up with the testicles much like the fallopian tubes connect with the ovaries. The fluid that is released when a person ejaculates is called **semen**. Semen has sperm in it, but it is also made up of other fluid that helps the sperm to live. The fluid is made by the **seminal vesicles** (5) and the **prostate gland** (6).*

*The semen leaves the body through the **urethra** (7). This is the same tube that carries urine from the **bladder** (8) out of the body, although only one of these fluids can leave the body at a time. The urethra is inside of the **penis** (9). The penis is made of the same kind of special tissue, called erectile tissue, that the clitoris is made of. The penis can become erect because it was touched, because a person is sexually aroused, or sometimes for no particular reason. When we talk about vaginal and anal sex, we are usually talking about the penis going into the vagina or anus.*

*Just before semen is ejaculated, a fluid from the **Cowper's glands** (10) is released. This fluid, sometimes also known as pre-cum, protects the sperm from the acidic environment left*

in the urethra from the urine, so they can leave the body unharmed. If a couple did not want to get pregnant or transmit an STD, a person could wear a condom on the penis while having sex. The condom would keep the semen out of the other person's body.

Visual 4 (side view)
Now, let's look at the same parts from the side. Number 1 is the testicle. Who remembers what it does?

Continue to review the parts in this way for the following: (1) testicle, (2) scrotum, (3) epididymis, (4) vas deferens, (5) seminal vesicles, (6) prostate gland, (7) urethra, (8) bladder, (9) penis, (10) Cowper's glands.

There is one part listed here that wasn't shown in the front view of this body. You may remember it from the other side view picture, though. It isn't part of the reproductive system. Who remembers what this part here is called? That's right, it's the ***anus*** *(11), where feces, or poop, leaves the body.*

Good work everyone! Are there any questions about the reproductive system before we move on?

4. Reproductive System and Pregnancy Game

Divide the class into 6 teams. Ask the following questions, giving all groups 30 seconds to come up with an answer. Have the small groups take turns having the first chance to answer a question. If they answer correctly, they get a point. If they don't answer correctly, any group can raise their hands to try to answer the question correctly and steal the point.

We just talked about how a pregnancy starts, including the body parts involved in starting a pregnancy and in giving birth. Now we're going to have a competition. I'm going to divide you into teams. When I ask a question, the teams will have 30 seconds to quietly consult with each other and come up with your best answer. Each team will have a turn to be the first to answer a question. If your team answers correctly, you get a point. If you answer incorrectly, other teams can raise their hands to try to answer the question correctly and take the point. Guessing is OK. Any questions?

Play the game, using the following questions.

Questions

1. Name the two kinds of cells needed to start a pregnancy.

   Answer: *Egg cell and sperm cell.*

2. True or False? The menstrual period lasts about a day each month.

   Answer: *False. It usually takes between 2 and 10 days for the uterus to completely empty. There are about 4 to 6 tablespoons of blood and tissue in all.*

3. The different stages of pregnancy are called "trimesters." How many trimesters are in a pregnancy?

Answer: *3. How could a person guess 3, even if they never heard of a trimesters in pregnancy? Tri means 3.*

4. The end of the uterus that opens into the vagina is called the _____.

   Answer: *Cervix. It's not a separate part; it's just the bottom part of the uterus. It has a small opening that sperm can swim through and that period blood can come out of. The opening gets much bigger when a person is giving birth to let the baby out.*

5. True or False? The human sperm cell is about as big as an apple seed?

   Answer: *False. A sperm cell is so small you cannot see it without looking through a microscope.*

6. Write down 3 reasons a person might think they were pregnant.

   Possible Answers:
   - *Had vaginal sex without using a condom or other birth control*
   - *Took a pregnancy test that turned out positive*
   - *Missed period*
   - *Swollen breasts*
   - *Feeling very tired*
   - *Nausea*
   - *Urinating more often*

7. What is the name of the sac that holds the testes?

   Answer: *The scrotum. The scrotum holds the testes and controls their temperature. Sperm can only grow at temperatures a little cooler than normal body temperature of 98.6 degrees. The testes have to be outside the body, in the scrotum, in order to be cool enough to make sperm.*

8. True or false: Alcohol is harmful for a pregnancy.

   Answer: *True. Alcohol can cause dangerous health problems and learning problems for the baby.*

   Bonus question: What are three things someone can do to have a healthy pregnancy?

   Possible Answers:
   - *Don't drink alcohol*
   - *Don't do drugs*
   - *Don't smoke*
   - *Visit a doctor*
   - *Take vitamins*

9. True or False? Ovulation usually happens during a person's menstrual period.

   Answer: *False. Ovulation usually happens 2 weeks before the next period. If the person does not get pregnant, the extra lining in the uterus is not needed. So after 2 weeks, it comes out. That's called menstruating or "having a period."*

10. True or False? All men's reproductive systems look exactly the same, as do all women's reproductive systems.

    Answer: *False. People's genitals and their internal reproductive organs can look very different, but still be normal and healthy. A person's penis, clitoris or labia can be different sizes or a person might have only one testicle or ovary. Some people might have testes as well as vagina. The pictures we looked at in class today do not look like everyone's bodies.*

11. An abortion is when a person ends their pregnancy with the help of a doctor. Abortion is legal in all 50 states. True or False?

    Answer: *True, abortion is legal in the United States. States have different laws about when a person can have an abortion and how old a person needs to be to get an abortion without a parent's permission.* (You may need to remind the class that you are sharing factual information and not inviting students to debate the different beliefs about abortion.)

12. The liquid that carries sperm is called _____.

    Answer: *Semen. Semen is the fluid that helps sperm live. It is made up of fluids from the Cowper's glands, the prostate and the seminal vesicles. A teaspoonful or less of semen comes out each time a person ejaculates.*

13. True or False? A human egg cell is the size of a grain of sand.

    Answer: *True. It is big enough to see without a microscope, but still very small.*

14. Adoption is when people become the legal parent of a child that is not their biological son or daughter. Is it true or false that adoption is very uncommon in the United States?

    Answer: *False, there are nearly 2 million adopted kids in the United States.*[2]

15. When the penis or clitoris fills with blood and becomes larger, it's called an _____.

    Answer: *Erection. People can get an erection if the clitoris or penis is touched, if they are feeling sexually aroused, or sometimes for no particular reason.*

16. True or False? If someone cannot care for their infant child, they can leave the child with an employee at a hospital without getting in trouble.

    Answer: *True, this is called a Safe Haven Law. Even though it might sound uncaring, the purpose of these laws is to make sure that all babies are cared for and safe.*

17. Is a pregnancy most likely to start *during* a person's period, just *before* a period, or in *between* periods?

    Answer: *In between periods. Of course, a pregnancy could start anytime because people do not always release eggs on schedule. But the most likely time for fertilization to be possible is about 2 weeks before a menstrual period.*

18. What is it called when sperm come out of the body?

    Answer: *Ejaculation. A person might ejaculate during sex, while masturbating, or n their sleep, which is also called a wet dream.*

19. True or False? The male and female reproductive systems have many similarities.

    Answer: *True. There are many similarities: the clitoris and penis are both made of erectile tissue and both get erections; the ovaries and testicles both produce sex cells (sperm and egg) and make hormones; the fallopian tubes and vas deferens are both two sets of tubes connecting the ovaries or testicles to the rest of the reproductive system. One reason there are so many similarities is because all embryos start out with the same parts. An embryo could go on to develop into either sex, depending on what chromosomes are present.*

20. Where can a person get a pregnancy test?

    Answer: *A store or a reliable clinic. Reliable clinics have medical staff working there, and they provide information about all pregnancy options without trying to encourage one choice over another. Reliable clinics in this community include [insert clinics from local sexual health resource sheet].*

5. Introduce FLASH homework expectations

Hand out the *FLASH Family Homework Letter* for students to take home to their parents or guardians. The purpose of FLASH family homework is to encourage family discussion about the lesson content.

Explain that every FLASH lesson has family homework. The student and an adult family member or other adult who is like family complete the assignment together. The family member signs the homework in order for the student to get credit. Family homework is available in multiple languages, and can be printed from free PDFs online at www.etr.org/flash/ under the "Family Resources" tab. Students who choose not to do the family homework may complete the individual homework for the same credit.

Every FLASH lesson has family homework. You can complete family homework with any adult family member or with a trusted adult who is like family. The purpose is to help adult family members and teens talk about these topics. Even though it might be uncomfortable at first for some people, a lot of students say they really like this part of the unit.

The homework has questions for the student and adult to ask each other about that day's lesson. The questions focus on people's beliefs and values. No particular knowledge or experience is required to do the homework, and no one is required to ask or answer any personal questions. It takes about 10 minutes. To get credit, the adult signs a slip saying that you did the assignment together. You won't be asked to report back on anything you talked about.

The family homework is available in a number of different languages. Let me know what language you need.

For students who can't complete the family homework, or who don't want to, each lesson has an individual homework assignment that can be completed instead for the same credit.

Tonight, you have two homework assignments. Your Family Homework letter needs to be signed, and you have a short family homework assignment. I will also hand out an individual

homework assignment if you can't complete the family homework.
Good work today!

6. Assign homework

Allow students to choose between the individual or family homework and explain the assignments as needed. Everyone should bring back a signed slip from the family homework letter.

Introducing FLASH Family Homework, available in English, Spanish, Russian, Chinese, Vietnamese and Arabic

Individual Homework: Reproductive System and Pregnancy

Family Homework: Talking About the Reproductive System and Pregnancy, available in multiple languages on the FLASH website

7. Exit ticket

Hand out the *Lesson 1 Exit Ticket*.

Question: Circle the organs that produce hormones. HINT – Two items on the list should be circled.

- Testicles
- Penis
- Scrotum
- Ovaries
- Clitoris
- Vagina

Answer: Testicles, Ovaries

Warm Up

Visual

Today is the first day of our sexual health education unit. We will be covering the following topics:

- Reproductive system
- Pregnancy
- Identity
- Dating and healthy relationships
- Saying no to sex
- Condoms
- STDs, including HIV
- Birth control

I hope this unit is helpful and interesting for everyone!

Write one fact that you already know about any one of these topics. You may have learned it from your family or guardian, doctor, television, books, friends, etc.

Sexual Health Resources In King County

Handout

Confidential
Teens of any age can get all the services listed on this handout confidentially in Washington State. Confidential services include birth control, condoms, emergency contraception, pregnancy tests, STD and HIV tests, prenatal care, abortion and adoption.

Birth Control and STD Clinics
These clinics have birth control, condoms, emergency contraception, pregnancy tests, STD tests and HIV tests. Services are confidential. Teens in Washington State can sign up for free birth control insurance, called Take Charge, at Public Health and Planned Parenthood.

Public Health – Seattle & King County
Free or low cost teen clinics
206-263-1505
www.teenclinic.com

Planned Parenthood Great Northwest
1-800-769-0045
www.plannedparenthood.org

- Birth control method information (World Health Organization): Scroll down to see chart. http://www.who.int/mediacentre/factsheets/fs351/en/
- STD information (Centers for Disease Control): http://www.cdc.gov/std/
- HPV vaccine information (Centers for Disease Control): http://www.cdc.gov/vaccines/vpd-vac/hpv/

Help Finding a Clinic and Other Services
Community Health Access Program
(CHAP Line)
206-284-0331 or 1-800-756-5437
Also helps people apply for health insurance
chap@kingcounty.gov

Teen Link
1-866-833-6546
www.866teenlink.org

Prenatal Care
Public Health – Seattle & King County
Maternity Support Clinics and WIC
206-263-1505
www.kingcounty.gov/healthservices/health/personal/MSS.aspx

Abortion Clinics
Cedar River Clinics
(425) 255-0471
www.cedarriverclinics.org

Planned Parenthood
1-800-769-0045
http://www.plannedparenthood.org/planned-parenthood-great-northwest

Adoption Agencies
Amara
(206) 260-1700
http://amaraparenting.org

Open Adoption & Family Services
1-800-772-1115
http://www.openadopt.org/

Sexual Health Resources In the U.S.

Handout

Confidential
Click on the map to find out if sexual health services are confidential in your state.
http://sexetc.org/action-center/sex-in-the-states/

Birth Control and STD Clinics
There are many websites and phone numbers to help teens find birth control, condoms, emergency contraception, pregnancy tests, STD tests and HIV tests.

- Enter your zip code or call to find the nearest Planned Parenthood clinic.
  www.plannedparenthood.org 1-800-230-PLAN
- Enter your zip code to find the nearest birth control clinic that is free or low cost.
  http://www.hhs.gov/opa/
- Enter your zip code to find a clinic for HIV tests, birth control, counseling and other services.
  www.aids.gov
- Enter your zip code to find the nearest place to get emergency contraception.
  www.not-2-late.com
- Call your local public health department to get information about local birth control and STD clinics.
- Birth control method information (World Health Organization): Scroll down to see chart.
  http://www.who.int/mediacentre/factsheets/fs351/en/
- STD Information (Centers for Disease Control): http://www.cdc.gov/std/
- HPV Vaccine Information (Centers for Disease Control): http://www.cdc.gov/vaccines/vpd-vac/hpv/

Help Finding a Clinic and Other Services

- Enter your address to find the nearest health clinics that are free or low cost. These clinics are for all health issues, not just sexual health.
  http://findahealthcenter.hrsa.gov/

Prenatal Care

- Scroll to your state to find the phone number for the Women, Infants, Children (WIC) Program.
  http://www.fns.usda.gov/wic/toll-free-numbers-wic-state-agencies
- WIC is a nutrition program that helps pregnant women, new mothers, and young children eat well, learn about nutrition and stay healthy. They also give information about where to get prenatal care.

Abortion Clinics

- Click on the map to see a list of abortion clinics in your state.
  http://prochoice.org/think-youre-pregnant/find-a-provider/
- Call 1-877-257-0012 to find the nearest abortion clinic.
- Call 1-800-772-9100 to get more information about abortion and where to get financial help.

Adoption Agencies

- Call 1-800-772-1115 to talk with an adoption counselor at Open Adoption and Family Services.
- The phone line is open 24 hours a day.

Developing a Local Sexual Health Resources List

Teacher Guide

In order to ensure that students have access to the health care services they need, it is important for teachers to develop a sexual health resource sheet specific to their geographic area. FLASH provides a resource sheet for King County, Washington, as an example that can be used as a template. If you are not familiar with the resources in your area, the following national resources will help you in compiling a local resource sheet. If, for some reason, you cannot develop a local resource sheet, a national resource sheet has been provided for you.

FLASH recommends referring young people to clinics and agencies that are teen and LGBT friendly, culturally competent, supportive of all pregnancy options, and that consider the teen to be their primary client. When creating your local resource sheet, keep these criteria in mind.

Confidential
Individual state policies on teens accessing reproductive health care are provided by Sex, etc., a project of Rutgers University. http://sexetc.org/action-center/sex-in-the-states/

Birth Control and STD Clinics
To find local birth control and STD clinics, call your local health department. If you need further assistance finding clinics that offer a full array of services, the following links may be of help.

- www.plannedparenthood.org to find a local Planned Parenthood clinic
- http://www.hhs.gov/opa/ to find a local Title X clinic
- www.not-2-late to find locations for accessing emergency contraception
- http://locator.aids.gov/ to find HIV testing locations

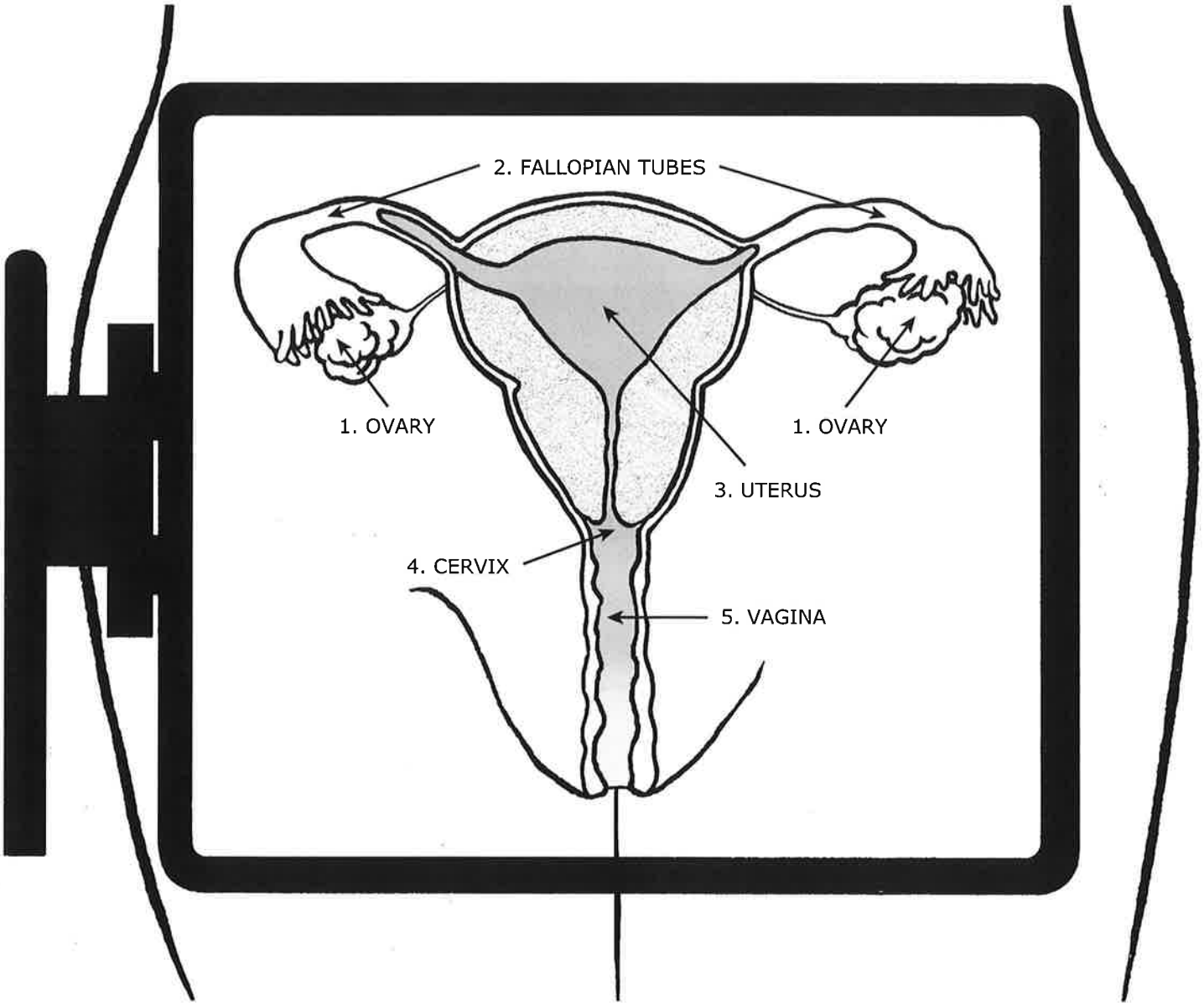
Help Finding a Clinic and Other Services
The U.S. Department of Health and Human Services, Health Resources and Services Administration maintains a list of sliding scale or free clinics across the United States.
http://findahealthcenter.hrsa.gov/

Prenatal Care
To find prenatal care providers who serve teens, call your local WIC provider. The link below provides a State number, that can direct you to a local provider.
www.fns.usda.gov/wic/toll-free-numbers-wic-state-agencies

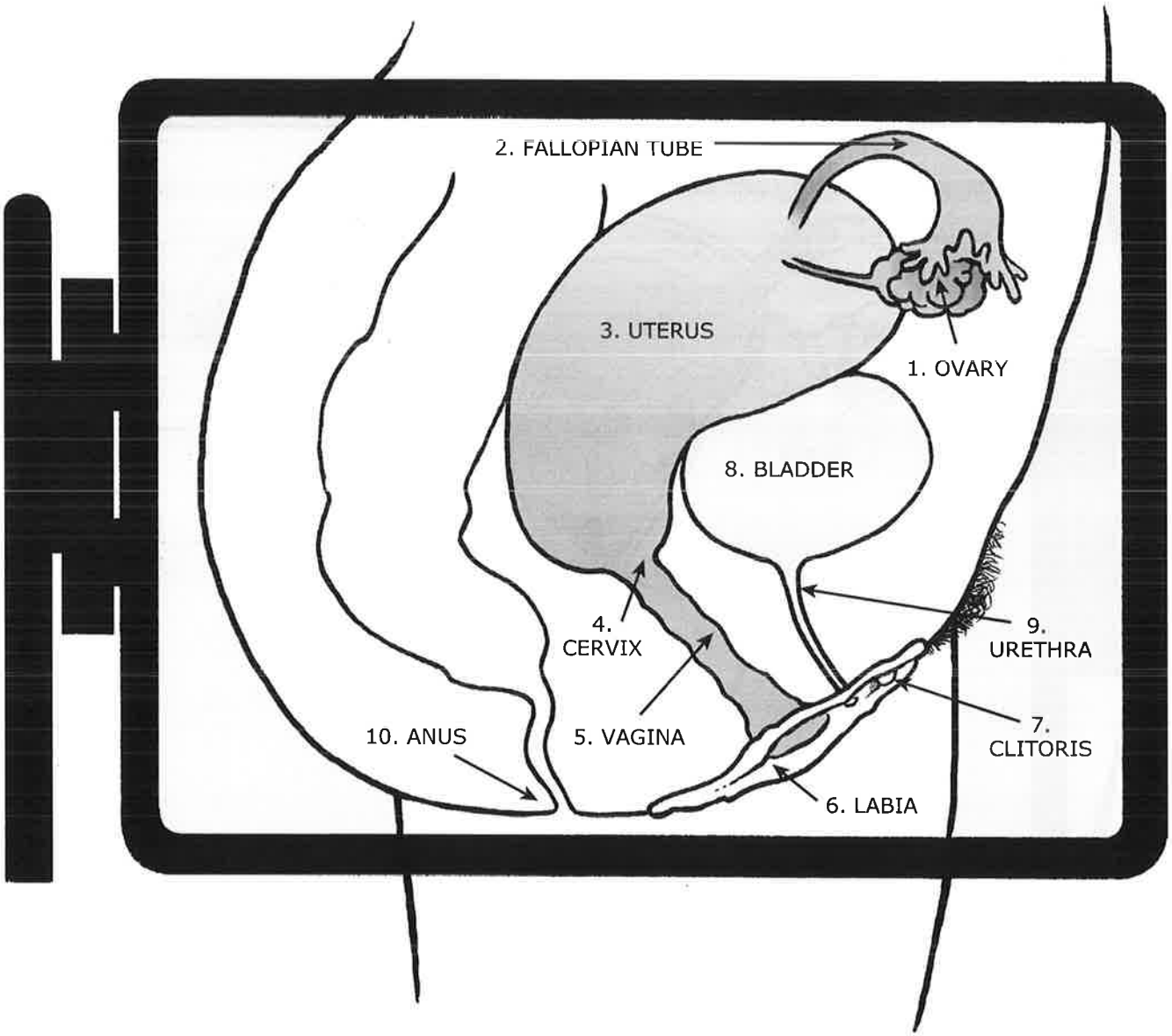
Abortion Clinics
The National Abortion Federation maintains a list of abortion providers by state.
http://prochoice.org/think-youre-pregnant/find-a-provider/

Adoption Agencies
Open Adoption and Family Services works with clients from across the nation. Should a client prefer a local resource, they will work with her to identify a local provider.
http://www.openadopt.org/

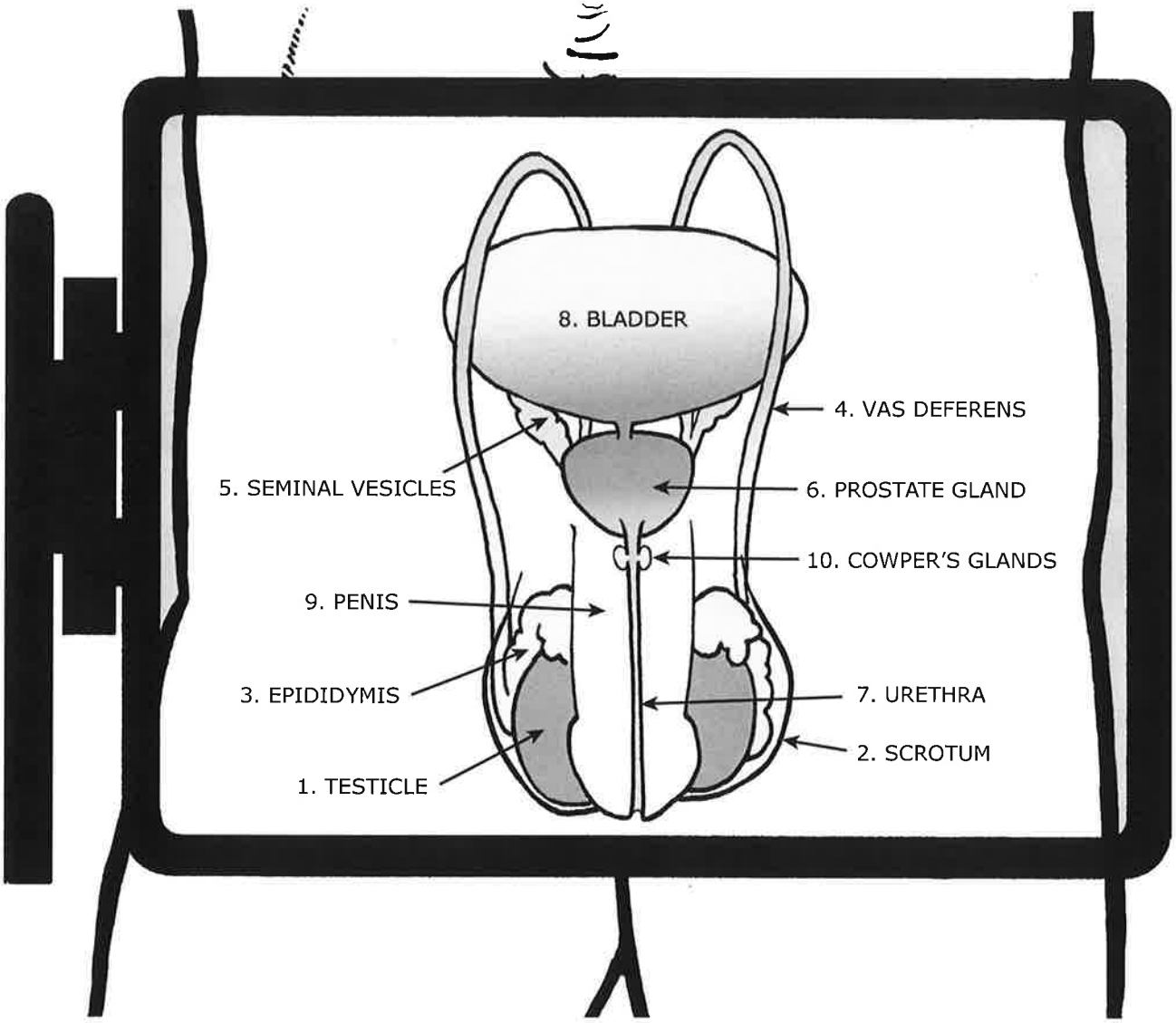
Reproductive System Visual 1



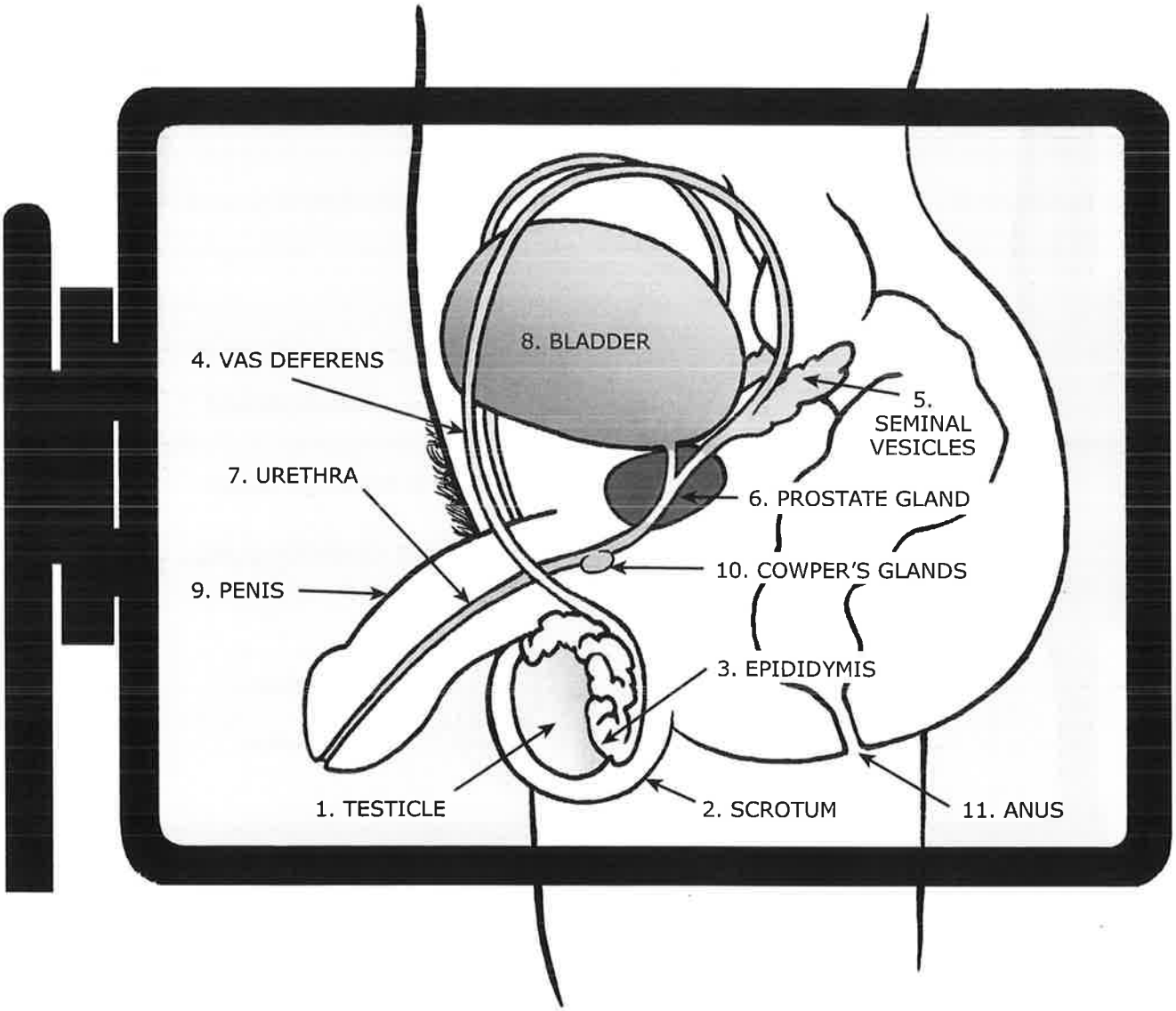
Reproductive System Visual 2



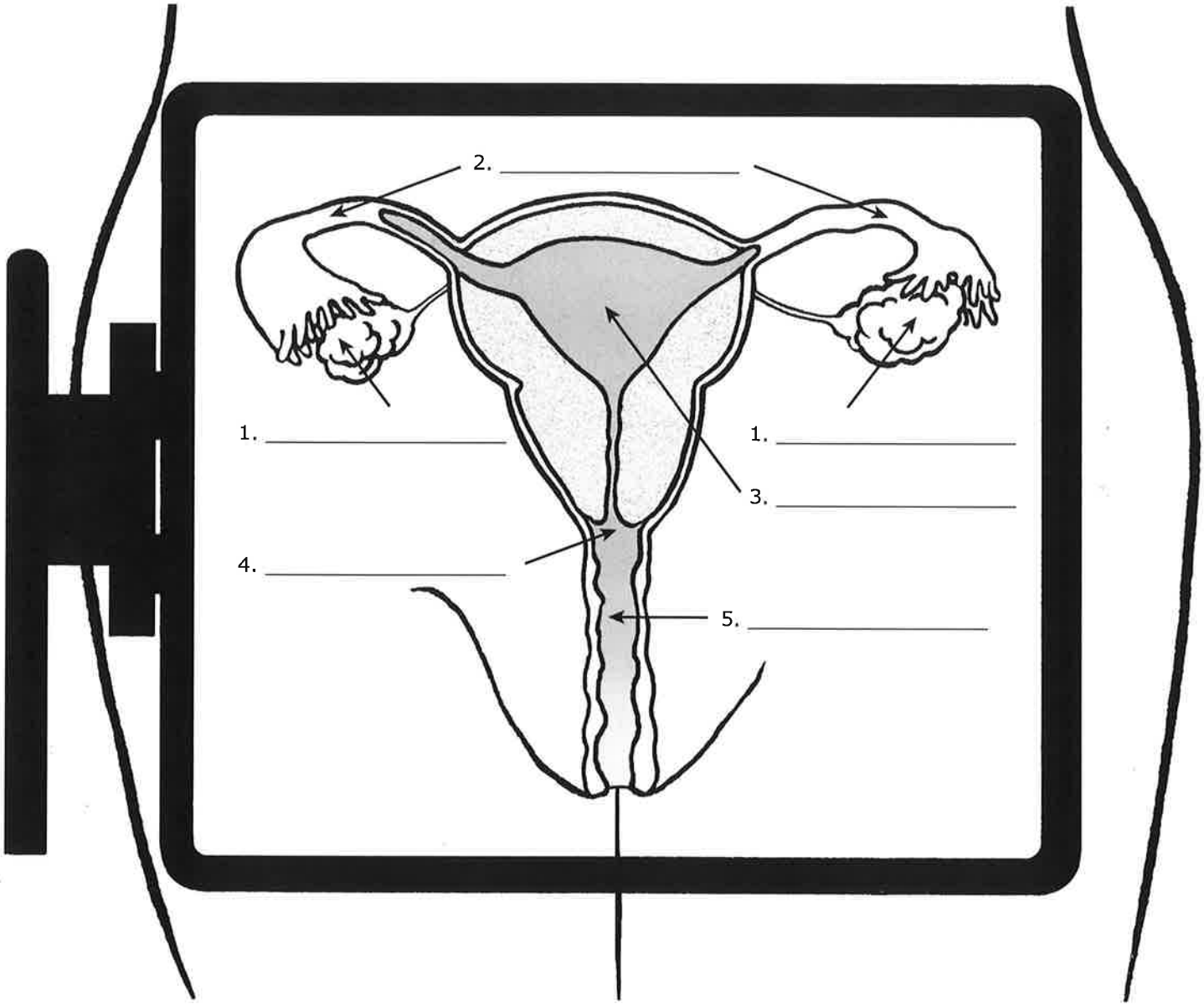
Reproductive System Visual 3



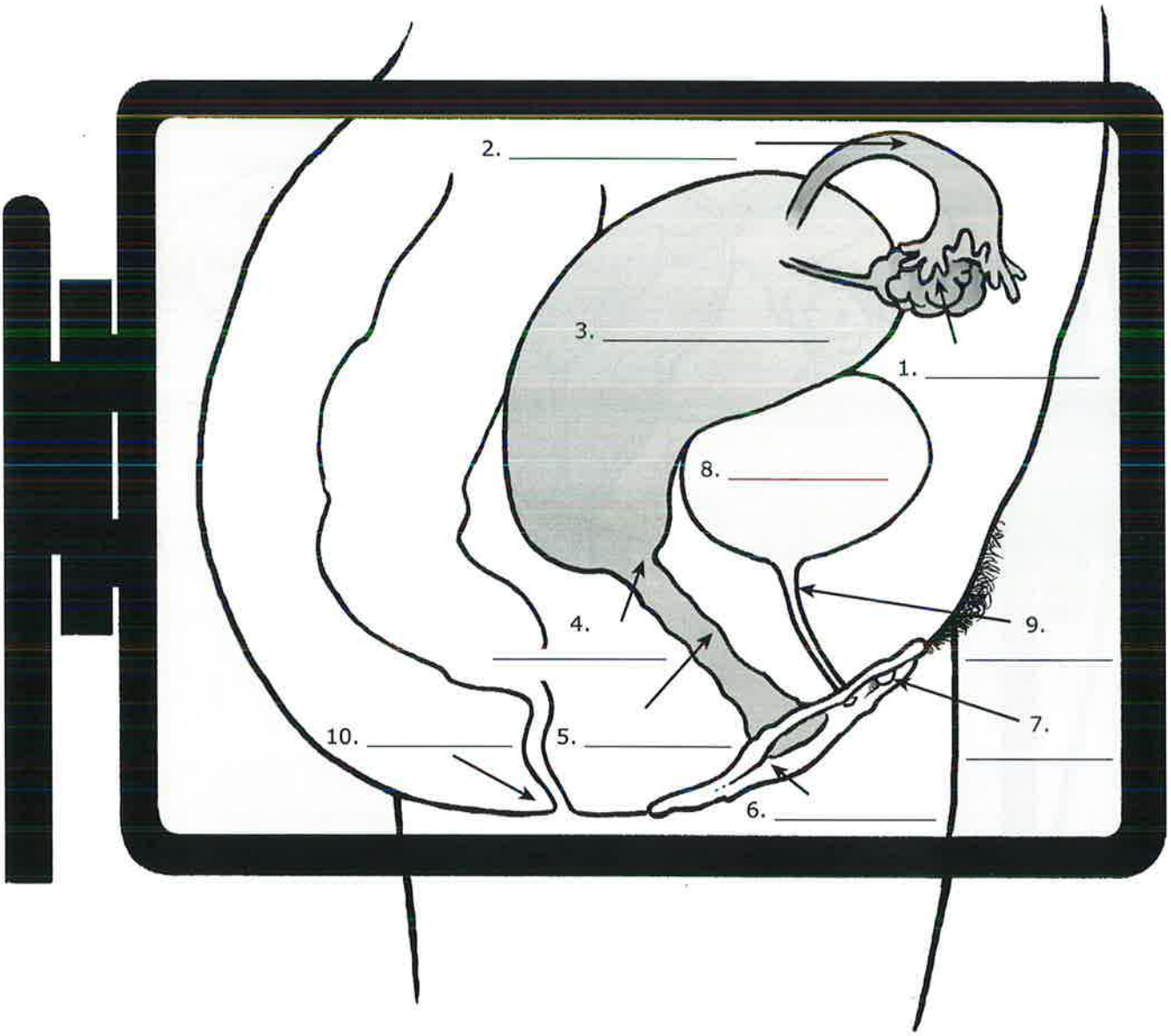
Reproductive System Visual 4



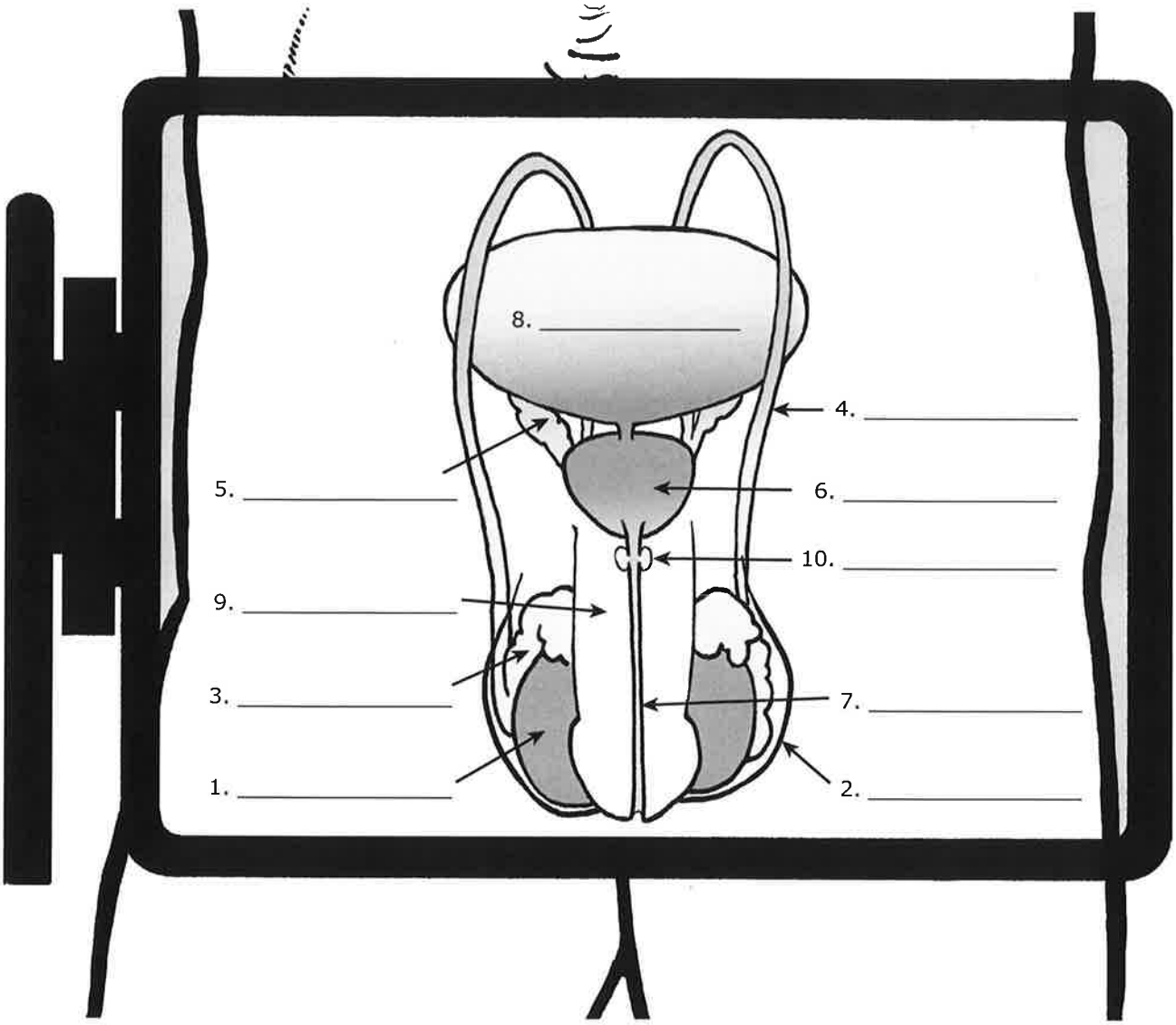
Reproductive System Worksheet 1



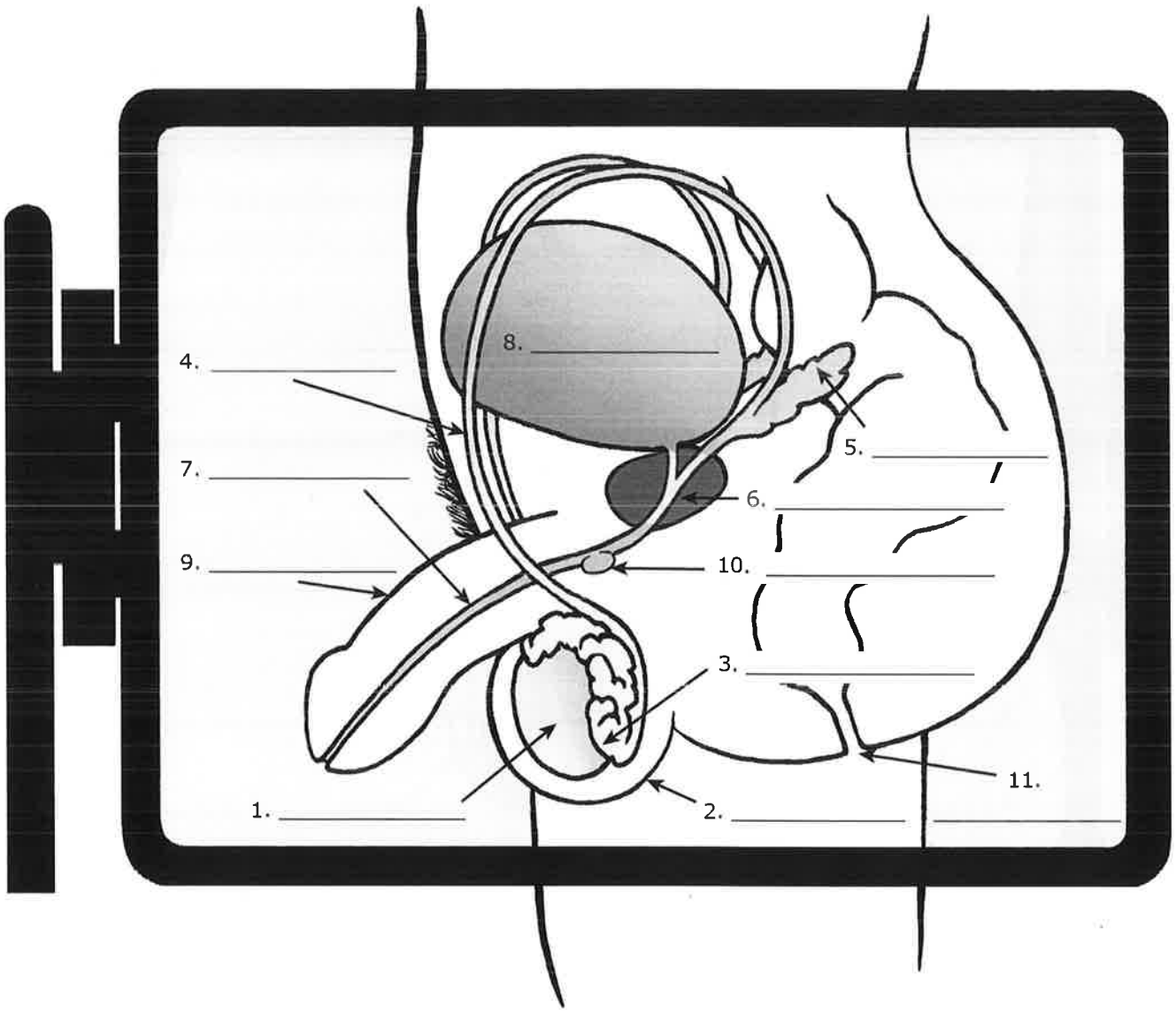
Reproductive System Worksheet 2



Reproductive System Worksheet 3



Reproductive System Worksheet 4



Individual Homework: Reproductive System and Pregnancy

Name: _____ **Period:** _____

Write a ½- to 1-page paper describing how pregnancy happens. Include how a couple could avoid pregnancy if they were having vaginal sex and did not want to become pregnant. Make sure to use the following words from today's lesson in your paper:

- Sperm
- Semen
- Ejaculation
- Penis
- Egg
- Ovary
- Fallopian tube
- Uterus
- Cervix
- Vagina
- Fertilization
- Implantation
- Conception

To Parents & Guardians:

Introducing FLASH Family Homework

An important part of the FLASH sexual health unit is Family Homework. Family Homework is completed by the student with a family member or trusted adult who is like family. This letter explains the purpose of FLASH Family Homework and what you can expect.

One of the goals of the FLASH unit is to increase communication about sexual health between children and the adults in their lives who care for them. Even though children don't always show it, surveys show that they would like to talk more about these issues with a parent or other trusted adult, and research shows that these conversations play a very important role in helping teens prevent pregnancy, STDs and HIV. The FLASH program includes Family Homework to make these discussions easier and more frequent.

The questions in the Family Homework ask about your thoughts and beliefs on a topic related to the classroom lesson. You don't need to have any information about sexual health to do the homework. No one is required to ask or answer any personal questions. Each Family Homework takes about 10 minutes. To get credit, the adult signs a slip saying that the homework was completed. Students will not be asked to share anything you talked about.

Young people are surrounded by messages in the media telling them how to behave sexually. Although the power of the media is huge, we know that family communication is also very powerful. Family Homework is intended to help adults talk clearly and directly with the young people in their life about their beliefs and hopes for them.

Family Homework is recommended but not required. If a family decides not to do Family Homework, students will be offered an individual homework assignment that can be completed for the same credit.

Thank you for taking the time to look at the Family Homework. We hope it helps you have these valuable discussions.

Family Homework Letter Confirmation Slip

Due: _____

I received the Family Homework Letter.

_____ _____

Date Signature of family member or trusted adult

_____ _____

Student's name Signature of student

Family Homework: Talking About the Reproductive System and Pregnancy

All Family Homework is optional. Students may complete Individual Homework instead.

Purpose: Family Homework is a chance to share your beliefs about sexuality and relationships, and the beliefs of your family, culture or religion.

Directions: Student will do the homework with a family member or trusted adult who is like family. Find a quiet place where the two of you can talk privately for 5-10 minutes. Please follow these guidelines:

- It is OK for either of you to skip a question.
- What you discuss will not be shared with anyone else, unless you give one another permission to share it.
- Take turns asking questions. When it is your turn to listen, try to understand the other person's response.

Ask the adult: Today we started our unit on sexual health. What do you hope I learn this unit?

Ask the student: What happened in your first lesson today?

Ask the adult: Do you have any values about pregnancy or reproduction that you want to share with me?

Ask the student: Did you learn anything surprising?

Family Homework Confirmation Slip: Talking About the Reproductive System and Pregnancy

Due: _____

We have completed the family homework.

_____ _____

Date Signature of family member or trusted adult

_____ _____

Student's name Signature of student

Exit Ticket

Handout

Circle the organs that produce hormones.

HINT – Two items on the list should be circled.

Testicles

Penis

Scrotum

Ovaries

Clitoris

Vagina

Lesson 1: Assessment Questions

1. The following steps to creating a pregnancy are not in the right order. Please place the letters in the correct order in the spaces provided below:

   a) Egg meets sperm in the fallopian tube.
   b) Fertilized egg attaches to the wall of the uterus. Also called implantation.
   c) Two weeks after blood leaves the uterus, an egg leaves the ovary. Also called ovulation.
   d) Blood leaves the uterus. This is called "having a period" or menstruating.
   e) Sperm and egg join. Also called fertilization.
   f) Fertilized egg begins dividing into many cells while traveling down the fallopian tube.
   g) Conception is complete.
   h) Couple has vaginal sex without using a condom or other birth control.

   ___
   ___
   ___
   ___
   ___
   ___
   ___
   ___

2. Label Worksheets 1-4. Choose from the following terms (hint, terms may appear on more than one worksheet):

   Fallopian Tubes
   Testicle
   Ovary
   Prostate Gland
   Uterus
   Epididymis
   Cervix
   Cowper's Glands
   Vagina
   Urethra
   Scrotum
   Anus
   Labia
   Bladder
   Vas Deferens
   Seminal Vesicles
   Clitoris
   Penis

3. Name two reasons a person might think they were pregnant.

4. Name one thing a person can do to have a healthy pregnancy.

Lesson 1: Assessment Key and Standards Alignment

Question	Answer	Standards
Warm Up: Today is the first day of our sexual health education unit. We will be covering the following topics: • Reproductive system • Pregnancy • Identity • Dating and healthy relationships • Saying no to sex • Condoms • STDs, including HIV • Birth control I hope this unit is helpful and interesting for everyone! Write down one fact you already know about any one of these topics. You may have learned it from your family or guardian, doctor, television, books, friends, etc.	Purpose is pre-assessment for teacher	
1. The following steps to creating a pregnancy are not in the right order. Please place them in the correct order: a) Egg meets sperm in the fallopian tube. b) Fertilized egg attaches to the wall of the uterus. Also called implantation. c) Two weeks after blood leaves the uterus, egg leaves the ovary. Also called ovulation. d) Blood leaves the uterus. This is called "having a period" or menstruating. e) Sperm and egg join. Also called fertilization. f) Fertilized egg begins dividing into many cells while traveling down the fallopian tube. g) Conception is complete. h) Couple has vaginal sex without using a condom or other birth control.	Two possible sequences are correct. D, C, H, A, E, F, B, G OR D, H, C, A, E, F, B, G	NHES: SH.1.8.28 NSES: PR.8.CC.1

2. Label Worksheets 1-4. Choose from the following terms (hint, terms may appear on more than one worksheet): Fallopian Tubes Testicle Ovary Prostate Gland Uterus Epididymis Cervix Cowper's Glands Vagina Urethra Scrotum Anus Labia Bladder Vas Deferens Seminal Vesicles Clitoris Penis	See Visuals 1-4 for answers	NHES: SH1.8.27 NSES: AP.8.CC.1
3. Name two reasons a person might think they were pregnant.	Possible Answers: • Vaginal sex without birth control or condom • Took pregnancy test that showed they were pregnant • Missed period • Swollen breasts • Feel very tired • Nausea • Urinate more often	NSES: PR.8.CC.5
4. Name one thing a person can do to have a healthy pregnancy.	Possible answers: • Don't drink alcohol • Don't do drugs • Don't smoke • Visit a doctor • Take vitamins	NSES: PR.8.CC.6
Exit Ticket: Circle the organs that produce hormones. HINT – Two items on the list should be circled. Testicles Penis Scrotum Ovaries Clitoris Vagina	Testicles Ovaries	NHES: SH1.8.27

Integrated Learning Activities

SCIENCE: Prenatal Care Brochure
Create a brochure that could be used in a doctor's office. What health advice should be given to someone who is in their first trimester of pregnancy to help them have a healthy pregnancy and healthy baby? If you use the Internet for information, look for websites that end in ".gov." For example, try searching: prenatal care.gov

LANGUAGE ARTS: Family Homework Dialogue
Write a script imagining a middle school health student and their parent or guardian doing a FLASH Family Homework assignment. What would an ideal discussion sound like to you? How would the student and adult answer the following questions?

- Student asks the adult: "Today we started our unit on sexual health. What do you hope I learn this unit?"
- Adult asks the student: "What happened in your first lesson today?"
- Student asks the adult: "Do you have any values about pregnancy or reproduction that you want to share with me?"
- Adult asks the student: "Did you learn anything surprising?"

References

[1] Centers for Disease Control and Prevention. Division of Violence Prevention. www.cdc.gov/violenceprevention/sexualviolence/riskprotectivefactors.html. Accessed 5/4/2016.

[2] Vandivere, S., Malm, K., and Radel, L. (2009). Adoption USA: A chartbook based on the 2007 National Survey of Adoptive Parents. U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. Available at http://aspe.hhs.gov/hsp/09/NSAP/chartbook.

Sexual Orientation and Gender Identity

Grade 6–8, Lesson 2

Summary

Students learn the definition of identity and the importance of feeling positively about our identities. Sexual orientation and gender identity are introduced as two categories of identity held by everyone. Students learn common terms and foundational information related to these concepts through small- and large-group activities. They discuss strategies that help people develop pride in any of their identities and practice applying these strategies to a scenario about sexual orientation and gender identity.

Student Learning Objectives

The student will be able to …

1. Explain that everyone has a gender identity and a sexual orientation, and differentiate between them.
2. Communicate respectfully with and about people of all gender identities, gender expressions and sexual orientations.
3. Explain why it's important for people to feel proud of their identities, including their sexual orientation and gender identity.

Lesson Timing

Warm up	Bell work + 3 minutes
Introduction to identity	5 minutes
Definitions activity	10 minutes
Common questions activity	15 minutes
Developing pride in our identities	5 minutes
Scenario activity	10 minutes
Assign homework	
Exit ticket	2 minutes
Total	50 minutes

FLASH Key Concepts

Everyone has a sexual orientation and a gender identity.

A person knows their sexual orientation because of who they feel attracted to, not because of who they have sex with.

A person knows their gender identity because they feel like a boy, a girl, both, neither or somewhere in between, not because of their body parts.

People of all sexual orientations and gender identities need to know how to prevent pregnancy and STDs, either for themselves or to help a friend.

Standards

National Health Education Standards (SHECAT)

Standard 1	Students will comprehend concepts related to health promotion and disease prevention to enhance health.
SH1.8.33	Explain the benefits of respecting individual differences in aspects of sexuality (such as sexual activity, sexual abstinence, sexual orientation, gender expression, or gender identity), growth and development or physical appearance.
SH1.8.34	Explain why it is wrong to tease or bully others based on aspects of their sexuality (such as sexual activity, sexual abstinence, sexual orientation, gender expression, or gender identity).
SH1.8.35	Describe how intolerance can affect others when aspects of their sexuality (such as sexual activity, sexual abstinence, sexual orientation, gender expression, or gender identity) are different from one's own.
SH1.8.36	Describe ways to show courtesy and respect for others when aspects of their sexuality (such as sexual activity, sexual abstinence, sexual orientation, gender expression, or gender identity,) are different from one's own.
Standard 4	Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.
SH4.8.6	Demonstrate how to effectively communicate support for peers when aspects of their sexuality (such as sexual activity, sexual abstinence, sexual orientation, gender expression, or gender identity) are different from one's own.
SH8.8.3	Persuade others to avoid teasing, bullying, or stigmatizing others based on their personal characteristics or aspects of their sexuality (such as sexual activity, sexual abstinence, sexual orientation, gender expression, or gender identity).

National Sexuality Education Standards

PD.8.INF.1	Analyze how friends, family, media, society and culture can influence self-concept and body image.
PD.8.AI.1	Identify medically accurate sources of information about puberty, adolescent development and sexuality.
ID.8.CC.1	Differentiate between gender identity, gender expression and sexual orientation.
ID.8.CC.2	Explain the range of gender roles.
ID.8.INF.1	Analyze external influences that have an impact on one's attitudes about gender, sexual orientation and gender identity.
ID.8.AI.1	Access accurate information about gender identity, gender expression and sexual orientation.
ID.8.IC.1	Communicate respectfully with and about people of all gender identities, gender expressions and sexual orientations.
ID.8.ADV.1	Develop a plan to promote dignity and respect for all people in the school community.
PS.8.SM.1	Describe ways to treat others with dignity and respect.
PS.8.ADV.1	Advocate for safe environments that encourage dignified and respectful treatment of everyone.

Rationale

The goals of the FLASH curriculum are to decrease pregnancy, STDs and sexual violence among teens, as well as to increase family communication about sexual health. FLASH uses many evidence informed strategies to achieve these goals, including ensuring that all FLASH content is appropriate for students regardless of their sexual orientation or gender identity, and including a lesson that directly addresses the concepts of sexual orientation and gender identity. Both strategies are supported by the National Health Education Standards (SHECAT) and the National Sexuality Education Standards. Because LGBT teens are at high risk for poor sexual health outcomes, including higher rates of pregnancy,[1 2] STDs and HIV,[2 3 4] and sexual violence,[5] sexual health curricula must be designed to meet the needs of all students.[6]

Middle school is a time when young people are developing their identities across many domains. This lesson uses identity development as the framework for teaching about sexual orientation and gender identity, and draws particularly from the research showing that pride in one's identity is a protective factor that supports resiliency. Protective and resiliency factors greatly assist youth in avoiding pregnancy and STDs, substance use and school dropout.[7 8 9 10] Middle school is an appropriate and important time to talk about sexual orientation and gender identity. On average, students realize they are same-sex attracted in early adolescence.[11 6] Many students will self-identify as LGBTQ around age 13.[6 5] By talking about LGBTQ topics prior to sexual activity onset, all youth can have greater protection against poor sexual health outcomes.[11 6]

Teaching about sexual orientation and gender identity not only provides a necessary protection for LGBTQ students, but can also create better understanding, respect and nondiscrimination among all students.[6 1 12 13] It is important as an educator to provide support to all students, as every classroom will likely have students who identify (or will later identify) as LGBTQ. By including LGBTQ topics, an example is set in the classroom of the importance of respectful communication, diversity awareness and critical thinking about social issues.

Materials Needed

Student Materials

- *Ways to Develop Pride in Our Identities Handout*
- *Developing Pride Scenario Handout*
- *Sexual Orientation and Gender Identity Resources Handout*
- *Individual Homework: Sexual Orientation and Gender Identity*
- *Family Homework: Sexual Orientation and Gender Identity,* available in multiple languages on the FLASH website
- *Lesson 2 Exit Ticket*

Small-Group Handouts (1 per small group)

- *Sexual Orientation*
- *Gender Identity*
- *Identity Terms*
- *Identity Definitions*
- *Answer Cards*

Classroom Materials

- *Lesson 2 Warm Up*
- *Sexual Orientation and Gender Identity Definitions Visual*
- *Common Questions Activity Visual*
- *Ways to Develop Pride in Our Identities (Categories) Visual*
- Envelopes
- Newsprint
- Tape

Teacher Preparation

1. Cut apart the *Identity Definitions* and *Identity Terms*. Place them in an envelope labeled "Definitions." Make at least 6 sets (1 set per small group).

2. Cut apart the *Answer Cards*. Place them in an envelope labeled "Answer Cards." Make at least 6 sets (1 set per small group)

3. Write each Common Question on a different piece of newsprint to be posted around the room. Leave tape by each piece of newsprint.

4. Prepare Visuals for document camera or projector.

Activities

1. Warm Up

Display warm up as bell work.

Prompt:
A person's identity refers to their sense of who they are as individuals and as members of social groups. People have many identities. Their identities might include their gender, their race, their nationality, their sexual orientation, their family identity (sister, uncle, etc.), their religious identity, if they have one, their work or an important interest.

- Name 3 of your most important identities. For example: male, Mexican American, gay, sister, Buddhist, soccer player, artist, environmentalist, gamer, etc.
- Would you pick the same identities now as when you were in Kindergarten? Why or why not?

2. Introduce the concept of identity

Debrief the warm up. Discuss the importance of people being proud of their identities.

On your warm up we used this definition of identity: "A person's identity refers to their sense of who they are as individuals and as members of social groups. People have many identities." What are some of the identities you listed?

Excellent. Some identities are things you choose, and some aren't. I heard examples of both just now. For example, you don't choose whether or not you are a brother or sister, or what country you are born in. Other identities are things that people choose for themselves, such as identifying as a Republican or a Democrat, or identifying as a fan of a particular sports team (use students' own examples here if possible).

There are some parts of a person's identity they may have known for a long time, and there are other parts that develop later in life. No matter when a person's identity develops, or whether or not they choose it, it's important for people to feel proud of who they are. Why do you think that is?

Right. If a person feels bad about themselves, it can lead to unhappiness or depression, and it can be hard to make friends with other people with similar interests or identities. When someone feels proud of their identity they can hold their head high and do good things in the world.

3. Conduct definitions activity

Introduce the concepts of sexual orientation and gender identity as two types of identity that every person has.

Today we're going to focus on two particular types of identity. Every person has a sexual orientation and a gender identity. We're going to start by learning some common and respectful words having to do with sexual orientation and gender identity that are important

for everyone to know.

Place students in groups of 3 or4. Give each group the *Sexual Orientation Handout, Gender Identity Handout,* and an envelope labeled "Definitions" with identity terms and definitions printed on slips of paper. Have students work in their groups for 3 minutes to match the definitions with the terms and place them on the correct paper, identifying the terms as either a sexual orientation or gender identity. Remind students that it is fine if there are terms they don't know, tell them to just do their best.

In a minute, I'm going to separate you into small groups. Each small group will receive a Sexual Orientation *handout, a* Gender Identity *handout, and an envelope of identity terms and definitions. Your job will be to match the terms with the correct definitions, and then place them on either the Sexual Orientation or the Gender Identity page, depending on whether the word refers to sexual orientation or gender identity. It's OK if you don't already know the terms or definitions. Just do your best.*

Debrief as a large group by projecting the *Sexual Orientation and Gender Identity Definitions Visual,* defining each term, addressing any confusion, and explaining why each term is either a sexual orientation (an identity based on a person's attraction to someone else) or a gender identity (a person's identity as a boy, a girl, both or neither).

Let's take a look at the sexual orientation and gender identity definitions together. If your small group has any incorrect definitions, you can fix your strips as we go.

Sexual orientation *describes who a person is romantically attracted to. What were some of the terms you had listed under sexual orientation? Great. I'm going to go over these definitions with you.*

Usually, we say that a man who is attracted to women or a woman who is attracted to men is ***straight****. The word* ***lesbian*** *describes a woman who is attracted to women, and* ***gay*** *describes a man who is attracted to men.* ***Bisexual*** *is a word to describe a person who is attracted to men and women. Someone might also identify as* ***queer****, which is a broad term that can include gay, lesbian and bisexual people, as well as other people who don't identify as straight.*

Gender identity *refers to whether a person identifies as a boy, a girl, both, neither or somewhere in between. So, a person's gender identity is* ***female*** *if they identify as a girl and* ***male*** *if they identify as a boy. A person's gender identity doesn't always match the way other people see them. For example, a doctor may have said that a person was male or female when they were born, but that person knows in their heart that really isn't their gender. When a person's gender identity is different from what the doctor said when they were born that is called being* ***transgender****, or just* ***trans****. When a person's gender identity does match what the doctor said when they were born that's called being* ***cisgender****.*

People might also use other words to identify their gender, like ***gender fluid*** *or* ***gender queer****. These terms mean different things to different people, but generally they mean people don't feel exactly like a boy or a girl, at least not all the time.*

Every person has a sexual orientation and a gender identity, but the terms that people use

to describe their identities sometimes change, and not everyone uses the same words or agrees on exactly the same definitions. Nice work on the definitions.

4. Students answer common questions

Introduce the common questions that are already posted around the room. Hand out an envelope of *Answer Cards* to each group, and project the *Common Questions Visual* in the front of the room. Groups will have 3 to 5 minutes to determine the best answer for each question. When you call time, each group has 15 seconds to tape their *Answer Cards* to the matching questions posted around the room and return to their small groups. Walk from sign to sign, reading the question and the correct answer, moving any incorrect answers, and clarifying confusion.

We're all going to learn more about this topic by thinking about the most common questions students ask about sexual orientation and gender identity.

You can see seven different questions posted around the room. I'm going to hand each small group a packet that has all the answers to these questions on different slips of paper. Your task is to figure out the right answer to each question. When I call time, you'll have 15 seconds to tape each of your answers to the correct question. Then I'll check the answers and clarify any confusion.

Answer Key:

1. How does someone know their sexual orientation or their gender identity?

   A person knows their sexual orientation based on who they feel attracted to. A person knows their gender identity based on whether they feel like a boy, a girl, both, neither or somewhere in between.

2. Can lesbian, gay and trans people have kids?

   Yes. Any person with a uterus, ovaries and a vagina can become pregnant, regardless of their gender identity or sexual orientation. They could become pregnant from having vaginal sex or by placing donated sperm in their vagina. People can also arrange to have someone else, called a surrogate, carry a pregnancy for them. Finally, a person of any sexual orientation or gender identity can adopt children.

3. If a boy acts like a girl or a girl acts like a boy, does that mean they are gay?

   There is no one way for boys or girls to act, although there are certain stereotypes about what behavior is masculine or feminine. A person's sexual orientation is based on who they are attracted to, not how they act or what sorts of things they are interested in.

4. How do gay, lesbian and trans people have sex?

   People can have different kinds of sexual touch with a partner, including kissing, hugging and cuddling, no matter what their sexual orientation or gender identity is. Couples might also have oral, anal or vaginal sex, depending on what body parts the two people have and what activities they have consented to.

5. How old are people when they know their sexual orientation or gender identity?

   People often know who they are attracted to by middle or high school. They often know if they feel like a boy, a girl, both, neither or somewhere in between by elementary school. However, every person is different and some people will know at younger or older ages.

6. Can you change your sexual orientation or gender identity?

   A person cannot control who they are attracted to, and they cannot control if they feel like a boy, a girl, both, neither or somewhere in between. Even though people can't change their feelings, they can change the term they identify with if they need or want to.

7. What if I don't know someone's sexual orientation or gender identity? What should I call them?

   Every person has the right to name their own identities. It is polite to ask someone how they identify their sexual orientation and gender identity, and what words they would like you to use when talking to them. It is important to respectfully use the terms and pronouns people have asked others to use.

5. Discuss ways to developing pride in identities

Introduce the idea that people can take steps to help them feel proud of their own identities, and to help others feel proud of their identities as well. Point out that pride in identity is not about seeing oneself as better than others, but about feeling good about oneself. Show the *Ways to Develop Pride in Our Identities (Categories) Visual*. Explain that the class is going to discuss strategies for feeling proud of our identities, whether they are related to sexual orientation, gender identity or any other aspect of identity. Invite students to come up with examples for each category. Then pass out the *Ways to Develop Pride in Our Identities Handout* and have volunteers take turns reading all the strategies out loud.

When people feel proud of who they are and of their identities, it can help them be happy and deal with challenges as they get older. One of the ways we learn to be proud of our identities is through our interactions with others—with our families and friends, with teachers, in a religious community, at our jobs and at school.

Let's think of some of the specific things that people do to help them feel proud of their own identities, or to help others be proud of who they are. We can think of sexual orientation and gender identities as well as other identities that people have. I'm going to show you a few categories and ask you if you can think of some ideas in each category.

Refer to the *Ways to Develop Pride in our Identities (Categories) Visual*, but don't begin accepting responses or filling it in until you have read the next script.

I want to remind us all that it is easier for someone to feel proud of their identities when they see those identities reflected around them. For example, the first category here is "Connecting with community." If many of the people you go to school with are the same race or ethnicity as you, or the same religion or sexual orientation, you are connecting with members of your community every day. If your identities are not the same as many of the

people around you, you may have to work harder to connect with other members of your community. Remember, too, that being proud of your identities does not mean that you think your identities are better than someone else's. The focus is on feeling proud and good about yourself. Now, let's see if we can come up with some examples in each of these categories. What are some ways people could connect with other people who share an identity with them? You can think about any identity.

Allow students to answer.

You've come up with some great suggestions! Now I'm going to hand out a list of different ways for people to develop pride that we're going to take turns reading out loud.

6. Analyze a scenario

Hand out the *Developing Pride Scenario Handout.* Ask for four volunteers to read one paragraph each. After the first two paragraphs, read the discussion questions to the class. Give students a moment to think on their own about their answers to the questions, then have them pair up and share their answers with each other. Debrief as a large group as time allows, or simply move on to read the final two paragraphs and repeat the process. Suggested answers are provided below to assist in the debrief.

Now we're going to think specifically about transgender, lesbian, gay and bisexual people, and what things they could do to help them feel proud of their identities. We're going to take a look at someone who is in middle school and is struggling to feel proud of his identity. When we get to the discussion questions I will have you think, pair and share with a neighbor. Let's begin with a volunteer reader.

Scenario:
James is in the eighth grade. Because he has always lived as a boy and feels attracted to other boys, he currently identifies as a gay male. But lately James has been thinking that he might be trans. He doesn't know any other trans or genderqueer kids, but he would like to meet some and be able to talk with them. He belongs to the GSA (Gay Straight Alliance) at his school and likes going. His dad helps him attend by picking him after meetings. He has friends at school and is close with his family but lately he has been feeling a little lonely.

It seems like he doesn't ever see anyone who is like him. All the gay people on TV are white and James is black, and he never sees a trans person on TV except on talk shows. Although everyone at school is pretty nice, he hears things that worry him. People say "that's so gay" about everything, and sometimes kids try to make a joke by pretending that they're gay, talking with a weird voice and walking funny. Teachers don't ever seem to notice. Recently he told his best friend Samuel how he was feeling. Samuel wants to help him, but isn't really sure what to do.

- *How is James feeling now? Is he feeling proud of who he is?*
  James is feeling lonely, he is wondering if there are other people like him. He may also be feeling sad or maybe confused.

- *What is helping James feel proud?*
  He has good support from his dad, he has the GSA and friends at school.

- *What is getting in the way of James feeling proud?*
  He doesn't see people like him, kids at his school seem to make fun of gay people.

Samuel asked James if it would be OK for him to talk to his family about James's situation. He thought his mom might have some good advice. James said it was OK, and he decided to talk to his dad too. James's dad told him he was proud of him, and that he was sorry to hear that he had been feeling lonely. He had heard that there was a meeting in town for parents with lesbian, gay, bisexual or transgender kids, and he told James that he would check it out to see if those parents had some ideas and to help James meet kids who might be more like him.

Samuel's mom had heard that there were some events going on for LGBT history month, including an LGBT history exhibit at the library. She suggested that James and Samuel go together to see the exhibit, and offer to volunteer. She reminded Samuel how important it was to be a good friend to James right now, to really listen to him, spend time with him, and speak up if he saw people making anti-gay comments. James and Samuel talked again, and James felt glad to have some good ideas and to have the support of friends and adults in his life.

- *Let's look again at the list of strategies. Do you see any on the list that people used in this scenario?*
  - Samuel's mom suggested they attend an event to help both Samuel and James learn more about community history.
  - Samuel's mom suggested they volunteer for the event.
  - Samuel's mom suggested Samuel attend the even with James so that he could show his support for James.
  - Samuels's mom suggested he speak up when he sees discrimination.
  - James's dad plans to attend a meeting for parents of LGBT kids, so he can connect with that community, and to help his son connect with other kids.

- *If you were James's friend, what strategy would you have used to help him?*

- *What if James didn't know any supportive adults or if his town had not had these resources? How would things have been different for him? Do you have any ideas about what he could have done in that situation?*
  - Things would have been much harder for him. He would probably have continued feeling lonely and might have started to feel worse.
  - He could talk with other safe adults who might be supportive, like a school counselor a member of his extended family.
  - He could read books or watch movies with characters who are more like him. If he didn't know any books or movies, he could ask a librarian for help.
  - He could learn more by reading information from safe websites designed for kids his age.

If James didn't have supportive friends, or if he had not known how to connect with community or learn more about his community's history, I am sure he would have continued to feel lonely, and might even have become depressed. I think this scenario shows us how important it is for people to feel proud of themselves, and gives us some good ideas about how people can develop their own pride and how to help friends.

7. Provide resource sheet and conclude lesson

Hand out the *Sexual Orientation and Gender Identity Resources Handout.*

LGBTQ stands for lesbian, gay, bisexual, trans, queer and questioning. Here are a list of organizations that help support LGBTQ youth and their friends and family. If someone were in a situation like James, these are places that could help.

Good work, everyone. I'm glad we had an opportunity to discuss how to have pride in all of our identities today.

8. Assign homework

Allow students to choose between the individual or family homework and explain the assignments as needed.

Individual Homework: Sexual Orientation and Gender Identity

Family Homework: Sexual Orientation and Gender Identity, available in multiple languages on the FLASH website

9. Exit ticket

Hand out the *Lesson 2 Exit Ticket.*

Question: What is the difference between gender identity and sexual orientation?

Answer: Gender identity is whether you identify as male, female, both, neither or somewhere in between; sexual orientation is based on the gender of the people you're attracted to.

Warm Up

Visual

A person's identity refers to their sense of who they are as individuals and as members of social groups. People have many identities.

Their identities might include their gender, their race, their nationality, their sexual orientation, their family identity (sister, uncle, etc.), their religious identity, if they have one, their work or an important interest.

- Name 3 of your most important identities. For example: male, Mexican American, gay, sister, Buddhist, soccer player, artist, environmentalist, gamer, etc.

- Would you pick the same identities now as when you were in Kindergarten? Why or why not?

Sexual Orientation and Gender Identity Definitions

Visual

Sexual Orientation: Who a person is attracted to

Lesbian	A woman who is attracted to women
Gay	A man who is attracted to men
Bisexual	A person who is attracted to men and women
Straight	A man who is attracted to women, or a woman who is attracted to men
Queer	A broad term that can include gay, lesbian and bisexual people, as well as others who don't identify as straight

Gender Identity: How a person identifies their gender

Female	a person who identifies as a woman
Male	a person who identifies as a man
Transgender Trans	When a person's gender identity doesn't match the sex (male or female) the doctor said they were when they were born
Cisgender	When a person's gender identity matches the sex (male or female) the doctor said they were when they were born
Gender Queer Gender Fluid	Usually means a person doesn't feel exactly like a boy or a girl, at least not all the time

Sexual Orientation

Small Group Handout

Who a person is attracted to

Gender Identity

Small Group Handout

If a person identifies as a boy, a girl, both, neither or somewhere in between

Identity Terms

For "Definitions" Envelope

Female	Queer
Cisgender	Gay
Transgender Trans	Gender Queer Gender Fluid
Bisexual	Straight
Male	Lesbian

Identity Definitions

For "Definitions" Envelope

A woman who is attracted to women

A man who is attracted to men

A person who is attracted to men and women

A man who is attracted to women, or a woman who is attracted to men

---

A broad term that can include gay, lesbian and bisexual people, as well as others who don't identify as straight

---

A person who identifies as a woman

A person who identifies as a man

When a person's gender identity doesn't match the sex (male or female) the doctor said they were when they were born

---

When a person's gender identity matches the sex (male or female) the doctor said they were when they were born

---

Usually means a person doesn't feel exactly like a boy or a girl, at least not all the time

Common Questions Activity

Visual

1. How does someone know their sexual orientation or their gender identity?

2. Can lesbian, gay and trans people have kids?

3. If a boy acts like a girl or a girl acts like a boy, does that mean they are gay?

4. How do gay, lesbian and trans people have sex?

5. How old are people when they know their sexual orientation or gender identity?

6. Can you change your sexual orientation or gender identity?

7. What if I don't know someone's sexual orientation or gender identity? What should I call them?

Answer Cards

For "Answers" Envelope

A person knows their sexual orientation based on who they feel attracted to. A person knows their gender identity based on if they feel like a boy, a girl, both, neither or somewhere in between.

Yes. Any person with a uterus, ovaries and a vagina can become pregnant, regardless of their gender identity or sexual orientation. They could become pregnant from having vaginal sex or by placing donated sperm in their vagina. People can also arrange to have someone else, called a surrogate, to carry a pregnancy for them. Finally, a person of any sexual orientation or gender identity can adopt children.

Answer Cards

For "Answers" Envelope

There is no one way for boys or girls to act, although there are certain stereotypes about what behavior is masculine and what behavior is feminine. A person's sexual orientation is based on who they are attracted to, not how they act or what sorts of things they are interested in.

People can have different kinds of sexual touch with a partner, including kissing, hugging and cuddling, no matter what their sexual orientation or gender identity is. Couples might also have oral, anal or vaginal sex, depending on what body parts the two people have and what activities they have consented to.

Answer Cards

For "Answers" Envelope

People often know who they are attracted to by middle or high school. They often know if they feel like a boy, a girl, both, neither or somewhere in between by elementary school. However, every person is different and some people will know at younger or older ages.

A person cannot control who they are attracted to and they cannot control if they feel like a boy, a girl, both, neither or somewhere in between. Even though people can't change their feelings, they can change the term they identify with if they need or want to.

Answer Cards

For "Answers" Envelope

Every person has the right to name their own identities. It is polite to ask someone how they identify their sexual orientation and gender identity, and what words they would like you to use when talking to them. It is important to respectfully use the words and pronouns people have asked others to use.

Ways to Develop Pride in Our Identities (Categories)

Visual

Connecting with community

Standing up for others who face discrimination based on their identities

Learning about community history

Ways to Develop Pride in Our Identities

Handout

Connecting with community

- Volunteer with organizations that work with specific communities.
- Attend events put on by that community.
- Join school clubs or community organizations that are for specific communities.

Standing up for others who face discrimination based on their identities

- Speak up when you see or hear discrimination based on people's identities.
- Volunteer with organizations that fight discrimination.
- Organize projects or events within your own community that fight against discrimination.
- Support individuals who have faced discrimination by publicly showing your friendship.
- Support individuals who have faced discrimination by asking them what they need, instead of trying to solve their problems.

Learning about community history

- Educate yourself about your community's history by reading books, watching films, and talking to older community members.
- Educate yourself about the history of other communities that you are not already learning about at school.
- Every community has parts of its history to be proud of and parts that people do not feel proud of. Decide for yourself what you can feel proud of, and what parts were not so good.

Developing Pride Scenario

Handout

James is in the eighth grade. Because he has always lived as a boy and feels attracted to other boys, he currently identifies as a gay male. But lately James has been thinking that he might be trans. He doesn't know any other trans or genderqueer kids, but he would like to meet some and be able to talk with them. He belongs to the GSA (Gay Straight Alliance) at his school and likes going. His dad helps him attend by picking him after meetings. He has friends at school and is close with his family but lately he has been feeling a little lonely.

It seems like he doesn't ever see anyone who is like him. All the gay people on TV are white and James is black, and he never sees a trans person on TV except on talk shows. Although everyone at school is pretty nice, he hears things that worry him. People say "that's so gay" about everything, and sometimes kids try to make a joke by pretending that they're gay, talking with a weird voice and walking funny. Teachers don't ever seem to notice. Recently he told his best friend Samuel how he was feeling. Samuel wants to help him, but isn't really sure what to do.

- *How is James feeling now? Is he feeling proud of who he is?*
- *What is helping James feel proud?*
- *What is getting in the way of James feeling proud?*

Samuel asked James if it would be OK for him to talk to his family about James's situation. He thought his mom might have some good advice. James said it was OK, and he decided to talk to his dad too. James's dad told him he was proud of him, and that he was sorry to hear that he had been feeling lonely. He had heard that there was a meeting in town for parents with lesbian, gay, bisexual or transgender kids, and he told James that he would check it out to see if those parents had some ideas and to help James meet kids who might be more like him.

Samuel's mom had heard that there were some events going on for LGBT history month, including an LGBT history exhibit at the library. She suggested that James and Samuel go together to see the exhibit, and offer to volunteer. She reminded Samuel how important it was to be a good friend to James right now, to really listen to him, spend time with him, and speak up if he saw people making anti-gay comments. James and Samuel talked again, and James felt glad to have some good ideas and to have the support of friends and adults in his life.

- *Do you see any strategies on the list that people used in this scenario?*
- *If you were James's friend, what strategy would you have used to help him?*
- *What if James didn't know any supportive adults or if his town had not had these resources? How would things have been different for him? Do you have any ideas about what he could have done in that situation?*

Sexual Orientation and Gender Identity Resources

Handout

GLBT National Help Center
1-888-843-4564
www.glnh.org
Peer support through the GLBT National Hotline and the GLBT National Youth Talkline. Provides online peer counseling, runs a moderated trans teen online talk group, and maintains a collection of resources across the U.S., searchable by zip code and by topic.

The Trevor Project
1-866-488-7386
www.thetrevorproject.org
A national 24-hour, toll-free suicide prevention hot line designed to serve gay and questioning youth.

Youth Resource
www.youthresource.com
Information and support for GLBT youth. This site is also a good resource on issues relating to young women, youth of color, depression, safer sex, relationships, and many other topics.

Parents, Families and Friends of Lesbians and Gays (PFLAG)
www.pflag.org
The nation's largest family and ally organization. PFLAG has chapters and members in major urban centers, small cities, and rural areas in all 50 states. The website provides educational materials and maintains a listing of PFLAG chapters, searchable by zip code.

Family Acceptance Project
http://familyproject.sfsu.edu/
Works to prevent health and mental health risks for LGBT children and youth in the context of their families, cultures and faith communities. The website includes materials designed to assist families in supporting their LGBT children.

Gay-Straight Alliance Network
https://gsanetwork.org/sexualhealth
Provides information about starting a Gay-Straight Alliance in middle and high schools, including educational resources and information about training. They maintain a directory of state-level GSA networks from across the U.S.

American Library Association Rainbow Book list
http://glbtrt.ala.org/rainbowbooks/
The Rainbow List is a bibliography of books with significant gay, lesbian, bisexual, transgender or queer/questioning content, and which are aimed at youth from birth through age 18.

Individual Homework: Sexual Orientation and Gender Identity

Name: _____ **Period:** _____

Use the *Sexual Orientation and Gender Identity Resources* handout or other resources supplied by your school, family, clinic or library to answer the following questions.

1. Write down the name and phone number of a talk line that LGBTQ teens can call for free and confidential support, factual information and resources.

2. Find out if there is a local resource for LGBTQ youth within 25 miles. If so, write down the name and email address. You may use the website below, if needed.

   - Go to the website for the Gay and Lesbian National Hotline: www.glnh.org.
   - Click on "Resources."
   - Put in your own zip code or your school's zip code, select "25 miles," and select "youth."

3. PFLAG stands for Parents, Families and Friends of Lesbians and Gays. PFLAG has information, resources and support for straight and cisgender people who have LGBTQ people in their lives. Write down the closest PFLAG group to your community.

   - Go to the website for PFLAG: www.pflag.org.
   - Click on "Find a Chapter."
   - Select your state or enter a zip code.

Family Homework: Talking About Sexual Orientation and Gender Identity

All Family Homework is optional. Students may complete Individual Homework instead.

Purpose: Family Homework is a chance to share your beliefs about sexuality and relationships, and the beliefs of your family, culture or religion.

Directions: Student will do the homework with a family member or trusted adult who is like family. Find a quiet place where the two of you can talk privately for 5-10 minutes. Please follow these guidelines:

- It is OK for either of you to skip a question.
- What you discuss will not be shared with anyone else, unless you give one another permission to share it.
- Take turns asking questions. When it is your turn to listen, try to understand the other person's response.

Ask the adult: Do we have any identities in this family you especially want me to be proud of? (for example, race, religion, nationality, heritage, etc.)

Ask the student: What identity of yours do you feel especially proud of?

Ask the adult: What are good ways to show respect to people who are gay, lesbian, bisexual and transgender?

Ask the student: Do you ever see kids your age show disrespect to gay, lesbian, bisexual or transgender people? What do you think should be done to stop it?

Family Homework Confirmation Slip: Talking About Sexual Orientation and Gender Identity

Due: _____

We have completed the family homework.

_____ _____

Date Signature of family member or trusted adult

_____ _____

Student's name Signature of student

Exit Ticket

Handout

What is the difference between gender identity and sexual orientation?

Lesson 2: Assessment Questions

1. Which of the following are ways to show respect to a person whose gender identity or sexual orientation is different from yours? Choose all that apply

   A. Ask them how they identify their sexual orientation or gender identity.
   B. Respectfully use the words and pronouns they ask you to use.
   C. Take your best guess about their identity and call them what you think is the right word or pronoun.
   D. Assume everyone's sexual orientation and gender identity is the same as yours.

2. Thinking about the scenario we read in class today about James and his friend Samuel, answer the following questions:

   A. When James heard anti-gay comments at his school, how did it affect him?

   B. Samuel was straight and cisgender, and was good friends with James, who is gay and possibly transgender. In the scenario, what things did Samuel learn or get to do as a result of his friendship with James?

Lesson 2: Assessment Key and Standards Alignment

Question	Answer	Standards
1. Which of the following are ways to show respect to a person whose gender identity or sexual orientation is different from yours? Choose all that apply. A. Ask them how they identify their sexual orientation or gender identity. B. Respectfully use the words and pronouns they ask you to use. C. Take your best guess about their identity and call them what you think is the right word or pronoun. D. Assume everyone's sexual orientation and gender identity is the same as yours.	A & B	NHES: SH1.8.36 SH4.8.6 NSES: ID.8.IC.1 PS.8.SM.1
2. Thinking about the scenario we read in class today about James and his friend Samuel, answer the following questions: A. When James heard anti-gay comments at his school, how did it affect him? B. Samuel was straight and cisgender, and was good friends with James, who is gay and possibly transgender. In the scenario, what things did Samuel learn or get to do as a result of his friendship with James?	Any of the following answers are acceptable: A. He felt lonely, concerned, alone, different. B. Samuel learned about resources in his community; he learned about LGBT history; he was able to go to an event that he might not have thought to go to otherwise; he learned about how to be a good friend.	NHES: SH1.8.33 SH1.8.34 SH1.8.35 NSES: PD.8.INF.1
Exit Ticket: What is the difference between gender identity and sexual orientation?	Gender identity is whether you identify as male, female, both, neither or somewhere in between; sexual orientation is based on the gender of the people you're attracted to.	NSES: ID.8.CC.1
Individual Homework: 1. Write down the name and phone number of a talk line that LGBTQ teens can call for free and confidential support, factual information and resources. 2. Find out if there is a local resource for LGBTQ youth within 25 miles. 3. Write down the closest PFLAG group to your community.	Answers will vary by community.	NSES: ID.8.AI.1

Integrated Learning Activities

STUDENT GOVERNMENT: Respect for All
Develop a plan to promote dignity and respect for all people in the school community. Include steps that can be taken to promote the dignity and respect of LGBTQ students, families and school staff. Use information from the Tolerance.org website listed below when creating your plan. Be sure to include items that you can do as a student. If there is a school policy you believe needs to be changed, explain what steps you would take to advocate for its change.
http://www.tolerance.org/lgbt-best-practices

HISTORY: Famous LGBT People in History Poster
Use the website provided below or work with a librarian to find a list of famous LGBTQ people from history. Make a poster about one of those people, using the template provided below as a guide. Make sure to include the following information in your poster: a picture of the person, a few sentences summarizing who they are and why they are important, three significant events from their life, one important fact you learned about them, and at least two resources (such as books or websites) for learning more about them.
To learn more about famous LGBT people in history: http://gsaday.org/featured/lgbt-straight-allied-history/
History poster template: http://printables.scholastic.com/shop/prcontent/Biography-Report-Fill-in-Poster/9780439323239-001

LANGUAGE ARTS: Book Report
Choose a book featuring an LGBTQ character from the website provided below and write a report. Provide a one paragraph summary of the plot, one or two paragraphs describing the main character and main supporting character(s), and include at least one paragraph explaining how the main character's sexual orientation or gender identity influenced the story.
Young Adult Library Services Association: Guide to YA Novels with LGBTQ Characters:
http://www.yalsa.ala.org/thehub/2013/08/06/a-guide-to-ya-novels-with-lgbtq-characters/

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Rules of Dating

Grade 6–8, Lesson 3

Summary

Students brainstorm common behaviors, both positive and negative, for each step of dating. Acting as the Presidential Teen Dating Commission, they work in small groups to develop dating rules that would result in healthier relationships. Students vote for their favorite new rules, setting positive norms for healthy dating behaviors.

Student Learning Objectives

The student will be able to …

1. Explain the qualities of a healthy dating relationship.
2. Collaborate with others to advocate for safe, respectful and equitable relationships.

Lesson Timing

Warm up	Bell work + 3 minutes
Introduce topic	2 minutes
Brainstorm and debrief dating behaviors	12 minutes
Review state laws on relationships and sex	5 minutes
Presidential Teen Dating Commission activity	20 minutes
Discuss Dating Commission activity	5 minutes
Assign homework	
Exit ticket	3 minutes
Total	50 minutes

FLASH Key Concepts

Everyone has the right to say who touches their body and how.

It is never OK to touch someone else if they don't want you to, or to make them touch you.

There are laws about sex that everyone must follow.

Permission or agreement is required to engage in all sexual activity.

Rigid ideas about how men and women should act are harmful and limit how people can express themselves.

Standards

National Health Education Standards (SHECAT)

Standard 1	Students will comprehend concepts related to health promotion and disease prevention to enhance health.
SH1.8.2	Explain the qualities of a healthy dating relationship.
SH1.8.4	Describe healthy ways to express affection, love, and friendship.
Standard 2	Students will analyze the influence of family, peers, culture, media, technology, and other factors on health behaviors.
SH2.8.6	Analyze how relevant influences of school and community affect sexual health practices, behaviors, and relationships.
SH2.8.8	Analyze how relevant influences of peers affect sexual health practices, behaviors, and relationships.
Standard 4	Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.
SH4.8.1	Demonstrate the effective use of verbal and nonverbal communication skills to promote sexual health and healthy relationships.
Standard 8	Students will demonstrate the ability to advocate for personal, family, and community health.
SH8.8.1	State a health-enhancing position on a sexual health-related topic, supported with accurate information, to improve the health of others.
SH8.8.4	Collaborate with others to advocate for safe, respectful, and responsible relationships.

National Sexuality Education Standards

ID.8.IC.1	Communicate respectfully with and about people of all gender identities, gender expressions and sexual orientations.
ID.8.ADV.1	Develop a plan to promote dignity and respect for all people in the school community.
HR.8.CC.1	Compare and contrast the characteristics of healthy and unhealthy relationships.
HR.8.CC.2	Describe the potential impacts of power differences such as age, status or position within relationships.
HR.8.CC.5	Describe the advantages and disadvantages of communicating using technology and social media.
HR.8.INF.1	Analyze the ways in which friends, family, media, society and culture can influence relationships.
HR.8.IC.1	Demonstrate communication skills that foster healthy relationships.
HR.8.IC.2	Demonstrate effective ways to communicate personal boundaries and show respect for the boundaries of others.
PS.8.CC.1	Describe situations and behaviors that constitute bullying, sexual harassment, sexual abuse, sexual assault, incest, rape and dating violence.
PS.8.CC.3	Explain that no one has the right to touch anyone else in a sexual manner if they do not want to be touched
PS.8.CC.4	Explain why a person who has been raped or sexually assaulted is not at fault
PS.8.SM.1	Describe ways to treat others with dignity and respect.

Rationale

Sexual Violence Prevention

The prevention of sexual violence is both a behavioral goal of FLASH in its own right, and an important strategy for preventing teen pregnancy and STDs. Sexual violence is correlated with a host of acute and chronic health problems, amplified by high rates of victimization in the United States.[1] Sexual violence is also strongly linked to teen pregnancy and STDs. Pregnant teens have higher rate of previous sexual assault, as do teens who begin having intercourse at a young age, increasing their risk of teen pregnancy and STDs.[2 3 4 5] Moreover, young teens with much older male partners have greatly increased risk of pregnancy.[6 7] Clearly, effective sexual violence prevention can reduce suffering and improve outcomes across many domains of health.

Sexual violence prevention programs have not been evaluated to the same extent as programs that reduce teen pregnancy and STDs. In the fields of public health and sexual violence prevention, the recommended approach to reduce sexual violence is to address "upstream" risk factors for perpetration.[8] FLASH's sexual violence prevention lessons address the risk factors for perpetration identified by the CDC[9] that are amenable to change through a school-based curriculum:

- Hostility towards women
- Hypermasculinity (exaggerated adherence to traits stereotypically attributed to men)
- General tolerance of sexual violence within the community
- Societal norms that support male superiority and sexual entitlement
- Societal norms that maintain women's inferiority and sexual submissiveness.

Focusing prevention efforts in early adolescence is a strategic and necessary approach. Rates of reported rape and sexual assault peak in adolescence.[10] Middle school students are just beginning to have romantic relationships, and their dating behavior and norms are characterized by risk factors for sexual violence identified by the CDC.[11]

Significantly, strategies to prevent victimization (e.g. how women can avoid risky situations for sexual assault) and to increase empathy for victims of sexual violence have had mixed results.[12] These approaches were also shown to have the unintended consequence of strengthening participants' beliefs in rape myths (e.g., women are responsible for being raped).[13] This further underscores the need to focus prevention efforts on reducing perpetration.

The CDC risk factors are specific to male-on-female violence. Importantly, research links these same risk factors to same-sex sexual harassment and sexual violence targeted at LGBT young people.[14] While the majority of sexual violence is perpetrated by men against women, there is much more to be learned about the risk factors for sexual violence perpetrated by women against men, and sexual violence perpetrated against someone of the same gender.

Rules of Dating

Qualitative research with middle school students demonstrates the connection between sexual violence, rigid gender expectations in dating, and early adolescents' harmful responses to breaking up.[15] *Rules of Dating* focuses heavily on resetting these social norms. Students create rules of dating that are equal and fair for all youth and not based on gender, and these rules are posted in the classroom. The lesson also normalizes breaking up as an expected stage of dating for teens, with the intent of reducing the emotional and verbal abuse that commonly follows.

Materials Needed

Student Materials

- *Presidential Teen Dating Commission Worksheet*
- *Individual Homework: The Most Helpful Rule of Dating*
- *Family Homework: Talking About Dating,* available in multiple languages on the FLASH website
- *Lesson 3 Exit Ticket*

Classroom Materials

- *Lesson 3 Warm Up*
- *Steps of Dating Visual*
- *United States Laws on Relationships and Sex Visual*, or use links to adapt the visual for your specific state. In Washington State, use *Washington State* version.
- *Creating Rules for Dating Visual*
- Easel paper
- Blank quarter sheets of paper or index cards
- Dot stickers
- Tape

Teacher Materials

- Appendix 2: Laws Relevant to a Sexual Health Unit

Teacher Preparation

1. Post 4 newsprints around the room with the following titles: Put small pieces of tape next to each piece of newsprint.
    1. Asking someone out
    2. Dating
    3. Breaking up
    4. General rules for dating

2. Prepare Visuals for document camera or projector.

Activities

1. Warm Up

Display warm up as bell work.

Prompt: Describe one characteristic of a healthy dating relationship. Then explain why you think this quality would be important. (1 to 2 sentences)

2. Introduce topic

Today we are going to look more closely at dating. I know that some of you are already dating, or are interested in dating, and some of you are not. Of course, even people who are not dating can still have ideas and opinions about it. Sometimes families have rules about dating, such as how old you have to be before you can date, if you have to date in groups or always have an adult with you. In this lesson, you are going to have a chance to make some rules of your own about how you think people should act with each other when they are dating.

3. Brainstorm and discuss dating behaviors

Display and read the *Steps of Dating Visual.* Lead the class in a brainstorm of common behaviors, both positive and negative, for each step of dating, and write their ideas on newsprint. Focus on behaviors, not feelings. If students describe a behavior with the person's gender (e.g. "boys ask girls for their number"), write it down verbatim. After brainstorming all 3 steps, have students identify any brainstorm items that seem to be more common behaviors for boys or for girls.

Let's start by talking about what dating really looks like. Dating usually has 3 main events: (1) asking someone out or getting together, (2) dating or going out, and (3) breaking up. At some point when they are older, probably after high school, a person may meet someone who they want to spend the rest of their life with, and they may never break up. However, for most relationships, these are the three main steps.

We are going to create a list of common behaviors for each step of dating. This is not a list of what people "should" do, but rather what you have seen or heard of people actually doing, both good and problematic.

Step 1: Asking someone out or getting together

- *How do people ask each other out? How do they get together?*
- *What sorts of things do they do or say to each other?*
  If students say "flirting," prompt for concrete detail: *How would you know someone was flirting? What would they say or do?*

Step 2: Dating or going out

- *What sorts of things do two people do together when they're dating?*
- *How do they treat each other?*
- *How do they talk to other people about their boyfriend or girlfriend?*

Step 3: Breaking up

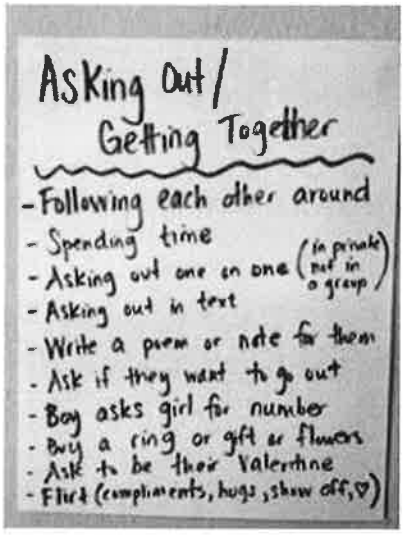
- *How do people break up with each other?*
- *How do they talk about their ex to other people?*
- *What sorts of specific behaviors would you see?*

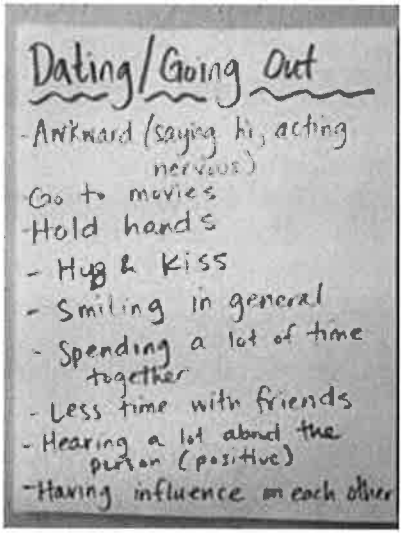
Help students focus on the act of breaking up or the immediate aftermath.

Take a look at these lists. Do all people usually do these things, or are some of them more likely for only boys or only girls? Point out brainstorm items that already include gender, if any. Make a notation next to additional items that students identify.

This is not surprising because in our society there are often different expectations of people depending on their gender—whether they are a boy or a girl. When we write our own rules, we will have a chance to make rules that are more fair for everyone.

Examples of student brainstorms





4. Review state laws on relationships and sex

Display and read the *United States* or *Washington State Laws on Relationships and Sex Visual*.

Now we are going to talk about some of the rules that people need to follow about relationships and sex. First we are going to see our state (or U.S.) laws.

Read the visual.

These laws are very important in keeping people safe from sexual assault and abuse, but they don't go very far in teaching people how to have happy, healthy relationships. That is going to be your job in the next activity!

5. Conduct Presidential Teen Dating Commission activity

Ask the class to describe what it means for a rule to be fair.

The idea of fairness is important to the rest of the lesson. Can someone tell me: what does it mean for a rule to be fair?

Right, it applies the same to everyone. It is not biased in favor of one person or group of people.

Project and read the *Creating Rules for Dating Visual*.

I want you all to imagine that you have been appointed by the President of the United States to the Presidential Teen Dating Commission. Your job on the commission is to create a set of dating rules for teens so that they can have happier, healthier dating relationships. There are a few things you should keep in mind as you are creating your rules.

Distribute the *Presidential Teen Dating Commission Worksheet*. Divide students into groups of 4-6. Have each group work together to write at least one rule for each of the dating steps on their worksheet.

I'm going to divide you into small groups. Each group should write at least 3 rules: one rule for each dating step. Try to make them complete, well-written rules that anyone could follow. The guidelines we just reviewed will help you. Write the rules that your whole group agrees upon on your handout. There's also a place for any other general dating rules you can think of.

After 5 minutes, give each group 4 sheets of blank paper and markers. Tell the groups to legibly write one rule per sheet, and tape their sheets to the corresponding newsprint posted around the room. Keep the pace quick.

I would like your group to write each rule you have come up with on an individual piece of paper. Please write big and clearly because others will be reading these. Then, tape your individual rules on the poster where they belong. For example, you will tape your rule for "Asking Someone Out" onto the poster titled "Asking Someone Out." You will see pieces of tape to use next to each poster. When you are done, please return to your seats.

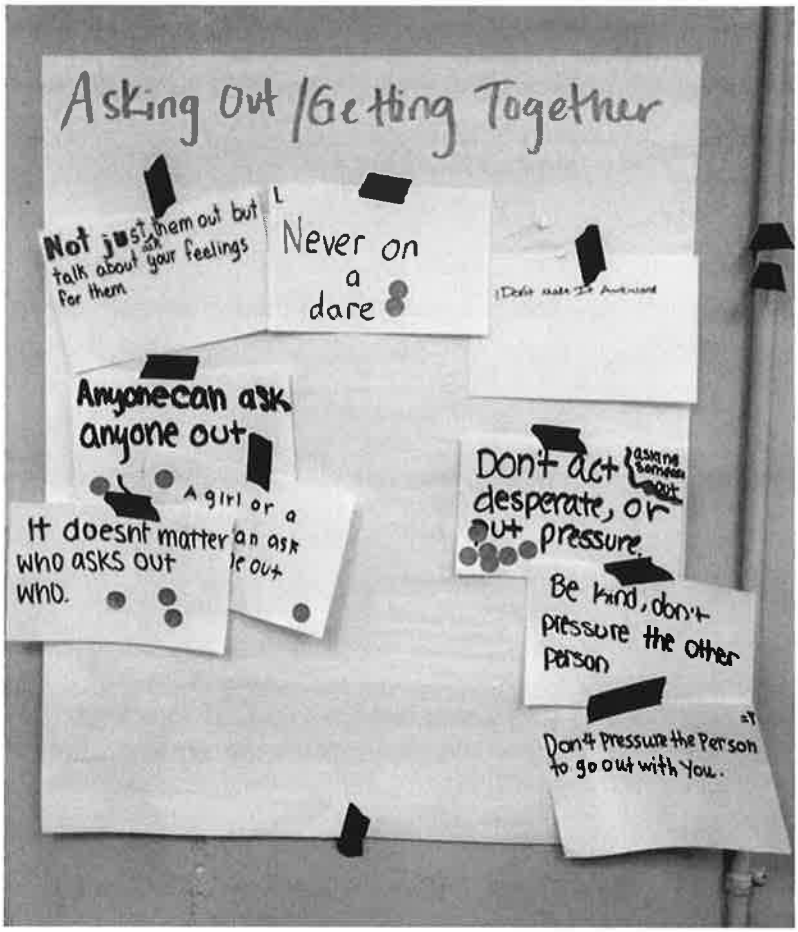
Review and cluster the rules, observing common themes.

I'm going to read each of the rules and see if we have some similarities. Please pay attention because as soon as I'm done reading you will be voting on your favorite rules.

Give each student two dot stickers to place on their favorite rules. Continue to keep the pace quick.

Now it is time for the Presidential Teen Dating Commission to vote! You have two stickers and one minute to vote. You can vote for your two favorite rules by putting a sticker next to the rule on the paper. It is OK if you want to vote for your own rule. Ready, set go!

Example of clustering similar rules and voting with stickers



6. Debrief top-scoring rules with focus on key concepts

Walk around the room and read the top scoring rule from each category, or have students read the top scoring rules. If two rules are tied or close in votes, read both. Praise students for their smart rules.

Ask students:

- *If these rules were followed by everyone, how would relationships be different than the ones you see now?*
- *How would people feel in their relationships?*
- *There is research that shows that abuse can happen even in middle school relationships, while dating and while breaking up. Would following these rules help that problem? Why?*

Summarize.

It is very helpful for you to be thinking at this age about what a good relationship would look like, because we all have choices about how we treat others. Planning ahead, like you all have done here, increases the likelihood that you will make good choices about the way you treat others. It will also help you recognize if you have a friend who is not treating others well, or who is being abused. I appreciate all of your hard work today, and I appreciate the great rules that the Teen Dating Commission has voted on!

After class, make a poster of the top scoring rules to display for the rest of the unit or session. This can also be an enrichment activity for students to create.

7. Assign homework

Allow students to choose between the individual or family homework and explain the assignments as needed.

Individual Homework: The Most Helpful Rule of Dating

Family Homework: Talking about Dating, available in multiple languages on the FLASH website

8. Exit Ticket

Hand out the *Lesson 3 Exit Ticket.*

Question: Write one rule for how to behave toward an ex-boyfriend or ex-girlfriend after a break-up. The rule must be fair (it is the same for everyone) and must help ensure that the other person is treated with respect. It can be a rule that was discussed in class today or a new one.

Answer: Any rule that satisfies the criteria of fair and respectful.

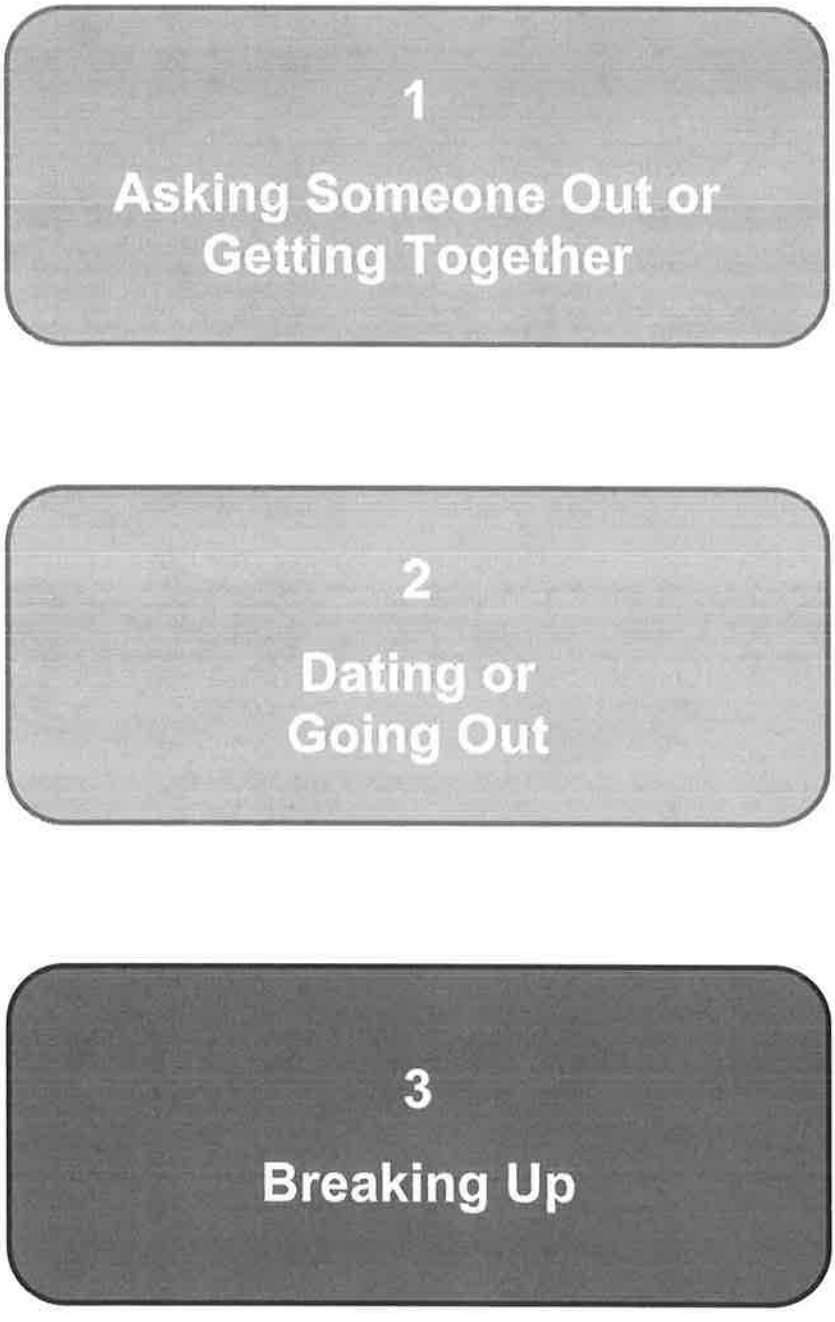
Warm Up

Visual

Describe one characteristic of a healthy dating relationship. Then write 1 or 2 sentences to explain why you think this quality is important.

Steps of Dating

Visual



Washington State Laws on Relationships and Sex

Visual

1. A person has to be at least 18 years old to get married.

2. A person can get married to someone of any gender.

3. If two people have sex or engage in sexual touch, they have to both give consent to each other, which means permission.

   If a person who is drunk or high gives consent to have sex, it does not legally count as consent. The person they have sex with will get in trouble.

   It is never allowed to have sex with a person who is passed out, asleep or unconscious, even if the person consented to sex in the past. Consent needs to be freely given each time.

4. At age 16, a person can legally give their permission to have sex.

5. If someone under the age of 16 chooses to have sex or engage in sexual touch, they can only legally consent to someone who is close in age.

   The only way a person can make sure they are following the law is to never sexually touch or get in a relationship with someone who is more than 2 years younger than them.

   If an older and a younger person have sex, the older person is the one breaking the law, and will be in trouble.

6. Anyone who is in a position of power, such as a teacher, coach or boss, cannot have sexual contact with a youth or student they supervise, no matter how they met.

United States Laws on Relationships and Sex

Visual

1. A person has to be at least 18 years old to get married in most states.

2. A person can get married to someone of any gender.

3. If two people have sex or engage in sexual touch, they have to both give consent to each other, which means permission.

   If a person who is drunk or high gives consent to have sex, it does not legally count as consent in most states. The person they have sex with will get in trouble.

   It is never allowed to have sex with a person who is passed out, asleep or unconscious, even if the person gave consent in the past. Consent needs to be freely given each time.

4. A person can legally give their permission to have sex at age 16, 17 or 18, depending on their state. The laws for people who are younger than this and who choose to have sex or engage in sexual touch are different depending on the state they live in.

5. Anyone who is in a position of power, like a teacher, coach or boss, cannot have sexual contact with a youth or student they supervise, no matter how they met.

6. Information about individual state laws:

   Sexual assault and abuse
   www.rainn.org/public-policy/laws-in-your-state

   Age of marriage
   www.law.cornell.edu.wex.table_marriage

Creating Rules for Dating

Visual

You have been appointed by the President of the United States to the Presidential Teen Dating Commission. Your job is to create dating rules for teens.

The rules you create must meet the following criteria:

- The rules must be completely fair.
- Every rule must work for everyone, including people of all sexual orientations, gender identities, cultures, races, religions, economic levels, etc.
- The rules should promote respect and fairness between the people who are dating.
- The rules can't cause harm to anyone.
- There must be at least one rule for each step of dating.

These rules should cover many topics and situations, such as:

- How people talk to each other
- How people talk to others about their boyfriend or girlfriend
- How people show physical affection to their boyfriend or girlfriend
- How people make decisions on what they are going to do
- How people handle disagreements
- How people handle someone telling them No

Presidential Teen Dating Commission

Worksheet

Instructions: You have been appointed by the President of the United States to the Presidential Teen Dating Commission. Your job is to create a set of dating rules for teens, so that they can have happier, healthier dating relationships. The rules you create must meet the following guidelines:

- ☐ The rules must be completely fair.
- ☐ Every rule must work for everyone, including people of all sexual orientations, gender identities, cultures, races, religions, economic levels, etc.
- ☐ The rules should promote respect and fairness between the people who are dating.
- ☐ The rules can't cause harm to anyone.
- ☐ There must be at least one rule for each step of dating.

1. Asking Someone Out or Getting Together

2. Dating or Going Out

3. Breaking Up

4. General Rules for Dating *(optional)*

Individual Homework: The Most Helpful Rule of Dating

Name: _____ **Period:** _____

1. In class we discussed many new rules for dating to help people have happier and healthier relationships. If you could choose only one rule, which one do you think would help the most teens? The rule can cover any dating situation.

2. Give at least two reasons you think this rule would be helpful.

Family Homework: Talking About Dating

All Family Homework is optional. Students may complete Individual Homework instead.

Purpose: Family Homework is a chance to share your beliefs, and the beliefs of your family, culture or religion, about sexuality and relationships.

Directions: Student will do the homework with a family member or trusted adult who is like family. Find a quiet place where the two of you can talk privately for 5-10 minutes. Please follow these guidelines:

- It is OK for either of you to skip a question.
- What you discuss will not be shared with anyone else, unless you give one another permission to share it.
- Take turns asking questions. When it is your turn to listen, try to understand the other person's response.

Ask the adult: Families have different ideas about dating. What do you think are the advantages and disadvantages of teens dating?

Ask the student: Are there any other advantages or disadvantages of teens dating that I didn't think of?

Ask the adult: Today in class we made up new rules for dating that would result in healthier relationships and people treating each other with more respect. If you could make up one rule for all teens and young adults to follow about dating, what would it be?

Ask the student: If *you* could make up one rule for all teens and young adults to follow about dating, what would it be?

Family Homework Confirmation Slip: Talking About Dating

Due: _____

We have completed the family homework.

_____ _____

Date Signature of family member or trusted adult

_____ _____

Student's name Signature of student

Exit Ticket

Handout

Write one rule for how to behave toward an ex-boyfriend or ex-girlfriend after a break-up.

The rule must be fair (it is the same for everyone) and must help ensure that the other person is treated with respect.

It can be a rule that was discussed in class today or a new one.

Lesson 3: Assessment Questions

1. There are situations when it is illegal to have sex, even if both people want to have sex with each other. Circle the examples below in which sex would be against the law.

   A. 10th grade student and teacher
   B. Two 12th grade students
   C. 8th grade student and 12th grade student

2. Kyle and Sasha have been going out for a month, but Kyle doesn't want to date Sasha any more. Describe how Kyle can break up with Sasha in a way that treats Sasha with respect?

3. Which of the following ways to ask someone out are signs of healthy dating relationship?

   A. Be persistent. Refuse to take no for an answer.
   B. Ask someone out one on one.
   C. Follow the person around during school and after school.
   D. Have a friend ask the person for you if you're shy.

Lesson 3: Assessment Key and Standards Alignment

Question	Answer	Standards
1. There are situations when it is illegal to have sex, even if both people want to have sex with each other. Circle the examples below in which sex would be against the law. A. 10th grade student and teacher B. Two 12th grade students C. 8th grade student and 12th grade student	A and C	NSES: HR.8.CC.2 PS.8.CC.1
2. Kyle and Sasha have been going out for a month, but Kyle doesn't want to date Sasha any more. Describe how Kyle can break up with Sasha in a way that treats Sasha with respect?	Any example that demonstrates respectful behavior is acceptable	NHES: SH4.8.1 NSES: HR.8.IC.1 HR.8.IC.2 PS.8.SM.1
3. Which of the following ways to ask someone out are signs of a healthy dating relationship? A. Be persistent. Refuse to take no for an answer. B. Ask someone out one on one. C. Follow the person around during school and after school. D. Ask a friend to ask the person for you.	B	NHES: SH1.8.4 SH4.8.1 NSES: HR.8.CC.1 HR.8.IC.1 PS.8.SM.1
Exit Ticket: • Write one rule for how to behave toward an ex-boyfriend or ex-girlfriend after a break-up. • The rule must be fair (it is the same for everyone) and must help ensure that the other person is treated with respect. • It can be a rule that was discussed in class today or a new one.	Any rule that promotes respectful behavior or discourages negative behavior is acceptable	NHES: SH1.8.2 SH8.8.1 NSES: ID.8.ADV.1 PS.8.SM.1
Individual Homework: 1. In class we discussed many new rules for dating to help people have happier and healthier relationships. If you could choose only one rule, which one do you think would help the most teens? The rule can cover any dating situation. 2. Give it at least two reasons you think this rule would be helpful.	Any rule and supporting reasoning that promotes respectful behavior or discourages negative behavior is acceptable	NHES: SH1.8.2 SH8.8.1 NSES: ID.8.ADV.1 PS.8.SM.1

Family Homework		NHES: SH1.8.2 SH8.8.1 NSES: ID.8.ADV.1 PS.8.SM.1

Integrated Learning Activities

SOCIAL STUDIES: Dating Interview

Interview someone at least 50 years older than you about how they think dating has changed since they were a teen or young adult. Ask them about their observations. Have they noticed changes in dating in the world around them—family, TV, movies, etc.? It doesn't matter whether or not they ever dated; the purpose is not to ask about their personal dating experiences. Write a paragraph about the ways dating has changed and/or remained the same. Be sure to include where the person lived (state or country) when they were a teen.

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Saying No

Grade 6–8, Lesson 4

Summary

Students define abstinence and learn the steps to refusing effectively. In small groups, they practice using refusal skills and observe their peers modeling effective refusal skills.

Student Learning Objectives

The student will be able to …

1. Define sexual abstinence as it relates to pregnancy and STD prevention.
2. Demonstrate effective peer refusal skills to avoid sexual risk behaviors.

Lesson Timing

Warm up	Bell work + 2 minutes
Definition of abstinence	5 minutes
Refusal skills	10 minutes
Refusal skill scenario – large group	10 minutes
Refusal skill scenarios – small group	20 minutes
Assign homework	
Exit ticket	3 minutes
Total	50 minutes

FLASH Key Concepts

Abstinence is choosing not to have oral, anal or vaginal sex.

Most high school students are abstinent.

Choosing abstinence means a person does not have to worry about pregnancy or STDs.

People of every sexual orientation and gender identity choose abstinence.

People can choose abstinence at any point in their lives, whether or not they have had sex before.

Standards

National Health Education Standards (SHECAT)

Standard 1	Students will comprehend concepts related to health promotion and disease prevention to enhance health.
SH1.8.7	Determine the benefits of being sexually abstinent.
SH1.8.9	Describe why sexual abstinence is the safest, most effective risk avoidance method of protection from HIV, other STDs, and pregnancy.
SH1.8.10	Describe the factors that contribute to engaging in sexual risk behaviors.
SH1.8.12	Explain the importance of setting personal limits to avoid sexual risk behaviors.
Standard 2	Students will analyze the influence of family, peers, culture, media, technology, and other factors on health behaviors.
SH2.8.1	Explain how perceptions of norms influence healthy and unhealthy sexual practices, behaviors, and relationships.
Standard 4	Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.
SH4.8.1	Demonstrate the effective use of verbal and nonverbal communication skills to promote sexual health and healthy relationships.
SH4.8.3	Demonstrate effective peer resistance skills to avoid or reduce sexual risk behaviors.
SH4.8.4	Demonstrate effective negotiation skills to avoid or reduce sexual risk behaviors.
Standard 5	Students will demonstrate the ability to use decision-making skills to enhance health.
SH5.8.2	Determine when potentially risky sexual health-related situations require a decision.
SH5.8.7	Choose a healthy alternative when making a sexual health-related decision.
Standard 7	Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.
SH7.8.1	Explain the importance of being responsible for practicing sexual abstinence.

National Sexuality Education Standards

PR.8.CC.2	Define sexual abstinence as it relates to pregnancy prevention.
PR.8.IC.1	Demonstrate the use of effective communication skills to support one's decision to abstain from sexual behaviors.
PR.8.IC.2	Demonstrate the use of effective communication and negotiation skills about the use of contraception including abstinence and condoms.
SH.8.IC.1	Demonstrate the use of effective communication skills to reduce or eliminate risk for STDs, including HIV.
PS.8.CC.3	Explain that no one has the right to touch anyone else in a sexual manner if they do not want to be touched.
PS.8.CC.4	Explain why a person who has been raped or sexually assaulted is not at fault.

Rationale

Supporting young people to be abstinent is an important component of teen pregnancy and STD prevention, and is especially important in middle school, when most young people are not yet sexually active. The FLASH curriculum encourages positive attitudes and positive peer norms about abstinence, builds confidence to remain abstinent, teaches refusal skills, avoids denigrating condoms and birth control, and avoids putting down students who are sexually active, based on recommendations from recent research on effective abstinence education.[1 2 3]

This lesson is a part of the abstinence series in FLASH, which teaches refusal skills at all grade levels. Students apply and practice these skills with age appropriate scenarios, beginning in elementary school with friendship scenarios and progressing toward scenarios involving sexual content and dating situations. The lesson format and the specific refusal skills taught are purposefully the same in all FLASH lessons.

Research has shown that many existing abstinence-only programs are ineffective and can have negative effects on teens' sexual health and behavior. These programs do not delay sexual initiation, reduce the number of sexual partners, or increase abstinence.[4] Some actually decrease contraception and condom use when teens do have sex, and decrease the likelihood of STD testing and treatment.[5 6 7] The FLASH curriculum seeks to avoid these unintended outcomes by employing a different approach, relying heavily on recent research about abstinence programs with positive outcomes.[1]

Gender stereotypes are intentionally avoided throughout the abstinence lesson in an effort to support the sexual violence prevention goals of the curriculum.

Materials Needed

Student Materials

- *Refusal Skills Checklist*
- *Scenario B: Levi and Gabrielle (partially scripted)*
- *Scenario C: Rebecca and Jackson*
- *Scenario D: Maria and Stephanie*
- *Scenario E: Marquis and Andre*
- *Individual Homework: Saying No*
- *Family Homework: Saying No,* available in multiple languages on the FLASH website
- *Lesson 4 Exit Ticket*

Classroom Materials

- *Lesson 4 Warm Up*
- *Refusal Skills Visual*
- *Scenario A: Levi and Gabrielle (fully scripted),* 2 copies for demonstration

Teacher Preparation

1. Prepare Visual for document camera or projector.

Activities

1. Warm Up

Display warm up as bell work.

Prompt: Research shows that only a little more than 10% of middle school students in the U.S. have ever had sex.

Below are some of the benefits of choosing abstinence. Please choose the one benefit that you think is best, or most important, and explain why you chose it.

2. Define abstinence and discuss how common it is among teens

Today we are going to discuss abstinence. Can someone define abstinence? (Allow students time to give their own definitions of abstinence and validate them.)

There are lots of ways to think about abstinence. The definition we are going to use at school is that abstinence means not having vaginal, anal or oral sex. Just to remind you, vaginal sex is when a penis goes in someone's vagina, anal sex is when a penis goes in someone's anus (their butt), and oral sex is when one person's mouth goes on another person's penis or vagina.

*Why do you think it's important that we talk about abstinence? (*Any answers that support positive attitudes and peer norms are good.) *Exactly. When people don't have vaginal, anal or oral sex, they don't have to worry about pregnancy or STDs.*

Lots of people don't know how common it really is for teens to choose abstinence. Did you know that most middle school students and even most high school students are abstinent? Sometimes it seems like everyone is having sex, when really that isn't true.

People of every sexual orientation and gender identity choose abstinence, including gay, lesbian, bisexual and straight people, and people who are transgender and cisgender. And, adults and teens both choose abstinence at different points in their life, even after they've already had sex.

3. Teach refusal skills

Tell students they will be learning about how to say no in a variety of situations. Brainstorm ways to be clear when saying no. Show students the *Refusal Skills Visual* and read through it as a class, giving a brief explanation of each step. Discuss that forcing or pressuring someone to have sex is always wrong.

It's important to start learning now about how to communicate with boyfriends or girlfriends, whether you are already dating or not. Today we are going to practice, because it's something that everyone will need to do at some point.

I want to be really clear that people always have to listen when another person says no, no matter how they say it. It is never OK to force or pressure someone into having sex or into any kind of sexual touch. It is always the fault of the person who forced or

pressured them, and it is always wrong.

In this lesson, we are going to assume that you like the person you are saying no to, and you want to continue hanging out with them, but you don't want to have sex with them. We are going to practice it this way because those are the times when it will feel harder to say no.

These are the steps you are going to use today when you practice saying no. In real life you might not always use all these steps, but practicing them today will help you so you can use any of them when you need to.

1. ***Say no.***
   Clearly say that you do not want to have sex.

2. ***Explain why.***
   For example, "I don't want to get pregnant," or "I'm not ready to have sex."

3. ***Suggest an alternative.***
   Suggest something else that you two can do instead. For example, "I think that we should go outside now."

4. ***Leave if you need or want to.***
   Sometimes one person may not respect the other person's no. At that point, it's important to get out of the situation or get help from someone else.

4. Refusal skills scenarios – large group

Introduce scenarios and do a large group demonstration of refusal skills by having two volunteers read Scenario A.

Then have all students practice refusal skills by writing new lines for Levi in Scenario B. Remind students that Levi likes Gabrielle and wants to continue going out with her, but doesn't want to have sex with her.

Have one volunteer read Gabrielle's lines and invite several students to share their lines for Levi with the whole class as you are reading through the scenario.

Now let's practice the refusal skills through a series of scenarios. The first scenario we will do as a class. It is scripted and I will need two volunteers to read the script.

Thanks! Now we will all have a chance to make up some lines for Levi.

5. Refusal skills scenarios – small group

Introduce the small-group scenario practice. Pass out and review the *Refusal Skills Checklist.*

Break the class into small groups with three people per group. Each small group will practice with all three scenarios (Scenarios C, D and E). For each scenario, one person will be the asker, one person will be the refuser, and one person will fill out the *Refusal Skills*

Checklist while they observe. Give students 10 minutes to fill in lines for all three scenarios. Every student fills in the lines for all three scenarios, even though they will only be reading one of them in their small group.

Remind the class that the person playing the refuser likes the asker and wants to continue hanging out with them, even though they want to say no to them.

In each group, each member takes a turn being the asker, the refuser and the observer. After reading each scenario out loud with the new lines written by the refuser, everyone will switch roles and do another scenario, so that each person gets the opportunity to be in each role. The purpose is for everyone to practice refusal skills and to hear good refusal skills.

Debrief as a large group after all groups have finished, debriefing each scenario one at a time. Ask volunteers from a few of the groups to give examples of the refusal skills that they came up with or observed. Validate all of the refusal language. Conclude the lesson by praising the students' effort and skill.

6. Assign homework

Allow students to choose between the individual or family homework and explain the assignments as needed.

Individual Homework: Saying No

Family Homework: Saying No, available in multiple languages on the FLASH website

7. Exit ticket

Hand out the *Lesson 4 Exit Ticket.*

Prompt: You learned today that most middle and high school students are not having sex. How can that information make it easier for someone to choose not to have sex?

Answer: Any answer that provides a rationale for how this information makes it easier to abstain is acceptable.

Warm Up

Visual

Research shows that only a little more than 10% of middle school students in the U.S. have ever had sex.

Below are some of the benefits of choosing abstinence. Please choose the one benefit that you think is best, or most important, and explain why you chose it.

- Choosing abstinence means a person does not have to worry about pregnancy or STDs.

- Choosing abstinence can help a person focus on other things that are important to them, like school, sports, friends or family.

- Choosing abstinence helps a person not have sex until the time is right for them.

- Choosing abstinence can help a person stick to values that are important to them.

- Choosing abstinence can help a couple get to know one another better before they decide to have sex.

Refusal Skills

Visual

1. **Say NO**
2. **Explain why**
3. **Suggest an alternative**
4. **Leave if you need or want to**

Refusal Skills Checklist

Handout

Directions: For each scenario, check off the refusal skills you see the actors using.

	Scenario B Levi and Gabrielle	**Scenario C** Rebecca and Jackson	**Scenario D** Maria and Stephanie	**Scenario E** Marquis and Andre
Says NO (or states that he/she does not want to have sex).	_____	_____	_____	_____
Is clear.	_____	_____	_____	_____
Explains why.	_____	_____	_____	_____
Suggests an alternative.	_____	_____	_____	_____

Refusal Skills Scenario A

Handout

Fully Scripted (for Class Demonstration)

Levi and Gabrielle have been dating for 2 weeks. They have talked and decided they were not going to have sex. Levi is not ready to have sex and is really scared about getting someone pregnant.

They decide to go to Gabrielle's house after school to study. Gabrielle's mom is running late at work and won't be home for an hour. They have the house to themselves. They decide to skip studying and kiss on the couch.

Gabrielle: I really like you and I think you're so hot. I know that we already decided not to have sex, but I didn't think we'd ever get the chance to be alone together. Now that we're alone, I really think we should have sex.

Levi: I like you, too, and it's cool hanging out. And I want to kiss you, but I don't want to have sex.

Gabrielle: But don't you like me? If you liked me, you'd want to have sex with me.

Levi: Gabrielle, I don't want to have sex. I'm not ready to have sex and I don't want to get you pregnant.

Gabrielle: But when are we going to get the chance to be alone like this again? I really want you.

Levi: The answer is no. I like you too, and I'm not ready to have sex. I think we should go outside to hang out so we don't get more tempted.

Gabriel: OK. I'm sorry I pressured you.

Refusal Skills Scenario B

Handout

Partially Scripted (for Large-Group Practice)

Levi and Gabrielle have been dating for 2 weeks. They have talked and decided they were not going to have sex. Levi is not ready to have sex and is really scared about getting someone pregnant.

They decide to go to Gabrielle's house after school to study. Gabrielle's mom is running late at work and won't be home for an hour. They have the house to themselves. They decide to skip studying and kiss on the couch.

Gabrielle: I really like you and I think you're so hot. I know that we already decided not to have sex, but I didn't think we'd ever get the chance to be alone together. Now that we're alone, I really think we should have sex.

Levi: _____

_____

Gabrielle: But don't you like me? If you liked me, you'd want to have sex with me.

Levi: _____

_____

Gabrielle: But when are we going to get the chance to be alone like this again? I really want you.

Levi: _____

_____

Gabrielle: OK. I'm sorry I pressured you.

Refusal Skills Scenario C

Handout

Small-Group Practice

Rebecca and Jun are eighth grade girls who live on the same street. Jun invited Rebecca over to hang out on a Friday night and keep her company while her older brother has some friends over. Rebecca didn't know that the older teens would be there and that they would be drinking. Jackson, a boy from school is there. He offers Rebecca a beer. Rebecca does not want to drink. She doesn't like the taste of beer and doesn't want to get in trouble when she goes home.

Jackson: Hey Rebecca. It's nice to see you outside of school. Fun party, huh? Can I get you a beer?

Rebecca: _____

_____

Jackson: Oh come on, don't tell me you don't drink. I'll get you a beer.

Rebecca: _____

_____

Jackson: Really? It's just one beer!

Rebecca: _____

_____

Jackson: OK, that's cool. Do you want a soda?

Refusal Skills Scenario D

Handout

Small-Group Practice

Maria, an 8th grade girl, is hanging out at the mall after school with some friends. Stephanie, a high school girl, just stopped by with some friends. Maria thinks that Stephanie is really cute and is very flattered when Stephanie starts talking to her and flirting with her. Maria is not allowed to date yet, and her parents would definitely not let her date someone in high school.

Stephanie: It's been so fun hanging out with you. We should hang out again sometime. Want to get together after school on Friday?

Maria: _____

_____

Stephanie: Oh come on, it's not like you have to tell your parents that we're hanging out. We could just meet up at the mall again.

Maria: _____

_____

Stephanie: That's really a shame. I like you and would like to get to know you better. What do you say? Meet me here on Friday?

Maria: _____

_____

Stephanie: OK. I understand. Maybe I'll see you at school next year.

Refusal Skills Scenario E

Handout

Small-Group Practice

Marquis and Andre have been good friends since the 3rd grade. Marquis does not want to have sex with his girlfriend, Jasmine. He feels like he is too young to have sex and doesn't want to risk a pregnancy. Even though Andre has never had sex, he is pressuring Marquis to have sex since Marquis has a girlfriend.

Andre: I can't believe that you haven't had sex with Jasmine. What are you waiting for?

Marquis: _____

_____

Andre: You better get to it. She is going to wonder why you haven't even tried.

Marquis: _____

_____

Andre: Oh come on. You can't stay a virgin forever!

Marquis: _____

_____

Andre: OK, I get it. That makes sense.

Individual Homework: Saying No

Name: _____ **Period:** _____

Write a 300 word paper (1/2 to 1 page) about a time you saw a person say no to someone they cared about in a movie or on a TV show. Did it go well, or not so well? Think about the four steps from our lesson:

- Say no
- Explain why
- Offer an alternative
- Leave if you need or want to

Write about how the person used each of the steps, and whether they did a good job using them. Make sure and mention if they left any of the steps out. Explain what they did that you think made them successful or unsuccessful in saying no. Finally, if they did a good job saying no but the other person did not do a good job of hearing their no, make sure to point that out.

Turn in your paper by _____. Include your name and class period at the top of the page.

Family Homework: Saying No

All Family Homework is optional. Students may complete Individual Homework instead.

Purpose: Family Homework is a chance to share your beliefs about sexuality and relationships, and the beliefs of your family, culture or religion.

Directions: Student will do the homework with a family member or trusted adult who is like family. Find a quiet place where the two of you can talk privately for 5-10 minutes. Please follow these guidelines:

- It is OK for either of you to skip a question.
- What you discuss will not be shared with anyone else, unless you give one another permission to share it.
- Take turns asking questions. When it is your turn to listen, try to understand the other person's response.

Ask the student: What do you think about teens dating or agreeing to be a couple? What are the advantages and disadvantages?

Ask the adult: What kinds of rules or expectations do you have for me about dating while I am in in middle and high school?

Ask the adult: How do you think someone would know it was the "right time" for them to have sex?

Ask the student: How do you think someone would know it was the "right time" for them to have sex?

Family Homework Confirmation Slip: Saying No

Due: _____

We have completed the family homework.

_____ _____

Date Signature of family member or trusted adult

_____ _____

Student's name Signature of student

Exit Ticket

Handout

You learned today that most middle and high school students are not having sex. How can that information make it easier for someone to choose not to have sex?

Lesson 4: Assessment Questions

1. What are some of the benefits of choosing not to have sex?

2. Following the steps we learned in class, write your own response to the following scenario.

   Juanita and David have been dating for 3 weeks. They are hanging out at David's house with his mom and little brother, Tommy. Unexpectedly, Tommy gets sick and starts throwing up, so David's mom takes him to the doctor. Juanita and David find themselves alone in the house. They move to the couch and start to kiss.

   David: I really like you. I know we already decided not to have sex, but I just didn't think we would ever really get this chance. I think we should do it. You're so hot.

   Juanita: _____

   _____

   David: But this is our one chance. When are we going to get another chance to be alone again? Plus, aren't you having fun?

   Juanita: _____

   _____

   David: Aw, man, I thought you liked me. This would be a great way to express how much we love each other.

   Juanita: _____

   _____

   David: OK. You're right. I respect your decision.

Lesson 4: Assessment Key and Standards Alignment

Question	Answer	Standards
1. What are some of the benefits of choosing not to have sex?	• When people don't have vaginal, anal or oral sex, they don't have to worry about pregnancy or STDs. • Any other answer that supports positive attitudes about abstinence is acceptable.	NHES: SH1.8.7 SH1.8.9
2. Following the steps we learned in class, write your own response to the following scenario. Remember to (1) Say no, (2) Explain why, and (3) Offer an alternative. You can also choose to leave if you need or want to. Juanita and David have been dating for 3 weeks. They are hanging out at David's house with his mom and little brother, Tommy. Unexpectedly, Tommy gets sick and starts throwing up so David's mom takes him to the doctor. Juanita and David find themselves alone in the house. They move to the couch and start to kiss. **David:** I really like you. I know we already decided not to have sex, but I just didn't think we would ever really get this chance. I think we should do it. You're so hot. **Juanita:** **David:** But this is our one chance. When are we going to get another chance to be alone again? Plus, aren't you having fun? **Juanita:** **David:** Aw, man, I thought you liked me. This would be a great way to express how much we love each other. **Juanita:** **David:** OK. You're right. I respect your decision.	Any answer in which the student declines and follows the steps is acceptable.	NHES: SH4.8.1 SH4.8.3 SH4.8.4
Exit Ticket: You learned today that most middle and high school students are not having sex. How can that information make it easier for someone to choose not to have sex?	Any answer that provides a rational for how this information makes it easier to abstain is acceptable.	NHES: SH2.8.1
Individual Homework		NSES: PR.8.IC.1 SH.8.IC.1

Integrated Learning Activities

LANGUAGE ARTS: New Dialogue with Refusal Steps
Working with a text you are already reading for Language Arts, write a short summary of a situation in which one character did not say no but should have, or did not say no effectively. Then script the dialogue between the characters using the refusal skills steps. For example, if Romeo had declined to marry Juliet after she proposed to him (Act 2, Scene 2), how would he say no, explain why and offer an alternative?

References

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[2] Alford, S. (2003). *Science and success: Sex education and other programs that work to prevent teen pregnancy, HIV & sexually transmitted infections.* Washington, DC: Advocates for Youth.

[3] Alford, S. (2008). *Science and success, second edition: Programs that work to prevent teen pregnancy, HIV & sexually transmitted infections.* Washington, DC: Advocates for Youth.

[4] Kirby, D. (2007). *Emerging answers 2007: Research findings on programs to reduce teen pregnancy and sexually transmitted diseases.* Washington, DC: The National Campaign to Prevent Teen and Unplanned Pregnancy.

[5] U.S. House of Representatives, Committee on Government Reform. (2004). The Content of Federally Funded Abstinence-Only Education Programs, Prepared for Rep. Henry A. Waxman. Washington, DC.

[6] Bearman, P., & Brückner, H. (2004). Promising the future: Virginity pledges and the transition to first intercourse. *American Journal of Sociology, 106*, 4, 859–912.

[7] Bearman, P., & Brückner, H. (2005). After the promise: The STD consequences of adolescent virginity pledges. *Journal of Adolescent Health 36*, 4, 271–272.

Preventing STDs

Grade 6–8, Lesson 5

Summary

Students review STD transmission by doing a True/False activity. Working in pairs or triads, they use a persuasion map to develop convincing argument about preventing STDs. Then pairs/triads create STD prevention Public Service Announcements for social media and share them with the class.

Student Learning Objectives

The student will be able to …

1. Describe the benefits of sexual abstinence as the safest, most effective risk avoidance method of protection from STDs.
2. Describe the benefits of condoms in reducing the risk of STDs.
3. Describe the benefits of testing in reducing the spread of STDs.
4. State a health-enhancing position on the prevention of STDs supported with medically accurate information.
5. Collaborate with others to advocate for behaviors that prevent STDs.

Lesson Timing

Warm up	Bell work + 3 minutes
Introduce topic and warm-up answer key	5 minutes
Testing locations	5 minutes
STD review exercise	10 minutes
Persuasion maps	10 minutes
Public service announcements	14 minutes
Assign homework	
Exit ticket	3 minutes
Total	50 minutes

Bottom Line Statements

- Abstain from sex to protect yourself from HIV and other STDs.
- Use a condom for vaginal, anal and oral sex with a penis.
- Go to a clinic to get tested for HIV and other STDs if you ever have unprotected sex.

FLASH Key Concepts

People can prevent getting HIV and other STDs by not having sex, by using condoms if they do have sex, and by not sharing needles.

Condoms are easy to get and easy to use.

Many teens successfully use condoms.

The only way to know if you have HIV or other STDs is to get tested.

In this community, teens can get tested for HIV and other STDs at *(insert clinic name)* in this community.

People of all sexual orientations and gender identities need to protect themselves from HIV and other STDs.

Choosing abstinence means a person does not have to worry about pregnancy or STDs.

Standards

National Health Education Standards (SHECAT)

Standard 1	Students will comprehend concepts related to health promotion and disease prevention to enhance health.
SH1.8.7	Determine the benefits of being sexually abstinent.
SH1.8.9	Describe why sexual abstinence is the safest, most effective risk avoidance method of protection from HIV, other STDs, and pregnancy.
SH1.8.16	Explain how the most common STDs are transmitted.
SH1.8.17	Explain how HIV is transmitted.
SH1.8.18	Describe usual signs and symptoms of common STDs.
SH1.8.19	Describe usual signs and symptoms of HIV.
SH1.8.20	Explain that some STDs and HIV are asymptomatic.
SH1.8.21	Explain the short- and long-term consequences of common STDs.
SH1.8.22	Explain the short- and long-term consequences of HIV.
SH1.8.24	Summarize ways to decrease the spread of STDs and HIV by not having sex, using condoms consistently and correctly when having sex, not touching blood, and not touching used hypodermic needles.
SH1.8.25	Describe how the effectiveness of condoms can reduce the risk of HIV, and other STDs including HPV (Human Papillomavirus).
SH1.8.26	Describe ways sexually active people can reduce the risk of HIV, and other STDs including HPV (Human Papillomavirus).
Standard 3	Students will demonstrate the ability to access valid information, products, and services to enhance health.
SH3.8.4	Describe situations that call for professional sexual healthcare services.
SH3.8.8	Locate valid and reliable sexual healthcare services.
Standard 4	Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.
SH4.8.1	Demonstrate the effective use of verbal and nonverbal communication skills to promote sexual health and healthy relationships.
Standard 5	Students will demonstrate the ability to use decision-making skills to enhance health.
SH5.8.4	Explain how family, culture, media, peers, and personal beliefs affect a sexual health-related decision.
SH5.8.7	Choose a healthy alternative when making a sexual health-related decision.
Standard 7	Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.
SH7.8.1	Explain the importance of being responsible for practicing sexual abstinence.
Standard 8	Students will demonstrate the ability to advocate for personal, family, and community health.
SH8.8.1	State a health-enhancing position on a sexual health-related topic, supported with accurate information, to improve the health of others.
SH8.8.2	Persuade others to avoid or reduce risky sexual behaviors.
SH8.8.5	Collaborate with others to advocate for opportunities to avoid or reduce risky sexual behaviors.

National Sexuality Education Standards

PR.8.IC.1	Demonstrate the use of effective communication skills to support one's decision to abstain from sexual behaviors.
SH.8.CC.1	Define STDs, including HIV, and how they are and are not transmitted.
SH.8.CC.2	Compare and contrast behaviors, including abstinence, to determine the potential risk of STD/HIV transmission from each.
SH.8.CC.3	Describe the signs, symptoms and potential impacts of STDs, including HIV.
SH.8.AI.1	Identify medically accurate information about STDs, including HIV.
SH.8.AI.2	Identify local STD and HIV testing and treatment resources.
SH.8.IC.1	Demonstrate the use of effective communication skills to reduce or eliminate risk for STDs, including HIV.
HR.8.SM.2	Describe strategies to use social media safely, legally and respectfully.

Rationale

STD prevention is critical for young people. Ten million new cases of STDs each year in the United States are acquired by people between the ages of 15 and 24.[1] This lesson is geared toward middle school students who are currently at risk for acquiring an STD, as well as those who may not need to use prevention strategies for years to come.

The lesson aims to create health-enhancing social norms related to STD prevention by having students create and hear each other's public service announcements. It also incorporates gist-based decision making related to sexual behavior. Research on this new model demonstrates the importance of teaching young people to apply a "bottom line" rather than teaching a decision-making model that focuses on risks and benefits. In this lesson, the bottom lines are the three primary prevention strategies: abstain from sex, use a condom, and get tested for STDs, including HIV.[2 3 4]

Abstinence and condoms are taught side-by-side in this lesson, as most people use both strategies at different points in their lives. Research has demonstrated that teaching about condoms before a person is sexually active does not cause them to become sexually active any sooner, and in fact, increases the chances that they will use condoms in the future when needed.[5]

From a public health perspective, testing for HIV and other STDs is a key strategy in reducing transmission. There is treatment for all STDs, including HIV; there is a cure for most STDs. In all cases, prompt identification and treatment for STDs, including HIV, not only improves the health and well-being of the person treated, but greatly reduces chances of transmission to others. Additionally, people who are tested for HIV and other STDs typically receive counseling in reducing their future risk of acquiring an infection and in preventing transmission. From an educational perspective, increasing testing and treatment for STDs is a key behavioral goal toward STD reduction, along with increased condom use and abstinence.[6]

The lesson includes a general overview of HIV and other STDs, but it does not contain detailed information about individual STDs. Health behavior change research shows that focusing on skills, attitudes and behaviors is more effective at improving health outcomes than memorizing facts.[7] Therefore, FLASH deemphasizes memorizing details related to specific STDs.

Sexually transmitted diseases are referred to as STDs in this lesson, as opposed to the also acceptable term *sexually transmitted infection* (STI). Both terms can be used interchangeably and are medically accurate. This lesson follows the guidance of the CDC in choosing to use STD.

Materials Needed

Student Materials

- *Lesson 5 Warm Up*
- *Sexual Health Resources - King County, U.S.,* or develop a local resource sheet
- *Persuasion Map Worksheet*
- *Facts about STDs Handout*
- *Individual Homework: Preventing STDs*
- *Family Homework: Talking About STDs, Including HIV*, available in multiple languages on the FLASH website
- *Lesson 5 Exit Ticket*

Classroom Materials

- *Lesson 5 Warm Up Answer Key*
- *Using Social Media to Help Others Visual*

Teacher Materials

- *Developing a Local Sexual Health Resources List: Teacher Guide,* for those developing a local resource sheet

Teacher Preparation

1. Prepare Visual for document camera or projector.

2. *Optional:* Create a local Sexual Health Resource Sheet for students, following the instructions in the *Developing a Local Sexual Health Resources List: Teacher Guide.* For teachers outside of Washington State: Visit http://sexetc.org/action-center/sex-in-the-states/ to learn about laws for minors seeking testing for HIV and other STDs.

Activities

1. Warm Up

Hand out the *Lesson 5 Warm Up* to students and have them complete the STD Crossword Puzzle. Encourage them to help each other.

2. Introduce topic and show puzzle answers

Define STDs and explain the topic's relevance. Show answers to the *Warm Up*, including where to get testing for STDs and HIV. Pass out *Sexual Health Resources in the U.S.*, in *King County, WA*, or create your own list.

Today we're going to learn about preventing HIV and other sexually transmitted diseases. Sexually transmitted diseases, or STDs for short, are common illnesses that a person gets from having sex with someone who already has an STD.

Some students need to know how to prevent STDs because they're having sex now or will in the future. Some students won't need the information for many years, or maybe ever, but learning about it will help them act as health educators for their friends and families. It's an interesting topic, and I'm sure everyone will learn a lot.

Display the answer key, and answer questions.

For answer 4 (Testing), distribute the *Sexual Health Resources* sheet. Point out if local STD testing services are free or low cost.

3. STD review

Read each statement aloud. Have students indicate their agreement after each item:

- Stand up = true
- Sit down = false
- Hold up both hands = unsure

Give students the correct answer and respond to any questions after each item. When debriefing answers, be cautious about giving away the answers to subsequent items.

Let's start with a quick review. I'm going to read a statement aloud. If you think the statement is true, stand up, or false, sit down. If you're unsure, hold up both your hands. We'll answer any questions as we go. Ready?

Statement	Answer	Teacher talking points
1. HIV is a virus.	True	
2. HIV is found in the blood, semen, vaginal fluids and breast milk of someone who has the virus.	True	
3. Bumps, sores, painful urination and unusual fluid from the penis or vagina are possible signs of an STD.	True	

4. People who have HIV and other STDs often have no symptoms at all.	True	
5. HIV can be spread through sweat, tears or urine.	False	
6. Some people can't get pregnant after having an STD.	True	*This usually happens when someone has had an STD a long time or many times without knowing and without getting treatment.*
7. HIV can be cured with medicine.	False	*There is still no cure for HIV, despite all of the advances in medicine.*
8. People can live a very long time with HIV with the help of a doctor.	True	*Medicine helps people live longer and healthier; helps make them less likely to pass HIV to others; and helps pregnant women not pass HIV to their babies.*
9. Anyone can get an STD: male, female, trans, straight, gay, lesbian, bisexual, poor, or rich.	True	
10. A person can get an STD by having unprotected oral, anal or vaginal sex with someone who already has an STD.	True	*STDs can spread by semen, vaginal fluid, blood, breast milk or skin-to-skin, depending on the specific type of STD. The most common ways are vaginal sex and anal sex.*
11. The most effective ways to protect against HIV and other STDs is to not have sex and not inject drugs.	True	
12. Vaginal, anal or oral sex with a penis is much safer when using a condom.	True	*Condoms are the best way for a person who has vaginal, anal or oral sex with a penis to protect themselves from HIV and other STDs.*
13. Some STDs can be cured with medicine.	True	*Many STDs can be cured, and all of them can be made better with treatment.*
14. A person usually can tell if they have an STD by their symptoms.	False	*Most of the time people have no symptoms.*
15. There is a vaccine to help people prevent getting Human Papillomavirus, a cancer-causing STD.	True	
16. It is risky to receive donated blood.	False	*The blood supply is very safe. It is tested for HIV.*
17. A person can choose abstinence at any point in their life.	True	

4. Persuasion maps

Distribute the *Persuasion Map Worksheet* and *Facts About STDs Handout*. Working in pairs or triads, have students fill in the *Persuasion Map* to create a convincing argument about preventing STDs. The *Persuasion Map* has three options for main messages that students can choose from.

> *I'm handing everyone a* Persuasion Map *worksheet and* Facts About STDs *handout. The purpose of a persuasion map is to help you create a convincing argument about something. Today, we're going to create convincing arguments about how to prevent STDs.*
>
> *Your first task will be to pick one main message out of the three choices in the first box, and circle it. It's up to you. All are good messages. Then fill in the box with the reasons you think the main message is important, and the facts that support your opinion.* The Facts About STDs *handout can help you.*
>
> *You can be creative, as long as you support your opinion with facts, and don't put down any of the other messages: abstinence, condoms or testing.*
>
> *We'll be doing this activity in small groups.* (Break the class into pairs or triads.)

5. STD prevention messages

Display the *Using Social Media to Help Others Visual*.

> *Now we're going to create Public Service Announcements about preventing STDs. Does anyone know what a Public Service Announcement is? They're short ads put out by TV, radio, or social media to help change people's behavior or attitude about important topics.*

Read aloud the *Using Social Media to Help Others Visual*, which includes the activity instructions. Let students know how the PSA's will be shared, if permitted.

Allow time for each pair/triad to create an STD prevention Public Service Announcement for social media, using their completed *Persuasion Map* worksheet. Leave 5 minutes for each small group to take turns reading their Public Service Announcement at the end of class.

> *I'm excited to hear what everyone came up with. Let's take turns hearing each group's Public Service Announcement.*

Work with your school administrator to determine opportunities for posting the Public Service Announcements online. If this isn't an option, look at options for sharing the messages within the school building: reader board, school announcements, hallways, classroom, etc.

6. Assign homework

Allow students to choose between the individual or family homework and explain the assignments as needed.

Individual Homework: Preventing STDs

Family Homework: Talking About STDs including HIV, available in multiple languages on the FLASH website

7. Exit ticket

Hand out the *Lesson 5 Exit Ticket*.

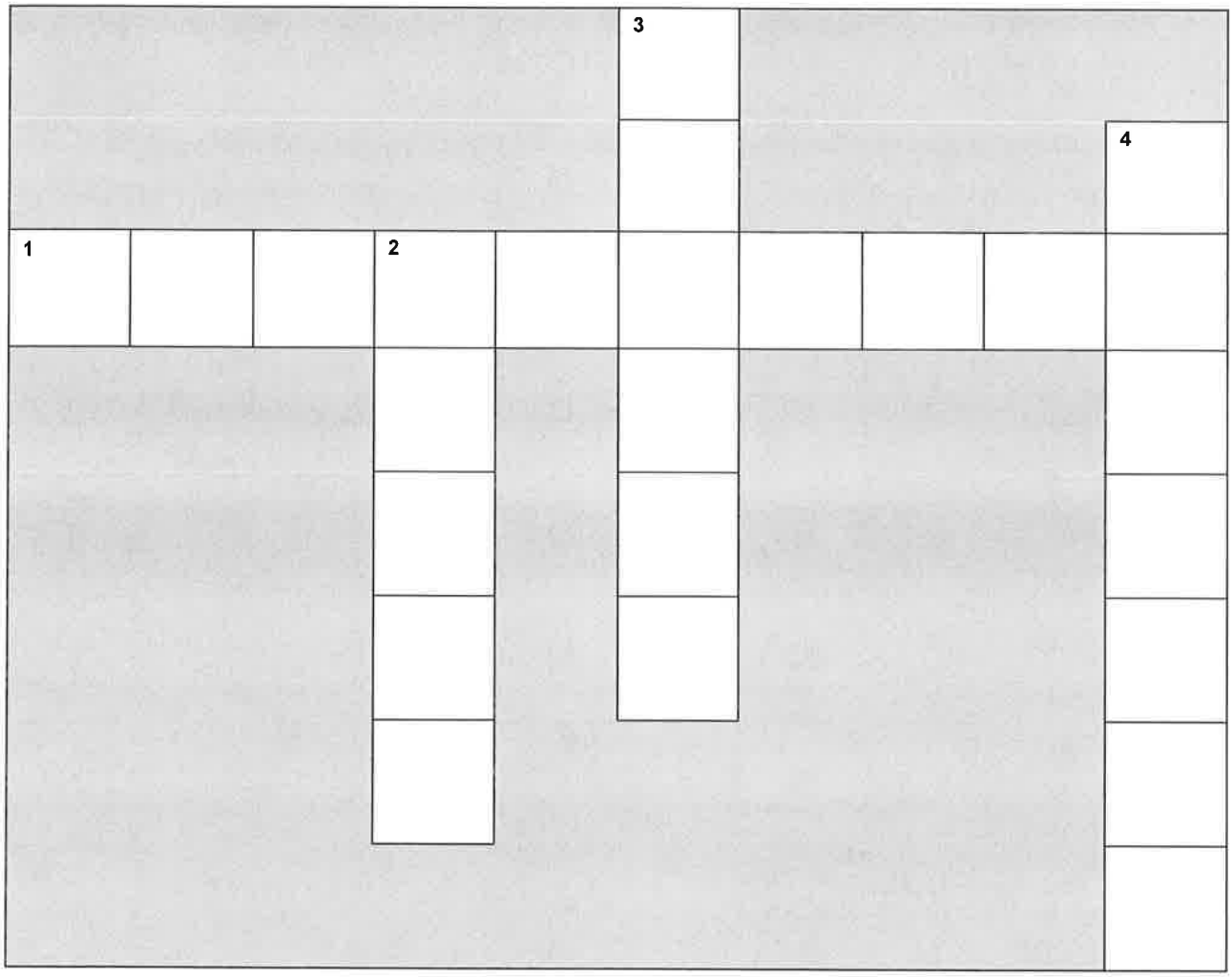
Question: List at least 2 ways to prevent getting an STD, including HIV.

Possible Answers:
- Not having sex
- Not using injection drugs
- Using condoms
- Getting tested and treated for STDs, including HIV
- Getting the vaccine for Human Papillomavirus

Warm Up

Handout

STD Crossword Puzzle – OK to get help from a neighbor



Across

1. Not having oral, anal or vaginal sex. An excellent way to prevent pregnancy, HIV and other STDs. Chosen by most high school students.

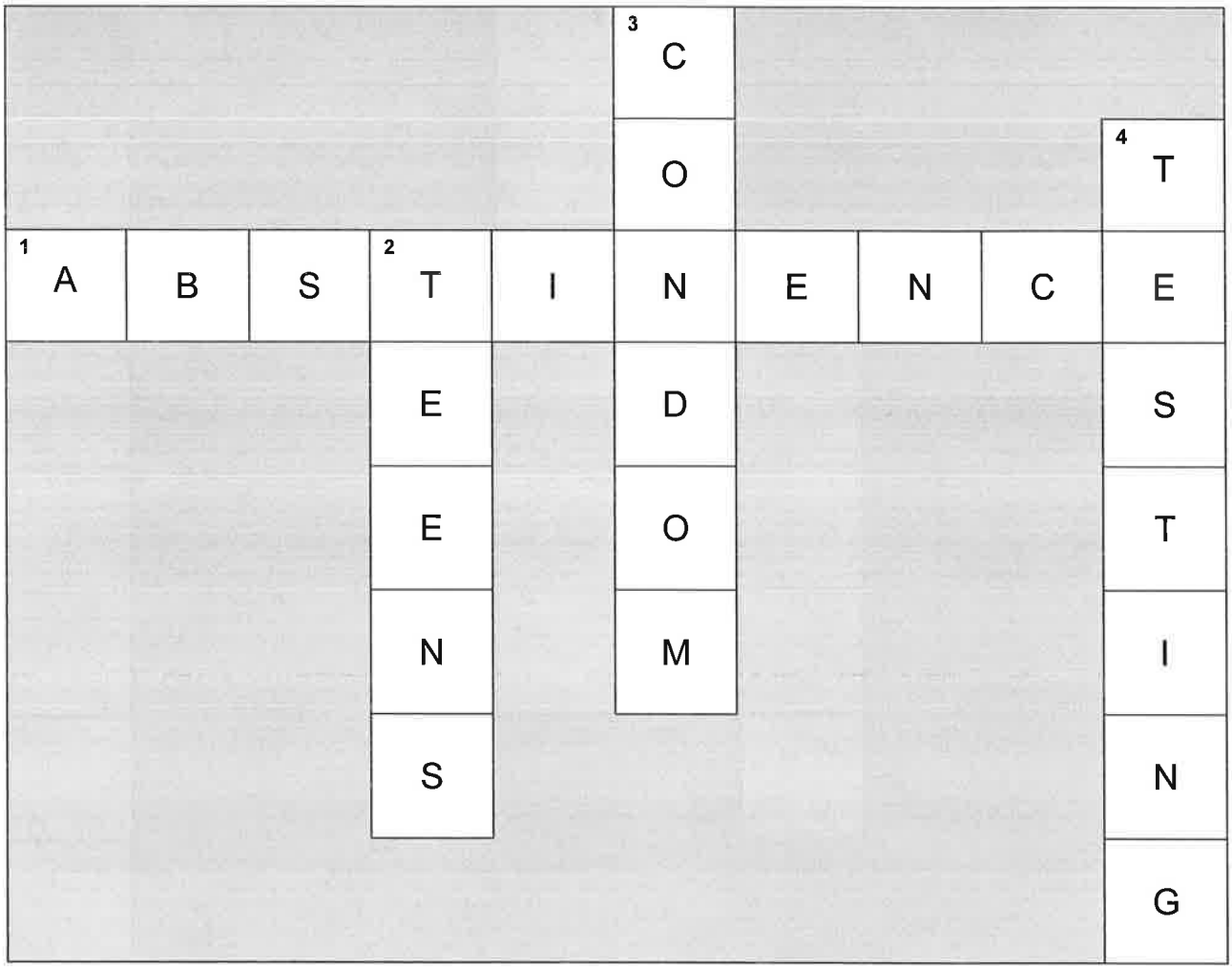
Down

2. This age group is more responsible about STD protection during sex than any other age group.
3. A thin, stretchy piece of rubber or latex worn over the penis during sex. An excellent way to prevent pregnancy, HIV and other STDs.
4. The only way for someone to know if they have HIV or any other STDs.

Warm Up

Answer Key

STD Crossword Puzzle



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2. This age group is more responsible about STD protection during sex than any other age group.
3. A thin, stretchy piece of rubber or latex worn over the penis during sex. An excellent way to prevent pregnancy, HIV and other STDs.
4. The only way for someone to know if they have HIV or any other STDs.

Sexual Health Resources
In King County

Handout

Confidential
Teens of any age can get all the services listed on this handout confidentially in Washington State. Confidential services include birth control, condoms, emergency contraception, pregnancy tests, STD and HIV tests, prenatal care, abortion and adoption.

Birth Control and STD Clinics
These clinics have birth control, condoms, emergency contraception, pregnancy tests, STD tests and HIV tests. Services are confidential. Teens in Washington State can sign up for free birth control insurance, called Take Charge, at Public Health and Planned Parenthood.

Public Health – Seattle & King County
Free or low cost teen clinics
206-263-1505
www.teenclinic.com

Planned Parenthood Great Northwest
1-800-769-0045
www.plannedparenthood.org

- Birth control method information (World Health Organization): Scroll down to see chart. http://www.who.int/mediacentre/factsheets/fs351/en/
- STD information (Centers for Disease Control): http://www.cdc.gov/std/
- HPV vaccine information (Centers for Disease Control): http://www.cdc.gov/vaccines/vpd-vac/hpv/

Help Finding a Clinic and Other Services
Community Health Access Program
(CHAP Line)
206-284-0331 or 1-800-756-5437
Also helps people apply for health insurance
chap@kingcounty.gov

Teen Link
1-866-833-6546
www.866teenlink.org

Prenatal Care
Public Health – Seattle & King County
Maternity Support Clinics and WIC
206-263-1505
www.kingcounty.gov/healthservices/health/personal/MSS.aspx

Abortion Clinics
Cedar River Clinics
(425) 255-0471
www.cedarriverclinics.org

Planned Parenthood
1-800-769-0045
http://www.plannedparenthood.org/planned-parenthood-great-northwest

Adoption Agencies
Amara
(206) 260-1700
http://amaraparenting.org

Open Adoption & Family Services
1-800-772-1115
http://www.openadopt.org/

Sexual Health Resources In the U.S.

Handout

Confidential
Click on the map to find out if sexual health services are confidential in your state.
http://sexetc.org/action-center/sex-in-the-states/

Birth Control and STD Clinics
There are many websites and phone numbers to help teens find birth control, condoms, emergency contraception, pregnancy tests, STD tests and HIV tests.

- Enter your zip code or call to find the nearest Planned Parenthood clinic. www.plannedparenthood.org 1-800-230-PLAN
- Enter your zip code to find the nearest birth control clinic that is free or low cost. http://www.hhs.gov/opa/
- Enter your zip code to find a clinic for HIV tests, birth control, counseling and other services. www.aids.gov
- Enter your zip code to find the nearest place to get emergency contraception. www.not-2-late.com
- Call your local public health department to get information about local birth control and STD clinics.
- Birth control method information (World Health Organization): Scroll down to see chart. http://www.who.int/mediacentre/factsheets/fs351/en/
- STD Information (Centers for Disease Control): http://www.cdc.gov/std/
- HPV Vaccine Information (Centers for Disease Control): http://www.cdc.gov/vaccines/vpd-vac/hpv/

Help Finding a Clinic and Other Services

- Enter your address to find the nearest health clinics that are free or low cost. These clinics are for all health issues, not just sexual health. http://findahealthcenter.hrsa.gov/

Prenatal Care

- Scroll to your state to find the phone number for the Women, Infants, Children (WIC) Program. http://www.fns.usda.gov/wic/toll-free-numbers-wic-state-agencies
- WIC is a nutrition program that helps pregnant women, new mothers, and young children eat well, learn about nutrition and stay healthy. They also give information about where to get prenatal care.

Abortion Clinics

- Click on the map to see a list of abortion clinics in your state. http://prochoice.org/think-youre-pregnant/find-a-provider/
- Call 1-877-257-0012 to find the nearest abortion clinic.
- Call 1-800-772-9100 to get more information about abortion and where to get financial help.

Adoption Agencies

- Call 1-800-772-1115 to talk with an adoption counselor at Open Adoption and Family Services.
- The phone line is open 24 hours a day.

Developing a Local Sexual Health Resources List

Teacher Guide

In order to ensure that students have access to the health care services they need, it is important for teachers to develop a sexual health resource sheet specific to their geographic area. FLASH provides a resource sheet for King County, Washington, as an example that can be used as a template. If you are not familiar with the resources in your area, the following national resources will help you in compiling a local resource sheet. If, for some reason, you cannot develop a local resource sheet, a national resource sheet has been provided for you.

FLASH recommends referring young people to clinics and agencies that are teen and LGBT friendly, culturally competent, supportive of all pregnancy options, and that consider the teen to be their primary client. When creating your local resource sheet, keep these criteria in mind.

Confidential
Individual state policies on teens accessing reproductive health care are provided by Sex, etc., a project of Rutgers University. http://sexetc.org/action-center/sex-in-the-states/

Birth Control and STD Clinics
To find local birth control and STD clinics, call your local health department. If you need further assistance finding clinics that offer a full array of services, the following links may be of help.

- www.plannedparenthood.org to find a local Planned Parenthood clinic
- http://www.hhs.gov/opa/ to find a local Title X clinic
- www.not-2-late to find locations for accessing emergency contraception
- http://locator.aids.gov/ to find HIV testing locations

Help Finding a Clinic and Other Services
The U.S. Department of Health and Human Services, Health Resources and Services Administration maintains a list of sliding scale or free clinics across the United States.
http://findahealthcenter.hrsa.gov/

Prenatal Care
To find prenatal care providers who serve teens, call your local WIC provider. The link below provides a State number that can direct you to a local provider.
www.fns.usda.gov/wic/toll-free-numbers-wic-state-agencies

Abortion Clinics
The National Abortion Federation maintains a list of abortion providers by state.
http://prochoice.org/think-youre-pregnant/find-a-provider/

Adoption Agencies
Open Adoption and Family Services works with clients from across the nation. Should a client prefer a local resource, they will work with her to identify a local provider.
http://www.openadopt.org/

Persuasion Map

Worksheet

For this exercise, the class will act as peer educators, encouraging others to take action against the spread of HIV and other STDs. The purpose of this persuasion map is to help you map out a convincing argument.

Select one main message out of the three choices below. Then fill in the boxes with the reasons you think the main message is important, and the facts that support your opinion. The *Facts About STDs* handout can help you. You may not create an argument for your main message by writing negatively about the other messages (abstinence, condoms or testing).

Main message (circle one)

Abstain from sex to protect yourself from HIV and other STDs.

Use a condom for vaginal, oral or anal sex with a penis.

Go to a clinic to get tested for HIV and other STDs if you ever have unprotected sex.

Why we think it's important

Supporting fact	**Supporting fact**	**Supporting fact**

Facts About STDs

Handout

HIV:

- HIV is a very serious illness that eventually causes death.
- People who have HIV can live for a long time with the help of a doctor.
- HIV is a type of STD.

STDs:

- An STD is an illness that people catch from having sex with someone who already has it.
- The most common way to get an STD is by having vaginal or anal sex with someone who already has an STD.
- Some STDs, including HIV, are spread by sharing needles.
- Some STDs, including HIV, are spread from mother to baby, through pregnancy, childbirth or breastfeeding.
- Lots of teens and young adults have STDs—10 million new cases of STDs each year in the United States are acquired by people between the ages of 15 and 24.

Prevention:

- People can prevent getting HIV and other STDs by not having sex.
- People can prevent getting HIV and other STDs by using a condom if they do have vaginal, anal or oral sex with a penis.
- People can prevent getting HIV and other STDs by not sharing needles.
- People can prevent getting the STD called Human Papillomavirus by getting the vaccine.

Abstinence:

- Most high school students are abstinent.
- Abstinence is choosing not to have oral, anal and vaginal sex.
- Abstinence is a 100% effective way to not get pregnant or catch an STD.

Condoms:

- Almost all teens who have vaginal sex have used a condom at some point.
- Condoms are easy to get and easy to use.
- Condoms are the only method of birth control that protects against pregnancy, HIV and other STDs.

Testing:

- The only way to know if you have HIV or other STDs is to get tested.
- Most people who have an STD, including HIV, do not have any symptoms.
- You can't tell if someone has HIV or other STDs by looking at them.

Clinics:

- See the websites listed on the *Sexual Health Resources* handout.

Using Social Media to Help Others

Visual

Public Service Announcements are short messages put out by TV, radio or social media to help change people's behaviors or attitudes about important topics.

Many organizations use social media to get important information out to the public. Only use social media with the permission of your family or guardian.

Public Service Announcements should be short and easy to read. They can be serious, funny, memorable, etc.

Instructions

On a separate piece of paper, write a Public Service Announcement for social media that encourages people to protect themselves from HIV and other STDs. Your announcement must encourage abstinence, condoms or testing. It should be 3 to 5 sentences long.

- Use your Persuasion Map to get ideas.
- The announcement must be rated G or PG.
- Avoid scare tactics and negative judgments.
- Be sure it is medically accurate.

Individual Homework: Preventing STDs

Name: _____ **Period:** _____

In the space below, write a Public Service Announcement encouraging people to protect themselves from HIV and other STDs, using a different main message than the one you selected in the classroom activity. You may use any of the handouts from today's class to help you.

Your Public Service Announcement must encourage abstinence, condoms, or testing. It should be 3 to 5 sentences long. It must be rated G or PG. Avoid scare tactics and negative judgments, and be sure it is medically accurate.

Begin by circling the main message of your Public Service Announcement.

Main message (circle one)

Abstain from sex to protect yourself from HIV and other STDs.

Use a condom for vaginal, oral or anal sex with a penis.

Go to a clinic to get tested for HIV and other STDs if you ever have unprotected sex.

Family Homework: Talking About HIV and Other STDs

All Family Homework is optional. Students may complete Individual Homework instead.

Purpose: Family Homework is a chance to share your beliefs, and the beliefs of your family, culture or religion, about sexuality and relationships.

Directions: Student will do the homework with a family member or trusted adult who is like family. Find a quiet place where the two of you can talk privately for 5-10 minutes. Please follow these guidelines:

- It is OK for either of you to skip a question.
- What you discuss will not be shared with anyone else, unless you give one another permission to share it.
- Take turns asking questions. When it is your turn to listen, try to understand the other person's response.

Ask the adult: When you were teen, how did people learn about sexually transmitted diseases?

Ask the student: What was the most interesting or surprising thing you learned about STDs today?

Ask the adult: In class we focused on abstinence (not having sex), condoms and testing as ways to prevent getting or giving STDs. In your opinion, what is the best way for middle school students to protect themselves against STDs and why?

Ask the student: What do you think would help people be more aware about how to prevent STDs, including HIV?

Family Homework Confirmation Slip: Talking About HIV and Other STDs

Due: _____

We have completed the family homework.

_____ _____

Date Signature of family member or trusted adult

_____ _____

Student's name Signature of student

Exit Ticket

Handout

List at least 2 ways to prevent getting an STD, including HIV.

Lesson 5: Assessment Questions

1. If a person has HIV, the virus can be spread through which of the following body fluids?

   A. Blood
   B. Sweat
   C. Tears
   D. Urine

2. People who have HIV and other STDs often have no symptoms at all.

   A. True
   B. False

3. Vaginal, anal or oral sex with a penis is much safer when using a condom.

   A. True
   B. False

4. A person can choose abstinence at any point in their life, whether or not they've had vaginal, oral or anal sex before.

   A. True
   B. False

5. Circle the true statement.

   A. Some STDs can be cured.
   B. No STDs can be cured.
   C. HIV can be cured.

Lesson 5: Assessment Key and Standards Alignment

Question	Answer	Standards
1. If a person has HIV, the virus can be spread through which of the following body fluids? A. Blood B. Sweat C. Tears D. Urine	A. Blood	NHES: SH1.8.17 NSES: SH.8.CC.1 SH.8.AI.1
2. People who have HIV and other STDs often have no symptoms at all. A. True B. False	A. True	NHES: SH1.8.18 SH1.8.19 SH1.8.20 NSES: SH.8.CC.3
3. Vaginal, anal or oral sex with a penis is much safer when using a condom. A. True B. False	A. True	NHES: SH1.8.24 SH1.8.25
4. A person can choose abstinence at any point in their life, whether or not they've had vaginal, oral or anal sex before. A. True B. False	A. True	NHES: SH1.8.7
5. Circle the true statement. A. Some STDs can be cured. B. No STDs can be cured. C. HIV can be cured.	A. Some STDs can be cured.	NSES: SH.8.AI.1
Exit Ticket: List at least 2 ways to prevent getting an STD including HIV.	Any of the following answers are correct: • Not having sex • Not using injection drugs • Using condoms • Getting tested and treated for STDs including HIV • Getting the vaccine for Human Papillomavirus	NHES: SH1.8.16 SH1.8.24 SH1.8.25 SH1.8.26 NSES: SH.8.CC.1
Individual Homework	Correct answers support the main message using any information from *Facts about STDs* or from the review exercise at the beginning of the lesson.	

Integrated Learning Activities

TECHNOLOGY: STD Clinic Brochure
Enter a zip code to find a clinic that offers HIV testing at www.aids.gov. Develop a flyer or wallet card for the clinic using Microsoft Word, Publisher, PowerPoint or other program. The flyer or wallet card should include the name, clinic hours, address, and statements that encourage testing, without negative judgments or scare tactics.

SOCIAL STUDIES: Racism in STD Research
People of all ethnic and racial backgrounds get STDs. One particular study of an STD called syphilis is well-known in the history of medicine for its injustice. Write a research report on the Tuskegee Syphilis Experiment, in which life-saving medicine was withheld from African-American men from 1932 to1972. Be sure to include how the public became aware of the study, and what laws were put it in place to prevent it from happening in the future.

References

[1] Centers for Disease Control and Prevention. (2015). *Sexually Transmitted Disease Surveillance 2014.* Atlanta: U.S. Department of Health and Human Services.

[2] Reyna, V. F., & Adam, M. B. (2003). Fuzzy-trace theory, risk communication, and product labeling in sexually transmitted diseases. *Risk Analysis*, *23*, 325–342.

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[6] Kirby, D., Coyle, K., Alton, F., Rolleri, L., & Robin, L. (2011). *Reducing adolescent sexual risk: A theoretical guide for developing and adapting curriculum-based programs.* Scotts Valley, CA: ETR Associates.

[7] Schaalma, H. P., Abraham, C., Gilmore, M. R., & Kok, G. (2004). Sex education as health promotion: What does it take? *Archives for Sexual Behaviour, 33,* 3, 259–269.

Condoms to Prevent HIV and Other STDs

Grade 6–8, Lesson 6

Summary

The lesson focuses on encouraging the correct use of condoms for students who may need condoms now or in the future. The lesson opens with a brainstorm about the benefits of condoms, and sets positive norms for condom use. Students learn correct condom use by assembling condom instructions in the correct order and by observing a teacher demonstration. In small groups, students come up with solutions to common problems related to correct and consistent condom use by responding to scenarios. The lesson concludes with students setting their own goals with regard to condoms.

Student Learning Objectives

The student will be able to …

1. Describe how condoms can reduce the risk of HIV and other STDs.
2. Describe how condoms can reduce the risk of pregnancy.
3. Describe the steps to using a condom correctly.

Lesson Timing

Warm up	Bell work + 2 minutes
Brainstorm benefits and set norm	5 minutes
Condom card line-up	15 minutes
Condom demonstration	5 minutes
Condom solutions	15 minutes
Goal setting	5 minutes
Assign homework	
Exit ticket	3 minutes
Total	50 minutes

FLASH Bottom Line Statement

Use a condom for vaginal, anal and oral sex with a penis.

FLASH Key Concepts

Condoms are excellent at preventing pregnancy and STDs, including HIV.

Many teens successfully use condoms.

Condoms are easy to get and easy to use.

Standards

National Health Education Standards (SHECAT)

Standard 1	Students will comprehend concepts related to health promotion and disease prevention to enhance health.
SH1.8.25	Describe how the effectiveness of condoms can reduce the risk of HIV, and other STDs including HPV (Human Papillomavirus).
SH1.8.31	Describe how the effectiveness of condoms can reduce the risk of pregnancy.
Standard 2	Students will analyze the influence of family, peers, culture, media, technology, and other factors on health behaviors.
SH2.8.1	Explain how perceptions of norms influence healthy and unhealthy sexual practices, behaviors, and relationships.
SH2.8.2	Explain how social expectations influence healthy and unhealthy sexual practices, behaviors, and relationships.
Standard 5	Students will demonstrate the ability to use decision-making skills to enhance health.
SH5.8.2	Determine when potentially risky sexual health-related situations require a decision.
SH5.8.5	Distinguish between healthy and unhealthy alternatives of a sexual health-related decision.
SH5.8.7	Choose a healthy alternative when making a sexual health-related decision.
Standard 6	Students will demonstrate the ability to use goal-setting skills to enhance health.
SH6.8.1	Assess sexual health practices.
SH6.8.2	Set a personal goal to avoid or reduce the risk of pregnancy and transmission of HIV and other STDs.
SH6.8.3	Assess the barriers to achieving a personal goal to avoid or reduce the risk of pregnancy and transmission of HIV and other STDs.
SH6.8.4	Apply strategies to overcome barriers to achieving a personal goal to avoid or reduce the risk of pregnancy and transmission of HIV and other STDs.
SH6.8.5	Use strategies and skills to achieve a personal goal to avoid or reduce the risk of pregnancy and transmission of HIV and other STDs.
Standard 7	Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.
SH7.8.2	Analyze personal practices and behaviors that reduce or prevent sexual risk behaviors.
SH7.8.3	Demonstrate practices and behaviors to improve the sexual health of oneself and others.
SH7.8.4	Make a commitment to practice healthy sexual behaviors.
Standard 8	Students will demonstrate the ability to advocate for personal, family, and community health.
SH8.8.2	Persuade others to avoid or reduce risky sexual behaviors.

National Sexuality Education Standards

PD.8.DM.1	Demonstrate the use of a decision making model and evaluate possible outcomes of decisions adolescents might make.
PR.8.CC.3	Explain the health benefits, risks and effectiveness rates of various methods of contraception, including abstinence and condoms.
PR.8.DM.1	Apply a decision making model to various sexual health decisions.
PR.8.SM.1 SH.8.SM.1	Describe the steps to using a condom correctly.
SH.8.GS.1	Develop a plan to eliminate or reduce risk for STDs, including HIV.

Rationale

Approximately half of all teens are sexually active,[1] although most middle school students are not yet having sex.[2] This makes middle school an important time to both support abstinence and to teach students condom skills they will need in the future. Teaching these skills before students are sexually active helps increase the likelihood that they will use condoms, and use them correctly, when they need them. It is for this reason that both the National Health Education Standards, published by the CDC, and the National Sexuality Education Standards recommend that condom teaching begin in middle school.[3] [4] Furthermore, a large body of research clearly shows that sexual health education, including condom skill practice, does not encourage earlier sexual activity among teens. Instead, these programs can actually help students to postpone sexual activity, decrease their number of sexual partners and increase their condom use. Studies also reveal that when youth have positive attitudes about condoms and the knowledge to use condoms correctly, they are more likely to use condoms consistently.[5] [6] [7]

Condoms are the most effective technology to reduce the transmission of HIV and other STDs;[8] they are also effective barriers against unplanned pregnancy.[9] Students who have had a chance to observe a demonstration of correct condom use, especially before they are sexually active, are far more likely to use condoms correctly.[10] [11] This is especially important since condoms are one of the birth control methods most commonly used by teens.[12]

Materials Needed

Student Materials

- *Condom Goal Setting Worksheet*
- *Individual Homework: Condoms in the Community*
- *Family Homework: Talking with Family About Condoms*, available in multiple languages on the FLASH website
- *Lesson 6 Exit Ticket*

Small Group Handouts

- *Steps to Using a Condom Cards*
- *Condom Scenarios Handout*

Classroom Materials

- *Lesson 6 Warm Up*
- *Condom Solutions Visual*
- *Example Goal Statements Visual*
- Envelopes

Teacher Preparation

1. Make 10 sets of *Steps to Using a Condom Cards*. Each set should consist of the 9 cards in an envelope labeled "Condom Cards."

2. Prepare Visuals for document camera or projector.

Activities

1. Warm Up

Display warm up as bell work.

Prompt: Most teens who have vaginal sex use condoms. Pick the reason you think is most important and write 2 to 3 sentences about why you chose it.

- Using condoms helps prevent pregnancy.
- Using condoms helps a person not get or give an STD.
- Using a condom helps show care and concern for your partner.
- Using a condom shows that you are mature.
- Condoms are birth control that men can use.

2. Brainstorm condom benefits and set norm for condom use

Describe condoms and their purpose. Brainstorm the benefits of condoms. Explain that over 95% of teen couples who have vaginal sex have used condoms, reinforcing the information by writing it on the board.

Today we are going to learn about condoms. A condom is a thin, stretchy piece of rubber made to fit over a penis to prevent pregnancy and STDs. They are used for vaginal, anal or oral sex with a penis. They work by catching the semen inside the condom, so neither person gets the other person's fluids in their body.

It's important for everyone to learn how to use condoms whether they need the information now or won't need it until the future. It's important even if people think they will never need condoms. Why would someone need to learn about condoms even if they think they will never need them? Right, so they can help educate their friends and family about them.

Could I get a few volunteers to share some of the benefits of condoms? Why would people choose to use condoms?

- *Using condoms helps prevent pregnancy*
- *Using condoms helps a person not get or give an STD*
- *Using a condom helps show care and concern for your partner*
- *Using a condom shows that you are mature*
- *Condoms are birth control that men can use*
- *Because condoms are easy to get*
- *Because condoms are free or cheap*

That's right—there are a lot of reasons condoms are a good choice for teens. That's probably why so many teens use them. Can you guess what percent of sexually active teen couples have used condoms? (accept a few guesses.) *Actually, over 95% of sexually active teen couples have used condoms for vaginal sex.* (Write this fact on the board.) *In fact, more teens use condoms than adults!*

3. Condom card line-up

Divide the class into small groups of 3 or 4 students, giving each group a 9-card set of *Steps to Using a Condom* in random order. Allow 5 minutes for the groups to place their cards in the correct order. Ask the class to name each step, one at a time. Follow the script below to further explain each step. Have groups correct the order of their cards, if needed.

Condoms are really easy to use. There are just a few simple steps to learn. It's important to learn the steps because there are a few common mistakes that people make that sometimes cause condoms to break or come off. When people know how to use condoms correctly, they almost never break or come off. Let's go over the steps, so you can all learn them. First you will all work in small groups to put the steps in order, then I will go over the steps with the whole class.

Order	Cards	Teaching Points
Step 1	Check expiration date.	*The expiration date is important to make sure the condom is not old and more likely to be weak.*
Step 2	Carefully open package.	*This means being careful not to rip the condom with anything sharp like fingernails, teeth or scissors. Condoms are usually slippery and wet. This is to keep the condom from breaking.*
Step 3	Pinch tip of condom.	*Ask the class: Can you guess what might happen if there wasn't room at the tip?* *Answer: If there's no place to catch the semen, there's a chance it might leak out the bottom of the condom into the partner's body or even possibly break the condom. Condoms work well and don't break very often, so this is an important step.*
Step 4	Roll condom down erect penis.	*The penis gets harder before sex. The condom doesn't get rolled on until the penis is hard.*
Step 5	Sex – with condom.	*The couple has sex with a condom on, every time. This is true for vaginal sex, anal sex and oral sex with a penis.*
Step 6	Ejaculation – with condom.	*During ejaculation, the semen is caught inside the condom. With a condom, neither person gets the other's fluids in their body.*
Step 7	Hold condom onto penis while pulling out.	*After ejaculation, the penis gets soft again. The person holds the condom onto the base of the penis while pulling out, so that none of the semen leaks out and so the condom doesn't slip off.*
Step 8	Take condom off penis.	
Step 9	Throw condom in the garbage.	*Condoms can only be used once.*

4. Condom demonstration

Demonstrate the steps for correct condom use, briefly explaining each step again as you model them. Do not demonstrate with fruits or vegetables, as some people find this offensive or trivializing. A penis model is ideal for demonstrating condoms, if you can obtain one. If that is not an option, demonstrate by rolling a condom onto your fingers.

- *Most condoms are made of latex. If someone is allergic to this material, there are condoms made of other kinds of materials such as a special kind of plastic called polyurethane.*
- *First the person looks at the package to check the expiration date and make sure there aren't any holes in it.*
- *Then they carefully open the package.*
- *Before having sex, the condom goes on the tip of the erect penis. It should look like a little hat, with the rolled side facing out.*
- *Then, the person pinches the tip of the condom and unrolls the rest of the condom all the way to the base of the penis. Pinching the tip makes a space to catch the semen when the man ejaculates.*
- *Once the condom is on, the couple has sex.*
- *After sex, before the penis gets soft, the condom is held onto the base of the penis while pulling out.*
- *The condom is taken off and thrown away. Condoms can only be used once.*
- *To sum it up, the main steps are to pinch the tip of the condom and roll it down the penis before having sex. With practice, people find condoms easy to use.*

5. Condom solutions

Keep students in their small groups. Distribute a *Condom Scenarios Worksheet* to each small group and give them 5 minutes to begin answering the scenario questions.

You have had a chance to learn why condoms are important and how to use them. I have also told you that most teens use them for vaginal sex. But, sometimes people's plans don't work out and they end up not using condoms, or they only use them some of the time. We are going to work together on coming up with solutions to this problem.

I'm going to hand each small group a Condom Scenarios *worksheet. Small groups will work together to come up with at least 1 solution for each scenario. You may have never thought about these issues before, so just do your best. You have 5 minutes.*

After small groups come up with their initial answers, project the *Condom Solutions Visual* to provide additional ideas for solving the scenarios. Allow small groups 3 more minutes to add new information to their answers.

I can see you've been doing good work on the scenarios. I'm going to show you all some common solutions to different types of condom problems. You can use information on the Condom Solutions visual to add more ideas to any of your scenario answers. You only have 3 minutes!

Discuss each scenario as a class. Be sure to affirm the bottom line statement: *Always use a condom for vaginal, anal or oral sex with a penis.* The purpose of this activity is to help students think ahead about overcoming any problems they might face using condoms in the future.

Now let's discuss each scenario as a group. I'm interested to hear what you all came up with.

Use the *Condom Solutions Visual* to help debrief the scenarios.

Scenario answer key based on *Condom Solutions Visual*:
1. Aiden: All solutions related to embarrassment (2 and 3)
2. Savannah: All solutions related to partners (4 and 5)
3. CJ: All solutions related to having condoms available (1)
4. James: All solutions related to the physical feeling of using condoms (6)

6. Goal setting

Have students return to their seats. Distribute the *Condom Goal Setting Worksheet* and review the content. Students will have an opportunity to set their own goals about condoms, whether they need condoms now, in the future, or will be in the role of helping friends and family. Stress that these worksheets are private and will not be collected, although you will be watching to ensure that everyone is completing the activity. Display the *Example Goal Statements Visual* and read the statements out loud to assist students in completing the *Condom Goal Setting Worksheet*.

The best way to help stick to a decision is to put in a little work ahead of time by setting goals and making plans to deal with any problems. We are going to take a little time to do that right now.

You will have 5 minutes to complete this Condom Goal Setting *worksheet. You may use any information we learned in class today, or come up with new ideas. Let's take a look at the* Example Goal Statements *to give you an idea of some possible condom goals.*

The information on this worksheet is private. Please don't write your name on it or turn it in. I won't be reading the worksheets, but I will check to see who is completing them. I hope this exercise is helpful to you, whether you need to use condoms now, or will be using them in future, or if your main role with condoms will be to support your friends and family.

7. Assign homework

Allow students to choose between the individual or family homework and explain the assignments as needed.

Individual Homework: Condoms in the Community

Family Homework: Talking With Family About Condoms available in multiple languages on the FLASH website

8. Exit ticket

Hand out the *Lesson 6 Exit Ticket.*

Prompt: Place the following steps to using a condom in the correct order.

Answer:
1. Check expiration date.
2. Carefully open package.
3. Pinch tip of condom.
4. Roll condom down erect penis.
5. Sex – with condom.
6. Ejaculation – with condom.
7. Hold condom onto penis while pulling out.
8. Take condom off penis.
9. Throw condom in the garbage.

Warm Up

Visual

There are many important reasons most teens use condoms. Pick the reason you think is most important and write 2 or 3 sentences about why you chose it.

- Using condoms helps prevent pregnancy.
- Using condoms helps a person not get or give an STD.
- Using a condom helps show care and concern for your partner.
- Using a condom shows that you are mature.
- Condoms are birth control that men can use.

Steps to Using a Condom

For "Condom Cards" Envelopes

Check expiration date	Carefully open package	Pinch tip of condom
Roll condom down erect penis	Sex – with condom	Ejaculation – with condom
Hold condom onto penis while pulling out	Take condom off penis	Throw condom in the garbage

Condom Scenarios

Worksheet

1. Aiden wants to use condoms, but he feels embarrassed to go to the store to buy them, and embarrassed about what his friends will think if he has condoms. Do you have any ideas about how Aiden can overcome these problems so that he can use condoms?

2. Savannah wants to use condoms, but she doesn't know how to bring up the subject with her boyfriend. Give Savannah two pieces of advice: How can she tell her boyfriend she wants to use condoms? What should she do if he doesn't want to use condoms?

3. CJ believes in using a condom every time. But, CJ has not always had a condom available when needed. What ideas do you have that would help CJ always have a condom available?

4. James isn't planning to have sex until he is much older, but it doesn't seem to him like sex with a condom would feel very good. Once James starts having sex, what solutions can you think of to help him with this concern?

Condom Solutions

Visual

It's important to always use a condom for vaginal, anal or oral sex with a penis.

Problem 1 - People don't have condoms with them when they need one.

- Think of a few places you could easily keep condoms with you all the time.
- Find out where you can buy or get condoms in your community.

Problem 2 - People feel embarrassed to get condoms.

- Have a friend or family member get condoms for you.
- Buy condoms at self-checkout.
- Get condoms from bathroom at clinic (more private).

Problem 3 - People feel embarrassed about what friends and family will think.

- Keep condoms somewhere private when you carry them.
- Have friends carry condoms too.
- Tell yourself it is really important to be prepared by having condoms with you.
- Tell your parents if they don't already know, so you don't have to worry about the surprise or embarrassment of parents finding them.

Problem 4 - Partner doesn't want to use condoms.

- Explain to your partner why it's important to you to use condoms.
- Talk about using condoms with your partner when you are not making out.
- Make sure you bring condoms, instead of relying on your partner to bring them.
- Choose not to have sex until your partner agrees to use condoms.

Problem 5 - People are nervous to talk with partner about using a condom.

- Write a note or send a text instead of talking in person.
- Practice what you would say to your partner with a friend first.
- Bring up the subject of condoms by talking about a couple from TV.

Problem 6 - People are concerned that condoms might not feel as good.

- Try different brands of condoms to find the one that feels best.
- Use lubricant.
- Remind yourself that most people use condoms and don't mind the way they feel.

Example Goal Statements

Visual

- I will use a condom the next time I have sex.
- I will use a condom the first time I have sex.
- I will buy or get condoms and make sure I have them with me when I go out.
- I will tell my partner ahead of time that I want to use condoms when/if we have sex.
- I will help my friends who need condoms get them.

Condom Goal Setting

Worksheet

Instructions: The purpose of this worksheet is to help everyone become better condom users, whether that involves using condoms now, using them in the future, or helping friends and family. For each question below, you may use any of the information we discussed in class together, or come up with new ideas. Please do not write your name on this worksheet or turn it in. The teacher will make sure that everyone is completing the activity.

1. What do you think is the most important reason to use condoms?

2. Write one goal for yourself about using condoms in the future.

Individual Homework: Condoms in the Community

Name: _____ **Period:** _____

Find at least one place in the community where a teen can get condoms. It can be a store where someone can buy condoms or a clinic or other location where they can get condoms for free. Take a picture of the condoms at that location and attach it here or email it to your teacher. Also answer the following questions.

1. What is the name and address of the place where you found condoms? (For example, Walgreens at 16th and Roxbury or Planned Parenthood at 9942 8th Ave SW)

2. Were the condoms free or for sale? If they were for sale, how much did they cost?

3. Is this a location where teens would feel comfortable getting condoms? Why or why not?

4. If this was not a location where teens would feel comfortable, where would you suggest they go instead to get condoms?

Family Homework: Talking with Family About Condoms

All Family Homework is optional. Students may complete Individual Homework instead.

Purpose: Family Homework is a chance to share your beliefs about sexuality and relationships, and the beliefs of your family, culture or religion.

Directions: Student will do the homework with a family member or trusted adult who is like family. Find a quiet place where the two of you can talk privately for 5-10 minutes. Please follow these guidelines:

- It is OK for either of you to skip a question.
- What you discuss will not be shared with anyone else, unless you give one another permission to share it.
- Take turns asking questions. When it is your turn to listen, try to understand the other person's response.

Ask the adult: Today in class we learned that now over 95% of sexually active teens have used condoms, which is more than ever. Why do you think that more teens are using condoms now than when you were a teenager?

Ask the student: Why do you think some teens don't use condoms?

Ask the adult: What is one piece of advice you would like to give to a sexually active teenager or young adult about condoms?

Ask the student: What is one piece of advice *you* would like to give to a sexually active teenager or young adult about condoms?

Family Homework Confirmation Slip: Talking with Family About Condoms

Due: _____

We have completed this family homework.

_____ _____

Date Signature of family member or trusted adult

_____ _____

Student's name Signature of student

Exit Ticket

Handout

Place the following steps to using a condom in the correct order.

Throw condom in the garbage	Roll condom down erect penis	Hold condom onto penis while pulling out
Carefully open package	Sex – with condom	Pinch tip of condom
Ejaculation – with condom	Check expiration date	Take condom off penis

1.

2.

3.

4.

5.

6.

7.

8.

9.

Lesson 6: Assessment Questions

1. True or False? Using condoms reduces a person's risk of pregnancy and of catching an STD because people's body fluids don't get inside each other.

2. You learned that 95% of teens who have had vaginal sex have used condoms. How can that information make it easier for someone to choose to use a condom when they have sex?

Lesson 6: Assessment Key and Standards Alignment

Question	Answer	Standards
1. True or False? Using condoms reduces a person's risk of pregnancy and of catching an STD because people's body fluids don't get inside each other.	True	NHES: SH1.8.25 SH1.8.31
2. You learned that 95% of teens who have vaginal sex have used condoms. How can that information make it easier for someone to choose to use a condom when they have sex?	Any answer that supports the idea that knowing this information does make it easier is acceptable	NHES: SH2.8.1 SH2.8.2
Exit Ticket: Place the following steps to using a condom in the correct order: Throw condom in the garbage Carefully open package Ejaculation - with condom Roll condom down erect penis Sex - with condom Check expiration date Take condom off penis Hold condom onto penis while pulling out. Pinch tip of condom	1. Check expiration date 2. Carefully open package 3. Pinch tip of condom 4. Roll condom down erect penis 5. Sex - with condom 6. Ejaculation - with condom 7. Hold condom onto penis while pulling out 8. Take condom off penis 9. Throw condom in the garbage	NSES: PR.8.SM.1 SH.8.SM.1
Condom Goal Setting Worksheet		NHES: SH6.8.1 SH6.8.2 SH6.8.3 SH6.8.4 SH6.8.5 SH7.8.2 SH7.8.4 SH7.8.3 NSES: SH.8.GS.1

Integrated Learning Activities

SCIENCE: What Is Latex?
Most male condoms are made of latex, but what is latex? What else is it used for? Write a 300-word paper about latex, including why it is a good material to make condoms out of.
Visit www.explainthatstuff.com/rubber.html to find the information you will use for your paper.

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[10] Demonstrating how to use condoms improves youths' knowledge about them. (2008). *International Family Planning Perspectives*, *34*, 1.

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Birth Control Methods

Grade 6–8, Lesson 7

Summary

The overall purpose of the lesson is for students to learn about birth control methods while developing positive attitudes and positive peer norms about birth control. Students first work in small groups to study their assigned method of birth control. In a full-class activity, the teacher reads aloud a statement about birth control and each small group must determine if the statement is true for their method. There is brief class discussion between statements. The class concludes with students making observations about the positive aspects of the different methods of birth control.

Student Learning Objectives

The student will be able to …

1. Describe how birth control methods can reduce the risk of pregnancy.
2. Define emergency contraception and its use.
3. Describe the benefits of birth control methods.
4. Identify resources for reproductive and sexual healthcare services.

Lesson Timing

Warm up	Bell work + 2 minutes
Introduce the lesson	2 minutes
Birth control study groups	5 minutes
"The truth about birth control" activity	30 minutes
Complete the sentence	8 minutes
Assign homework	
Exit ticket	3 minutes
Total	50 minutes

FLASH Key Concepts

Birth control is excellent at preventing pregnancy.

Condoms are excellent at preventing pregnancy and STDs, including HIV.

Birth control is very safe.

Many teens successfully use birth control.

In this community, teens can get birth control at *[insert local clinic].*

Teens of every sexual orientation and gender identity need to learn about birth control and STD prevention, for themselves or to help a friend.

Standards

National Health Education Standards (SHECAT)

Standard 1	Students will comprehend concepts related to health promotion and disease prevention to enhance health.
SH1.8.30	Summarize ways to prevent pregnancy, including not having sex and effective use of contraceptives.
SH1.8.31	Describe how the effectiveness of condoms can reduce the risk of pregnancy.
SH1.8.32	Describe ways sexually active people can reduce the risk of pregnancy.
Standard 3	Students will demonstrate the ability to access valid information, products, and services to enhance health.
SH3.8.4	Describe situations that call for professional sexual healthcare services.
SH3.8.6	Access valid and reliable sexual health information from home, school or community.
SH3.8.7	Locate valid and reliable sexual healthcare products.
SH3.8.8	Locate valid and reliable sexual healthcare services.
Standard 5	Students will demonstrate the ability to use decision-making skills to enhance health.
SH5.8.7	Choose a healthy alternative when making a sexual health-related decision.
SH5.8.8	Analyze the effectiveness of a sexual health-related decision.

National Sexuality Education Standards

PR.8.CC.3	Explain the health benefits, risks and effectiveness rates of various methods of contraception, including abstinence and condoms.
PR.8.CC.4	Define emergency contraception and its use.
PR.8.AI.1	Identify medically accurate resources about pregnancy prevention and reproductive health care.
PR.8.AI.2	Identify medically accurate information about emergency contraception.
PR.8.AI.3	Identify medically accurate sources of pregnancy-related information and support including pregnancy options, safe surrender policies and prenatal care.
PR.8.SM.1	Describe the steps to using a condom correctly.

Rationale

The FLASH curriculum includes birth control methods and abstinence in full lessons of their own, based on the effectiveness of both approaches.[1] Research has repeatedly shown that sexual health education, including teaching about birth control, does not cause teens to have sex sooner or more often.[1 2 3 4 5 6] Its only impact is preventative. Based on national data, it is likely that most students receiving the lesson are not currently at risk of pregnancy, but a significant minority is currently at risk, and many more will be within the next few years.[7]

In this lesson, birth control is framed positively. Multiple studies demonstrate that having "more positive attitudes towards contraception, including condoms" and "perceiving more benefits of using contraception" are important protective factors against teen pregnancy.[8] Students are not expected to memorize effectiveness rates, how each method of birth control works, or contraindications. If students should be interested in a prescription method at some point in their life, their medical providers will cover this information.

Selection of methods in the lesson

This lesson focuses on a subset of birth control methods in order to achieve sufficient depth in one class period and to achieve teen pregnancy prevention goals. The nine methods focused on in this lesson are based on King County and national data on teen contraceptive use.[9 10] A student handout on sexual health resources includes medically accurate links to all FDA-approved methods of birth control, if students or families are interested in learning more.

Inclusion of IUD

IUDs are now known to be safe and appropriate birth control for teens. They have been redesigned from IUDs used in the past. They are safe and effective for women who have been pregnant and those who haven't, including teens. Not only are they extremely safe, IUDs are among the most effective methods of birth control available; the hormonal ones (Mirena) are more effective than sterilization. They do not impair future fertility, and they do not increase the risk of HIV or other STDs.[11 12 13]

Inclusion of withdrawal

Despite the physical challenges inherent in using withdrawal effectively, we include it because withdrawal is more effective than previously thought and withdrawal is common among teens, free and always available. In fact, when withdrawal is used correctly, experts calculate that only 4% of couples are likely to get pregnant in a year. Taking typical human error into account, 22% would get pregnant, which is comparable to the diaphragm, sponge and other spermicides.[14]

In contrast, over three times as many couples (85%) would get pregnant using no method for a year, making withdrawal *significantly* more effective than using nothing. It should also be noted that withdrawal reduces the risk of sexually transmitted diseases (STD) and the human immunodeficiency virus (HIV) by about half,[13] which is better than most other methods of birth control, excluding condoms.

In contrast to previous assumptions, research shows that most men's pre-ejaculate fluid contains no sperm. Some men have a small amount of sperm in their pre-ejaculate fluid,[15] which may account for the 4% pregnancy rate in perfect use.

Materials Needed

Student Materials

- *Sexual Health Resources – King County, U.S.,* or develop a local resource sheet
- *Individual Homework: Birth Control Laws*
- *Family Homework: Talking About Birth Control*, available in multiple languages on the FLASH website
- *Lesson 7 Exit Ticket*

Classroom Materials

- *Lesson 7 Warm Up*
- *Birth Control Signs*
- *Birth Control Fact Sheets*
- *The Best Thing… Visual*
- Nine folders or 9 x 12 manila envelopes
- *(Optional)* Samples of the birth control pill, Depo shot, emergency contraception, implant, male condom, IUD, patch and vaginal ring.
- *(Optional)* Samples of the birth control methods not covered in class, in case questions arise: diaphragm, female condom, Cycle Beads and spermicide (gel, foam, film, sponge). Methods that do not need samples include tubal ligation, vasectomy and withdrawal.

Teacher Materials

- *Developing a Local Sexual Health Resources List: Teacher Guide* for those developing a local resource sheet

Teacher Preparation

1. Print *Birth Control Signs* on card stock so that you have one classroom set.

2. Assemble 9 folders or 9 x 12 manila envelopes for birth control study groups:
   - Label each of the 9 folders or envelopes with the name of a birth control method: pill, patch, shot, male condom, emergency contraception, IUD, ring, implant and withdrawal.
   - Put one *Birth Control Sign* into each folder or envelope.
   - Put 5 copies of the corresponding *Birth Control Fact Sheet* into folder or envelope.
   - For example, the folder or envelope labeled "condom" would have 5 copies of the *Condom Fact Sheet* and a *Condom Birth Control Sign* on card stock.

3. Visit http://sexetc.org/action-center/sex-in-the-states/ to learn about laws for birth control confidentiality in your state.

4. *(Optional)* Create a local *Sexual Health Resource* handout for students, following the instructions in *Developing a Local Sexual Health Resources List: Teacher Guide.*

5. *(Optional)* Obtain a birth control kit.
   - If you teach in King County, WA, contact your local Public Health educator for a loaner kit. Go to: www.kingcounty.gov/health/FLASH (click on "find out about training here")

- Contact your local public health family planning clinic or Planned Parenthood (www.plannedparenthood.org) to see if they have kits for loan or for sale.
- If you borrow or purchase a birth control teaching kit, use the written materials in this lesson plan, not those In the kIt.

6. Review the *Birth Control Fact Sheets* used in this lesson. For background information, see these medically accurate sources.
   - Public Health – Seattle & King County. They are downloadable at http://www.kingcounty.gov/healthservices/health/personal/famplan/birthcontrol/brochures.aspx
   - Association of Reproductive Health Professionals: http://www.arhp.org/MethodMatch/
   - Medline Plus, a service of the U.S. National Library of Medicine: http://www.nlm.nih.gov/medlineplus/birthcontrol.html

7. Prepare Visual for document camera or projector.

Activities

1. Warm Up

Display warm up as bell work.

Prompt:
Birth control is used by people who have vaginal sex in order to prevent getting pregnant or starting a pregnancy. There are many different types of birth control to choose from.

True or False? Most people use some kind of birth control to prevent pregnancy the first time they have vaginal intercourse.

2. Introduce the lesson

Explain that the purpose of the lesson is to learn about birth control, whether people need the information to prevent pregnancy now or in the future, or to act as health educators for others. Provide the answer to the warm up (true) and reinforce the idea that most people, including most teens, use birth control to prevent pregnancy.

Today we're learning about birth control, which is an important way to prevent pregnancy for people who are having vaginal sex, or penis into vagina sex.

Let's start with the warm up. True or false? Most people use some kind of birth control to prevent pregnancy the first time they have vaginal intercourse. What do you think? (Let students respond.) *The answer is true. In fact, 99% of couples have used birth control at some point in their lives,[16] and teens themselves are very good at using birth control.[17]*

I want to point out that this lesson is for everybody—people who are having vaginal sex now or who will in the future, and teens of all sexual orientations and genders. Even if someone won't ever need birth control, learning about it now will help them act as health educators for their friends and families on this important topic.

3. Birth control study groups

Separate the class into 9 small groups. Assign each small group a method of birth control. Give each group a folder with one birth control method sign and copies of their birth control method fact sheet.

Instruct groups to study their assigned method of birth control in preparation for the activity. They should be prepared to say the name of their method and how it is used. While students are preparing, visit the groups to see if they need help understanding their method.

We're going to be working in small groups today. After I break you into groups, each group will be assigned a method of birth control and will be given a folder with some information about that birth control method.

You will all need to learn about the method assigned to your group so that you can answer questions about it. You will especially need to learn the name and how it is used. We will be using this information for a class activity.

4. "The truth about birth control" activity

In this activity, students stay in their small groups. The teacher will read a statement. If the small group thinks the statement is true for their method, they raise their sign. Before moving to the next statement, the teacher makes sure students are holding up the correct method signs and covers talking points related to the statement.

If students ask why abstinence was not included as a birth control method, let them know that abstinence was important enough to need an entire lesson to itself. This lesson focuses on methods used during vaginal sex.

Note: Research indicates that it's important to create a positive perception of birth control methods.[18] Information about contraindications or specific health risks will be covered by medical providers, in the event that a student seeks out a particular method of birth control. It is also covered on suggested links on the resource sheet, for students who want more medical information. The focus of this lesson is on the *advantages* of each method.

I'm going to read a statement. If the statement is TRUE for your method, raise your birth control method sign and keep it up so everyone can see it. We will have a discussion before we move on to the next statement. Here's the first one…

a. *This method can only be used by a person who has a penis.*

Answer	Condom, Withdrawal
Instructions	• Have each small group say the name of their method and how it is used (students are teaching each other). • Show the method to the class, if you have samples.
Talking Points	Reinforce key concepts.

b. *This method can only be used by a person who has ovaries.*

Answer	IUD, Implant, EC, Depo Shot, Birth Control Pill, Patch, Vaginal Ring
Instructions	• Have each small group say the name of their method and how it is used (students are teaching each other). • Show the method to the class, if you have samples.
Talking Points	• *Why can these methods only be used by a person who has ovaries? Because the hormones in these methods tell the ovaries not to release an egg. Without an egg, a pregnancy cannot begin.* • Reinforce key concepts.

c. *This method is very good at preventing pregnancy.*

Answer	All
Talking Points	• *Every method of birth control is very good at preventing pregnancy.* • *Does anyone have a method that is nearly perfect?* (IUD and implant) • *Using any one of these methods is much more effective than using none.*

d. *A person can only get this method by going to a doctor's office or clinic.*

Answer	IUD, Implant, Depo Shot, Birth Control Pill, Patch, Vaginal Ring
Instructions	• Distribute *Sexual Health Resources* (Local, U.S. or King County)
Talking Points	• Share state law about confidentiality. For example: *It's important to know that here in Washington State, the law says that birth control is completely confidential for all people, including teens. The clinic staff is not allowed to tell anyone, including parents, without the teen's permission. At many of the clinics, teens can sign up for free Washington State birth control insurance.* • Give the names and locations of nearby clinics. Point out if services are free or low cost. For example: *In this community, teens can get birth control at [insert local clinic].*

e. *A person can get this method from a drugstore without a doctor's prescription.*

Answer	Condom, EC
Talking Points	• Ask: *Why would it be important for people to get EC quickly, or have it on hand at home? Because it works best the sooner it's taken, right after unprotected sex.* • *Most brands of EC can be purchased at the drugstore by people of any age, without ID, if the drugstore carries EC. EC costs $35–50.* • *People of any age can buy condoms at the drugstore or gas station without ID. They cost about $1/condom and usually come in packs.* • *People can often get EC and condoms for free or for much less money at a clinic.*

f. *This method is very safe. It is not harmful to a person's body.*

Answer	All
Talking Points	• *All birth control methods are very safe.* • *All methods of birth control are much less risky for a person's body than pregnancy and childbirth.* • *If a certain method isn't a good match for someone, their doctor will help figure it out.*

g. *This birth control method cannot be used by teens.*

Answer	None. They can all be used by teens!
Talking Points	• *Many teens successfully use birth control, including all of the methods we're studying today.*

h. *This method gives excellent protection against pregnancy and STDs, including HIV.*

Answer	Condom
Talking Points	• *Fortunately, the one method of birth control that protects against pregnancy and STDs is easy to get and easy to use.* • *Condom group, please remind the class how to use a condom correctly. You can find it on your fact sheet.* (Roll it all the way down, pinch the tip, hold it onto the base of the penis when pulling out of partner's body)

i. *This method can be used after sex to prevent pregnancy.*

Answer	EC
Talking Points	• Ask: *In what situations would a person need birth control after sex?* (Didn't use birth control; condom breaks; used another birth control method incorrectly; rape/did not consent to sex.) • *EC works best the sooner it's taken. It must be taken within 5 days of unprotected sex in order to work.* • Ask: *What do you think would happen if EC didn't work?* (The person would be pregnant. It would not harm the pregnancy.)

j. *This method is easy to use.*

Answer	Opinions will vary. (Be sure to include IUD, implant and condom.)
Talking Points	• *What makes your group's method easy or convenient to use?*

k. This method can be used together with any other birth control method, giving the highest level of pregnancy, HIV and other STD protection.

Answer	Condom
Talking Points	• *Using two methods of birth control, with one of them being a condom, is the very best protection.*

I. *These are the top 3 methods used by teens in the United States.*

Answer	(1) Condoms, (2) Pill, (3) Withdrawal
Talking Points	• *What do you notice about these methods?* (Two of them are used by males; two can be used without going to a clinic; the number 1 method is good for both pregnancy and STD protection.) • *Teens are very good at using birth control and condoms, and preventing pregnancy.*

5. Complete the sentence

Show *The Best Thing… Visual*. Give the groups 3 minutes to work together on completing the sentence.

I'd like each small group to work together to complete the sentence on the screen. "In our opinion, the best thing about (the name of your group's birth control method) is…" You should try to imagine what a person using the method might really like about it. When you're done we're going have each small group read their sentence.

Allow 3 minutes to write, then have each group read their statement.

Thank the class for their good work in teaching each other about birth control methods.

Good job teaching each other about birth control methods today. It was an interesting topic and I hope everyone learned a lot.

6. Assign homework

Allow students to choose between the individual or family homework and explain the assignments as needed.

Individual Homework: Birth Control Laws

Family Homework: Talking About Birth Control, available in multiple languages on the FLASH website

7. Exit ticket

Hand out the *Lesson 7 Exit Ticket*.

Question:
When does a person take emergency contraception?

Answer:
Any of the following answers are acceptable:
- Within 5 days of unprotected sex
- After having sex without birth control or a condom
- After a condom breaks
- If a person is raped

Warm Up

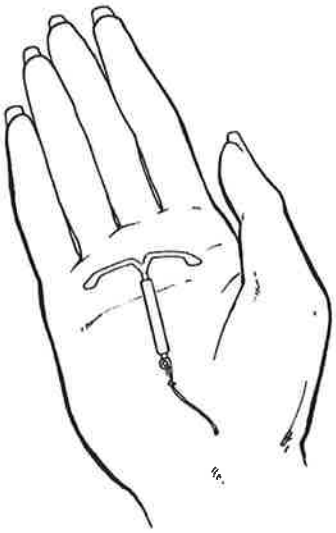
Visual

Birth control is used by people who have vaginal sex in order to prevent getting pregnant or starting a pregnancy. There are many different types of birth control to choose from.

True or False? Most people use some kind of birth control to prevent pregnancy the first time they have vaginal intercourse.

IUD

Fact Sheet

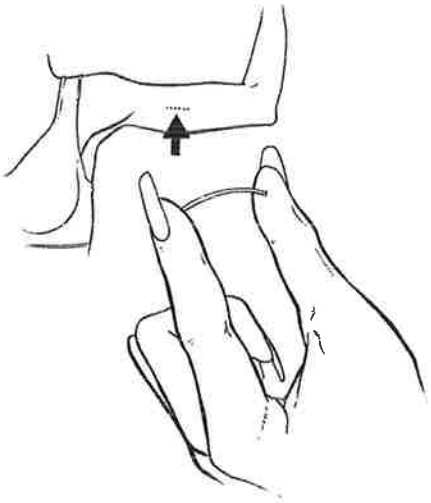


- ☒ The IUD is excellent at preventing pregnancy.
- ☒ The IUD prevents pregnancy for 5 to 10 years, depending on the type of IUD.
- ☒ It is very safe.
- ☒ The IUD is a small T-shaped object that stays inside the uterus. The IUD folds into a small tube that goes through the vagina and into the uterus. It is placed into the uterus by a doctor.
- ☒ IUDs work by slowing down sperm. Some IUDs also work with hormones.
- ☒ It does not protect against STDs or HIV.

Source: *Contraceptive Technology, 20th revised edition*, 2011.

Implant

Fact Sheet

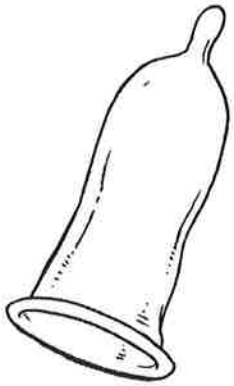


- ☒ The implant is the most effective method of birth control.
- ☒ The implant prevents pregnancy for up to 3 years.
- ☒ It is very safe.
- ☒ The implant is a soft tube that goes under the skin of a woman's upper arm. It only takes a few minutes for a doctor to insert or remove the implant. Stitches are not needed, just a band aid.
- ☒ The implant has a hormone in it, similar to a hormone that occurs naturally in the body. The hormone is slowly released out of the tube and into the body.
- ☒ The implant works by making it hard for sperm to get into the uterus and by stopping the ovaries from releasing an egg each month.
- ☒ The implant does not protect against STDs or HIV.

Source: *Contraceptive Technology, 20th revised edition*, 2011.

Condom

Fact Sheet

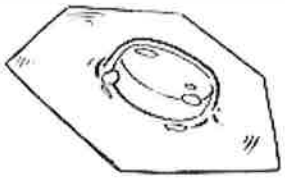


- ☒ Condoms are very good at preventing pregnancy, STDs, and HIV.
- ☒ Condoms are one of the easiest birth control methods to get. Condoms are sold at many drug stores, gas stations and clinics.
- ☒ A condom is like a very thin, very strong glove worn over the penis to catch semen.
- ☒ A condom is used by unrolling it over an erect penis, leaving the tip of the condom hanging off the end of the penis.
- ☒ A person should squeeze the tip of the condom to push out any air.
- ☒ When semen leaves the penis, it is caught in the condom.
- ☒ When the penis is pulled out of the partner's body, the condom must be held onto the base of the penis, so it won't slip off and spill semen into the other person.
- ☒ The condom is used only once and then thrown away.
- ☒ Using a condom together with another birth control method gives even more protection against pregnancy.
- ☒ Condoms come in vinyl or polyurethane if a person is allergic to latex.

Source: *Contraceptive Technology, 20th revised edition*, 2011.

EC (Emergency Contraception)

Fact Sheet

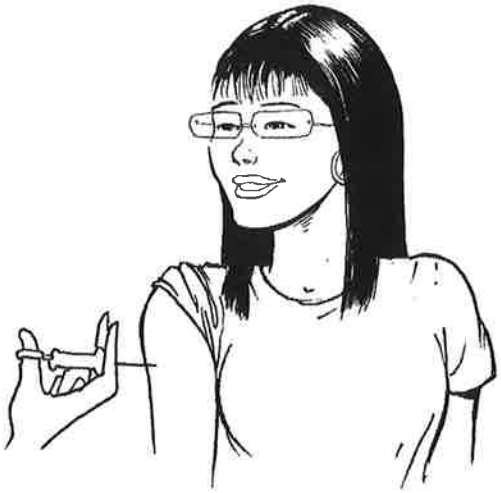


- ☒ EC is a pill women take to prevent pregnancy after sex.
- ☒ EC is also known as the "morning after pill" and "emergency contraception."
- ☒ EC is much more effective the sooner it is taken. It can prevent pregnancy if taken up to 5 days after intercourse.
- ☒ Most kinds of EC are made of a hormone similar to one that occurs naturally in the body.
- ☒ It prevents pregnancy by delaying or stopping the ovaries from releasing an egg.
- ☒ EC is very safe.
- ☒ EC will not harm a pregnancy (for example, if the person accidentally takes it when already pregnant).
- ☒ Some brands of EC can be bought by men or women at the drug store without a doctor's prescription.
- ☒ For more information about getting EC, go to www.not-2-late.com.
- ☒ It does not protect against STDs or HIV.

Source: *Contraceptive Technology, 20th revised edition*, 2011.

Depo Shot

Fact Sheet

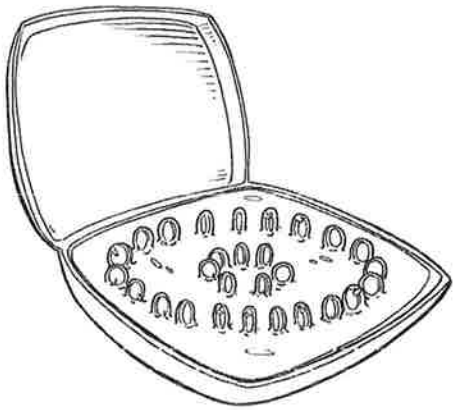


- ☒ Depo is very effective at preventing pregnancy.
- ☒ The Depo shot, also known as Depo-Provera, is given into a woman's arm or hip every 3 months.
- ☒ It is made of a hormone similar to one that occurs naturally in the body.
- ☒ The shot prevents pregnancy mainly by stopping the ovaries from releasing an egg each month.
- ☒ The shot is very safe.
- ☒ The shot does not protect against STDs or HIV.
- ☒ A person needs to go to a doctor to get started on the shot.

Source: *Contraceptive Technology, 20th revised edition*, 2011.

Birth Control Pill

Fact Sheet

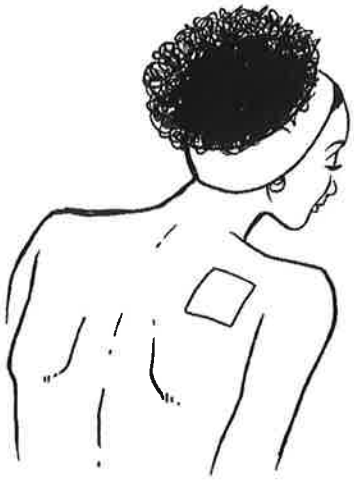


- ☒ Birth control pills are very effective at preventing pregnancy when used correctly.
- ☒ A woman takes the pill once a day to prevent pregnancy.
- ☒ It is made of hormones similar to the ones that occur naturally in a woman's body.
- ☒ The pill prevents pregnancy mainly by stopping the ovaries from releasing an egg each month.
- ☒ Sometimes people take the pill to help with other health issues. For example, it helps prevent cancer of the ovaries and uterus, it makes bones stronger, it helps acne, and it makes period cramps better.
- ☒ The pill is very safe.
- ☒ The pill does not protect against STDs or HIV.
- ☒ A person needs to go to a doctor to get started on the pill.

Source: *Contraceptive Technology, 20th revised edition*, 2011.

Patch

Fact Sheet

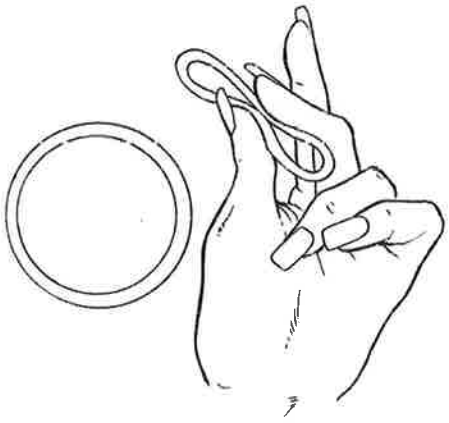


- ☒ The patch is very effective when used correctly.
- ☒ The patch is a small, thin, beige-colored patch that sticks to a woman's skin.
- ☒ A person puts on a new patch once a week, for 3 weeks in a row, and then has 1 week without a patch.
- ☒ The patch has hormones similar to the ones that occur naturally in the body. The hormones are released into the body through the skin.
- ☒ The patch prevents pregnancy by stopping the ovaries from releasing an egg each month.
- ☒ People can still take showers, swim, play sports, and go in hot tubs with the patch.
- ☒ The patch is very safe.
- ☒ The patch does not protect against STDs or HIV.
- ☒ A person needs to go to a doctor to get started on the patch.

Source: *Contraceptive Technology, 20th revised edition*, 2011.

Vaginal Ring

Fact Sheet



- ☒ The ring is very effective when used correctly.
- ☒ The ring, also known as the NuvaRing, is a soft, plastic, flexible ring, about 2 inches wide.
- ☒ A person puts the ring inside their own vagina, and it stays there for 3 weeks. It does not hurt.
- ☒ The ring has hormones inside it, similar to the ones that occur naturally in a person's body.
- ☒ The ring prevents pregnancy mainly by stopping the ovaries from releasing an egg each month.
- ☒ The ring is very helpful for people with heavy or painful periods.
- ☒ The ring is very safe.
- ☒ It does not protect against STDs or HIV.
- ☒ A person needs to go to a doctor to get started on the ring.

Source: *Contraceptive Technology, 20th revised edition*, 2011.

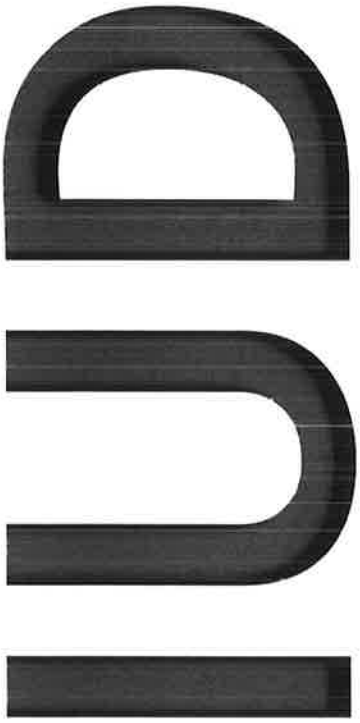
Withdrawal

Fact Sheet

- ☒ Withdrawal is another word for pulling out.
- ☒ A person pulls their penis out of their partner's body before ejaculating, making sure not to get semen near the vagina.
- ☒ Withdrawal is free and always available.
- ☒ It is much more effective than most people think, when used correctly.
- ☒ Withdrawal is very effective for people who can tell when the semen is about to leave their penis. It takes experience and a lot of self-control to be able to pull out completely in time.
- ☒ Pre-cum is a fluid that can be seen on the tip of the penis before ejaculation. It's also called pre-ejaculate. Studies show that only some people's pre-cum contains a small amount of sperm.
- ☒ Withdrawal lowers the chance of getting HIV and some other STDs, but it does not fully protect against these infections.

Source: *Contraceptive Technology, 20th revised edition*, 2011.

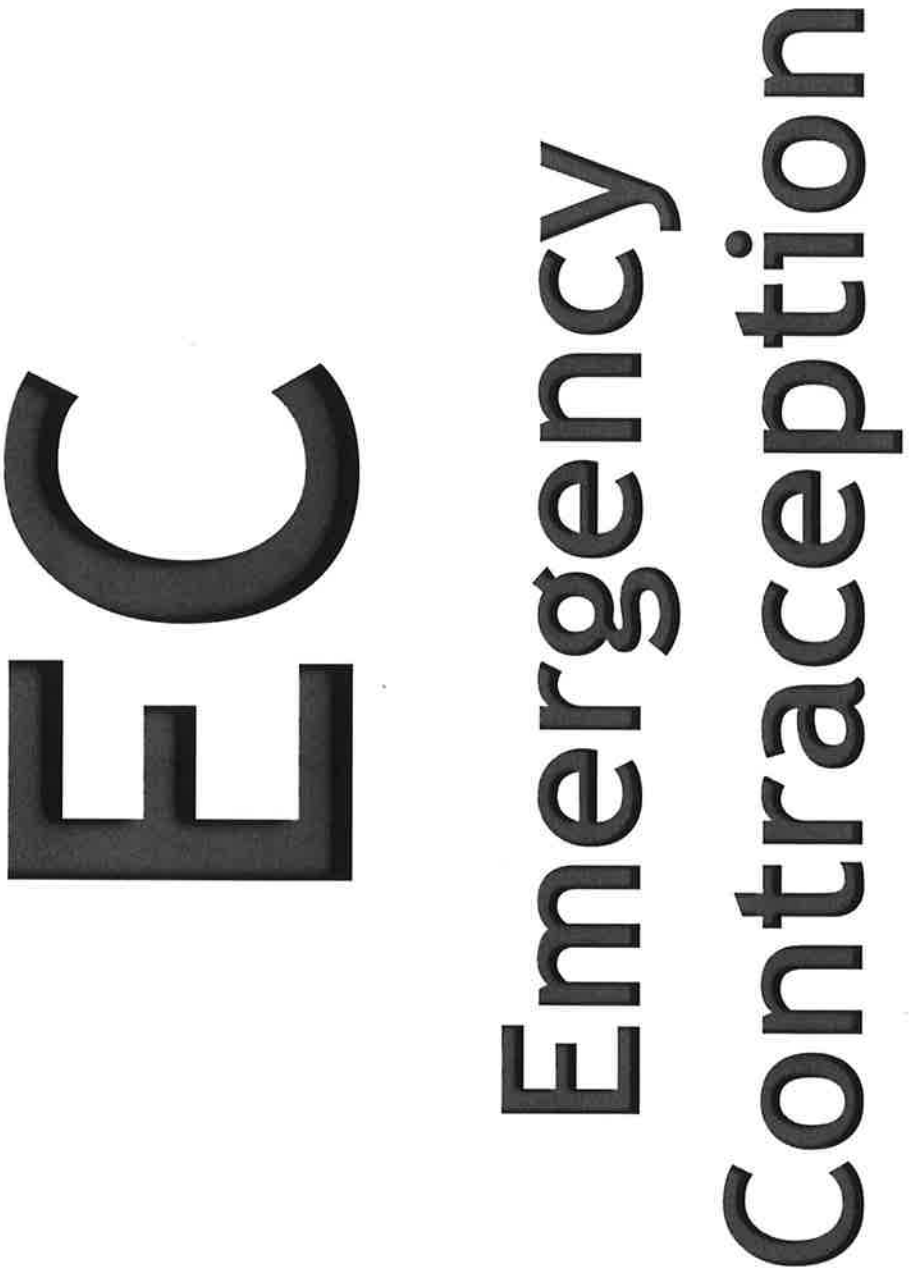
Birth Control Sign



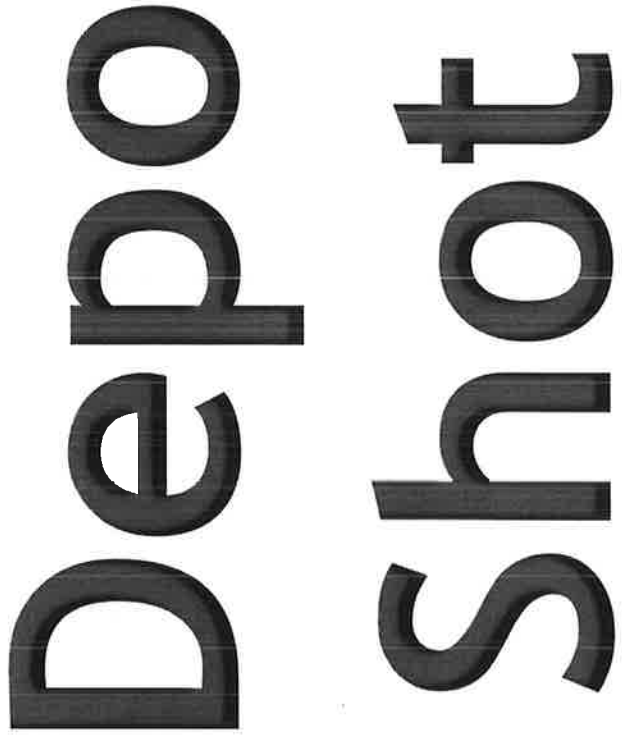
Birth Control Sign

Birth Control Sign

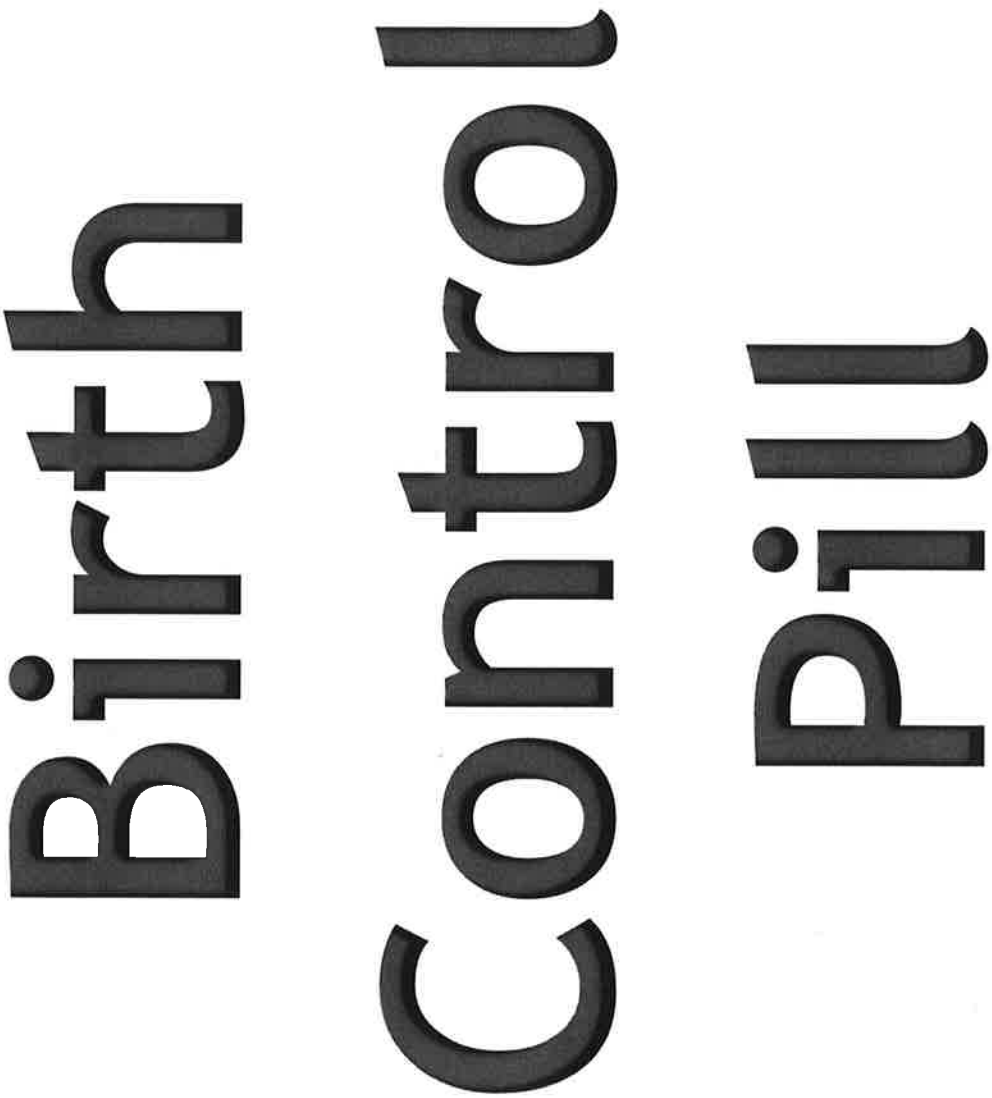
Birth Control Sign



Birth Control Sign



Birth Control Sign



Birth Control Sign

Patch

Birth Control Sign

Birth Control Sign

withdrawal

Sexual Health Resources
In King County

Handout

Confidential
Teens of any age can get all the services listed on this handout confidentially in Washington State. Confidential services include birth control, condoms, emergency contraception, pregnancy tests, STD and HIV tests, prenatal care, abortion and adoption.

Birth Control and STD Clinics
These clinics have birth control, condoms, emergency contraception, pregnancy tests, STD tests and HIV tests. Services are confidential. Teens in Washington State can sign up for free birth control insurance, called Take Charge, at Public Health and Planned Parenthood.

Public Health – Seattle & King County
Free or low cost teen clinics
206-263-1505
www.teenclinic.com

Planned Parenthood Great Northwest
1-800-769-0045
www.plannedparenthood.org

- Birth control method information (World Health Organization): Scroll down to see chart. http://www.who.int/mediacentre/factsheets/fs351/en/
- STD information (Centers for Disease Control): http://www.cdc.gov/std/
- HPV vaccine information (Centers for Disease Control): http://www.cdc.gov/vaccines/vpd-vac/hpv/

Help Finding a Clinic and Other Services
Community Health Access Program
(CHAP Line)
206-284-0331 or 1-800-756-5437
Also helps people apply for health insurance
chap@kingcounty.gov

Teen Link
1-866-833-6546
www.866teenlink.org

Prenatal Care
Public Health – Seattle & King County
Maternity Support Clinics and WIC
206-263-1505
www.kingcounty.gov/healthservices/health/personal/MSS.aspx

Abortion Clinics
Cedar River Clinics
(425) 255-0471
www.cedarriverclinics.org

Planned Parenthood
1-800-769-0045
http://www.plannedparenthood.org/planned-parenthood-great-northwest

Adoption Agencies
Amara
(206) 260-1700
http://amaraparenting.org

Open Adoption & Family Services
1-800-772-1115
http://www.openadopt.org/

Sexual Health Resources In the U.S.

Handout

Confidential
Click on the map to find out if sexual health services are confidential in your state.
http://sexetc.org/action-center/sex-in-the-states/

Birth Control and STD Clinics
There are many websites and phone numbers to help teens find birth control, condoms, emergency contraception, pregnancy tests, STD tests and HIV tests.

- Enter your zip code or call to find the nearest Planned Parenthood clinic.
  www.plannedparenthood.org 1-800-230-PLAN
- Enter your zip code to find the nearest birth control clinic that is free or low cost.
  http://www.hhs.gov/opa/
- Enter your zip code to find a clinic for HIV tests, birth control, counseling and other services.
  www.aids.gov
- Enter your zip code to find the nearest place to get emergency contraception.
  www.not-2-late.com
- Call your local public health department to get information about local birth control and STD clinics.
- Birth control method information (World Health Organization): Scroll down to see chart.
  http://www.who.int/mediacentre/factsheets/fs351/en/
- STD Information (Centers for Disease Control): http://www.cdc.gov/std/
- HPV Vaccine Information (Centers for Disease Control): http://www.cdc.gov/vaccines/vpd-vac/hpv/

Help Finding a Clinic and Other Services

- Enter your address to find the nearest health clinics that are free or low cost. These clinics are for all health issues, not just sexual health.
  http://findahealthcenter.hrsa.gov/

Prenatal Care

- Scroll to your state to find the phone number for the Women, Infants, Children (WIC) Program.
  http://www.fns.usda.gov/wic/toll-free-numbers-wic-state-agencies
- WIC is a nutrition program that helps pregnant women, new mothers, and young children eat well, learn about nutrition and stay healthy. They also give information about where to get prenatal care.

Abortion Clinics

- Click on the map to see a list of abortion clinics in your state.
  http://prochoice.org/think-youre-pregnant/find-a-provider/
- Call 1-877-257-0012 to find the nearest abortion clinic.
- Call 1-800-772-9100 to get more information about abortion and where to get financial help.

Adoption Agencies

- Call 1-800-772-1115 to talk with an adoption counselor at Open Adoption and Family Services.
- The phone line is open 24 hours a day.

Developing a Local Sexual Health Resources List

Teacher Guide

In order to ensure that students have access to the health care services they need, it is important for teachers to develop a sexual health resource sheet specific to their geographic area. FLASH provides a resource sheet for King County, Washington, as an example that can be used as a template. If you are not familiar with the resources in your area, the following national resources will help you in compiling a local resource sheet. If, for some reason, you cannot develop a local resource sheet, a national resource sheet has been provided for you.

FLASH recommends referring young people to clinics and agencies that are teen and LGBT friendly, culturally competent, supportive of all pregnancy options, and that consider the teen to be their primary client. When creating your local resource sheet, keep these criteria in mind.

Confidential
Individual state policies on teens accessing reproductive health care are provided by Sex, etc., a project of Rutgers University. http://sexetc.org/action-center/sex-in-the-states/

Birth Control and STD Clinics
To find local birth control and STD clinics, call your local health department. If you need further assistance finding clinics that offer a full array of services, the following links may be of help.

- www.plannedparenthood.org to find a local Planned Parenthood clinic
- http://www.hhs.gov/opa/ to find a local Title X clinic
- www.not-2-late to find locations for accessing emergency contraception
- http://locator.aids.gov/ to find HIV testing locations

Help Finding a Clinic and Other Services
The U.S. Department of Health and Human Services, Health Resources and Services Administration maintains a list of sliding scale or free clinics across the United States.
http://findahealthcenter.hrsa.gov/

Prenatal Care
To find prenatal care providers who serve teens, call your local WIC provider. The link below provides a State number that can direct you to a local provider.
www.fns.usda.gov/wic/toll-free-numbers-wic-state-agencies

Abortion Clinics
The National Abortion Federation maintains a list of abortion providers by state.
http://prochoice.org/think-youre-pregnant/find-a-provider/

Adoption Agencies
Open Adoption and Family Services works with clients from across the nation. Should a client prefer a local resource, they will work with her to identify a local provider.
http://www.openadopt.org/

The Best Thing...

Visual

Instructions: Work with your small group to complete the sentence below about your group's method of birth control. Think about why a person using it might like it. For example, do you think they would find it convenient, easy to use, helpful for other health issues, etc.?

In our opinion, the best thing about

_____ *(name of method)* is

_____

_____

Individual Homework: Birth Control Laws

Name: _____ **Period:** _____

Use the Internet to answer the following questions about state birth control laws. You may use the following tips for searching online.

- This website will bring you to a map of the United States. Click on the state you want to learn about and scroll down to read about birth control laws and condom laws for teens. http://sexetc.org/action-center/sex-in-the-states/
- Try doing a general internet search with the phrase "birth control laws in (insert your state)."

1. Write the name of the state you want to research. It can be the state you live in or any other state that interests you.

2. Can teens get birth control without their parent's or guardian's permission? If there are any special rules about this, please write them down.

3. Can teens get condoms without their parent's or guardian's permission?

Family Homework: Talking About Birth Control

All Family Homework is optional. Students may complete Individual Homework instead.

Purpose: Family Homework is a chance to share your beliefs about sexuality and relationships, and the beliefs of your family, culture or religion.

Directions: Student will do the homework with a family member or trusted adult who is like family. Find a quiet place where the two of you can talk privately for 5-10 minutes. Please follow these guidelines:

- It is OK for either of you to skip a question.
- What you discuss will not be shared with anyone else, unless you give one another permission to share it.
- Take turns asking questions. When it is your turn to listen, try to understand the other person's response.

Ask the adult: Today we learned about birth control methods. Did you learn about birth control in school when you were a student? If so, what do you remember about the class?

Ask the student: Tell me something you learned about birth control methods today.

Ask each other: Do you think teens should be required to get their parent's permission to use birth control? Why or why not?

Family Homework Confirmation Slip: Talking About Birth Control

Due: _____

We have completed the family homework.

_____ _____

Date Signature of family member or trusted adult

_____ _____

Student's name Signature of student

Exit Ticket

Handout

When does a person take emergency contraception?

Lesson 7: Assessment Questions

1. Circle the birth control methods that a person can only get from a clinic or doctor's office.

IUD	Patch
Implant	Pill
Condom	Ring
Depo	Withdrawal

2. Which of the following birth control methods protects against pregnancy and STDs, including HIV?

   A. Condom
   B. Pill
   C. IUD
   D. EC

3. Where could a person get medically accurate information about pregnancy prevention?

4. Describe 2 ways to prevent pregnancy for a couple who is having vaginal sex.

5. Describe 2 important things a person should know about condoms.

Lesson 7: Assessment Key and Standards Alignment

Question	Answer	Standards
1. Circle the birth control methods that a person can only get from a clinic or doctor's office.	IUD, Implant, Depo, Patch, Pill, Ring	NHES: SH3.8.4
2. Which of the following birth control methods protects against pregnancy and STDs, including HIV? A. Condom B. Pill C. IUD D. EC	A	NHES: SH1.8.31 NSES: PR.8.CC.3
3. Where could a person get medically accurate information about pregnancy prevention?	Possible correct answers: Any resource listed on the resource sheet, or whatever resource you shared with students (e.g. school-based health center, school nurse, etc.)	NHES: SH3.8.6 SH3.8.8 NSES: PR.8.AI.1 PR.8.AI.2 PR.8.AI.3
4. Describe 2 ways to prevent pregnancy for a couple who is having vaginal sex.	Correct answers include any methods of birth control or abstinence	NHES: SH1.8.30 SH1.8.32
5. Describe 2 important things a person should know about condoms	Possible correct answers: • Prevent pregnancy • Prevent STDs including HIV • Easy to get • Easy to use • No age restriction • Any of the instructions for using condoms correctly	NHES: SH1.8.31 NSES: PR.8.CC.3
Exit Ticket: When does a person take emergency contraception?	Any of the following answers are acceptable: • Within 5 days of unprotected sex • After having sex without birth control or a condom • After a condom breaks • If a person is raped	NSES: PR.8.CC.4 PR.8.AI.2
Individual Homework: Birth Control Laws		NHES: SH3.8.6 NSES: PR.8.AI.3

Integrated Learning Activities

CREATIVE WRITING: Birth Control Song Lyrics
Write down 5-10 lines of any song you like. Then they rewrite the lyrics to include birth control. You can write about a specific method of birth control or about birth control in general. It can have any tone—serious, funny, etc. The only requirement is that the new lyrics are PG and only use medically accurate information.

MATH: Birth Control Effectiveness

1. Answer the following questions about the odds of getting pregnant with each of the following methods:

   - No birth control

     If couples have vaginal sex without birth control, they have an 85% chance of getting pregnant within the year. If 50 couples have vaginal sex without using birth control, how many pregnancies would be expected by the end of the year?

     Answer: 42 or 43 pregnancies with no birth control

   - Using the IUD

     If couples use the IUD for pregnancy prevention, they have much less than a 1% chance of getting pregnant within the year. If 50 couples have vaginal sex using the IUD, how many pregnancies would be expected by the end of the year?

     Answer: 0 pregnancies (at the very most, 1 pregnancy)

   - Using the condom

     If couples use the condom correctly for pregnancy prevention every time they have sex, they have a 2% chance of getting pregnant within the year. If 50 couples have vaginal sex using the condom, how many pregnancies would be expected by the end of the year?

     Answer: 1 pregnancy

2. Based on these math problems, what conclusions can you draw about the effectiveness of the IUD and the condom, when used correctly and every time?

   Answer: They are both very effective. The IUD is more effective.

3. What could a couple who wanted a higher level of protection against pregnancy do?

   Answer: Use the IUD and condom at the same time, or not have sex.

References

[1] Kirby, D. (2001). *Emerging answers: Research findings on programs to reduce teen pregnancy.* Washington, DC: National Campaign to Prevent Teen and Unplanned Pregnancy.

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[5] UNAIDS. (1997). *Impact of HIV and sexual health education on the sexual behaviour of young people: A review update.* Geneva, Switzerland: UNAIDS.

[6] Baldo, M., et al. (1993). *Does sex education lead to earlier or increased sexual activity in youth?* Presented at the Ninth International Conference on AIDS. Geneva, Switzerland: World Health Organization.

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[8] Kirby, D., & Lepore, G. (2007). *A matrix of risk and protective factors affecting teen sexual behavior, pregnancy, childbearing and sexually transmitted disease*. Scotts Valley, CA: ETR Associates.

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[16] Daniels, K., Daugherty, J., & Jones, J. (2014). Current contraceptive status among women aged 15–44: United States, 2011–2013. *NCHS data brief, no 173.* Hyattsville, MD: National Center for Health Statistics.

[17] Martinez, G., et al. (2011).Teenagers in the United States: Sexual activity, contraceptive use, and childbearing, 2006–2010 National Survey of Family Growth. *Vital and Health Statistics*, *23*, 31.

[18] Kirby, D., & Lepore, G. (2007). *A matrix of risk and protective factors affecting teen sexual behavior, pregnancy, childbearing and sexually transmitted disease*. Scotts Valley, CA: ETR Associates.

To Parents & Guardians: Introducing FLASH

Dear Families,

Your student will soon begin their sexual health unit in our class. We will be teaching the FLASH curriculum. FLASH is a medically accurate, age-appropriate comprehensive sexual health education curriculum. The goals of the curriculum are to prevent teen pregnancy, STDs and sexual violence, and to increase family communication about sexual health related topics such as dating, sex and abstinence.

FLASH builds skills to support young people in remaining abstinent, as well as teaching about other methods of disease and pregnancy prevention. It promotes respectful communication, and builds skills for healthy relationships. FLASH also contains family homework assignments in which students talk with a family member about the topics covered in class via a prescribed set of questions. Students receive credit for speaking with an adult, but are never required to discuss the content of their conversations.

FLASH provides a protocol for teachers when answering student questions about values that includes referring student back to families to learn their specific values. As a result, students may come home with questions about the values and expectations you have for them regarding these topics. We hope this will provide a meaningful opportunity for you to talk about these important topics together. A list of the Middle School FLASH lessons is provided below. If you have any questions or would like to preview a lesson, please don't hesitate to contact me.

Lesson 1: Reproductive System and Pregnancy
Lesson 2: Sexual Orientation and Gender Identity
Lesson 3: Rules of Dating
Lesson 4: Saying No
Lesson 5: Preventing STDs
Lesson 6: Condoms to Prevent HIV and Other STDs
Lesson 7: Birth Control Methods

Laws Relevant to a Sexual Health Unit

Legal Requirements of Sexual Health Education

State laws regarding sexual health education vary. Some states require sexual health education while others do not. In some states, HIV and STD prevention education is required, but nothing more. Other states require that all sexual health education delivered must be comprehensive and medically accurate. State may also have specific requirements, such as that sexual health education must be taught at certain grades, or that certain topics are required or prohibited. Look up sexual health education laws for your state here: www.guttmacher.org/statecenter/spibs/spib_SE.pdf

Providing Health Care for Minors

Individual states have laws about what, if any, health care minors can consent to on their own. Different ages may apply to different services, such as accessing contraceptive care, STD services, prenatal care, adoption, abortion, medical care for a child, and mental health care. When discussing with a student any kind of health care for which the student can legally consent, it is very important to remember to protect that student's privacy. Disclosing a students' health information even to other teachers or school employees is a violation of privacy and possibly illegal. See what the minor consent laws are in your state: www.guttmacher.org/statecenter/spibs/spib_OMCL.pdf

Sexual Exploitation & Assault Laws

Sexual assault and abuse laws

Sexual assault and abuse laws define sex crimes, including those committed against minors. Look up your state laws here: www.rainn.org/public-policy/laws-in-your-state

Statutory rape and age of consent

Each state has laws criminalizing sex between individuals with certain age differences. The younger people in these situations may or may not have given verbal consent for the sexual activity that took place. They are incapable of legally giving consent because of their age. These age differences vary from state to state. If statutory laws were not covered on the page provided above for sexual assault and abuse laws, find additional information here: http://aspe.hhs.gov/hsp/08/SR/StateLaws/index.shtml

Help, advice and information

State sexual violence coalitions can answer questions about state laws, and can provide help, support, advice or professional consultation. They can also connect you with local sexual assault centers. Find your state coalition here: www.nsvrc.org/organizations

Safe Surrender of Infants

Many states have enacted Safe Surrender laws in order to protect the health of infants who would otherwise be abandoned. Laws may specify who can leave an infant at a Safe Haven location, and which locations may serve as Safe Havens. Look up your state's law here: www.nationalsafehavenalliance.org/states/

Laws Affecting Lesbian, Gay, Bisexual & Transgender Students and Those with LGBT Parents

Laws affecting LGBT students and students with LGBT parents are changing rapidly in the United States. Relevant laws include those related to discrimination, health care coverage, marriage, adoption and hate crimes. See state laws that affect LGBT individuals: www.hrc.org/state_maps

Age of Marriage

Age of marriage varies from state to state, as do the ages at which young people need parents' permission to marry. See state laws regarding age of marriage here: www.law.cornell.edu/wex/table_marriage

Recognizing and Reporting Sexual Abuse and Assault

At least one in five girls and one in ten boys will be sexually abused at some point in their childhood.[1] People ages 15 to 24 report rape and sexual assault at far higher rates than any other age group.[2] If you suspect a student in your classroom has been or is being sexually abused, sexually exploited or injured (by anyone, not just a caregiver) you are required to report it. It is important to also remember that you likely always have students who are currently experiencing sexual abuse or assault, or who have in the past. Strive to create a classroom that is safe and inclusive, and in which good boundaries are modeled. You do not have to know for certain that a student has been abused to make a report and to offer the student support.

How to tell that a student may have been sexually abused

1. The student tells you (possibly following a lesson on sexual exploitation or sexual assault).

2. The student acts differently from usual, in troubled ways . . .
   - Regressing to younger behaviors
   - Clinging to you or another staff person
   - Cranky, hostile or depressed
   - Sleeping in class, or lacking energy
   - Development of minor ailments (headaches, stomach aches, no appetite)
   - Reluctant to leave school at end of day
   - Dressing provocatively or wearing many layers of clothing even during hot weather

   These behaviors can signal other stresses, but it never hurts to ask if you can help with a problem.

3. One student confides that another student was exploited.

What to do if a student confides in you or if you have reasonable cause to believe a student has been assaulted

1. Believe that student and say, "I believe you."

2. Tell the student that it's not their fault and say, "I care about you and I'm glad you told me."

3. Speak privately with the student and maintain the student's confidentiality within the school, except if you feel the need to enlist the help of one other adult support person (your principal, school nurse, or whomever you trust the most).

4. Report the abuse. In all 50 states, the law requires professional school personnel to report the suspected abuse to either the police or to a child protection agency.[3] It is not sufficient to turn the case over to your principal or anyone else, even if this is what your school protocol advises. You are required by law to report it yourself or make certain it has been reported by another person (for example, by being in the room at the time). You do not need to know for

certain that abuse has occurred to be obligated to report. All you need is *reasonable cause to believe* it has occurred; it is the job of the child protection agency to investigate, not yours.

5. Offer the student as much control as possible over the timing and manner of reporting. If he wishes, for example, he could make the report himself while you sat at his side for support.

6. If you need or want support or advice for yourself or the child in reporting the abuse, seek professional help.[4]

What to do if you get an anonymous question from a student that indicates possible abuse

1. If you recognize the handwriting, ask that student if you can talk privately. Do not pressure the student, but explain that you care and that if there is anything the student wants help with, you can help. If the student denies writing the question, say that you care and want to help if the student ever does need help in the future. Explain that, in the meantime, you do have to notify Child Protective Services that you received the question, even if you aren't sure who wrote it.

2. If you don't recognize the handwriting, call Child Protective Services for advice about whether to make a formal report.

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[1] Finkelhor, D., & Dziuba-Leatherman, J. (1994). Children as Victims of Violence: A National Survey. *Pediatrics, 94*, 413-420.

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[3] Find state laws here: www.childwelfare.gov/systemwide/laws_policies/statutes/mandaall.pdf.

[4] To find your local sexual assault center, visit: www.nsvrc.org/organizations.

Guidance for Utilizing Guest Speakers

FLASH does not require the use of guest speakers, and the lessons are designed to be easy to use by a classroom teacher. However, some schools and teachers may choose to bring in guest speakers who are experts in sexual health education or who represent community resources. It is important to note that outside speakers are bound to the same laws and requirements as classroom teachers.

In order to ensure the best outcomes for students, guest speakers should utilize lessons and teaching methods aligned with current sexual health education research. Specifically, guest speakers should share medically accurate information and focus on building the same beliefs, attitudes and skills that are the focus of the FLASH curriculum.

FLASH strives to prevent STDs and teen pregnancy by teaching medically accurate information about birth control, condoms, pregnancy and STDs, including HIV; strengthening the belief that people can protect themselves from STDs and unintended pregnancy; promoting positive attitudes about abstinence, condoms and birth control; and developing refusal skills. FLASH works to prevent sexual violence by undoing gender stereotypes, particularly stereotypes about men that stress violence, control and sexual conquest; developing skills in recognizing consent or the lack thereof; and promoting peer norms that don't support acts of sexual violence.

Guest speakers should not present information, promote beliefs or attitudes, or teach skills that are in conflict with any of the above mentioned strategies. Doing so will weaken the effectiveness of FLASH and make it harder to prevent teen pregnancy, STDs and sexual violence. Finally, guest speakers should avoid outdated and non-evidence-based practices, such as using scare tactics, stressing gender differences, disparaging condoms and other contraceptives, perpetuating stereotypes, and shaming or belittling students.

High School FLASH

Grades 9-12

3rd Edition

Public Health
Seattle & King County

High School FLASH

Grades 9-12

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FLASH is created and owned by the Family Planning Program of Public Health - Seattle & King County. The Public Health Family Planning Health Education team partners with communities, schools and other Public Health programs to implement science- and evidence-based interventions that reduce unintended pregnancy, teen pregnancy, STD rates and sexual violence. In addition to publishing FLASH, they provide training for local and national audiences on best practices in the reproductive health field and ensure access to family planning clinical services in King County.

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Rebecca Milliman, MSW is the Prevention and Education Coordinator at the Harborview Center for Sexual Assault and Traumatic Stress in Seattle, WA. She works with youth and adults to prevent sexual assault, promote healthy relationships, and create safer communities. Rebecca is a co-founder of the Violence Prevention Coalition and a co-author of the High School FLASH curriculum. Rebecca received a B.A. in Sociology from the University of Virginia and a Master of Social Work from the University of Washington.

Becky Reitzes, MA has been a Family Planning Health Educator with Public Health – Seattle & King County since 2001, where she has worked to institutionalize sexual health education and reduce teen pregnancy and STD rates across King County. Becky has over 15 years of experience in providing professional trainings, conducting community outreach and in developing culturally relevant materials and curricula. She has delivered sexual health education lessons in elementary, middle and high school classrooms and is a co-author of the redesigned KNOW curriculum, Washington State's HIV prevention curriculum.

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The following physicians provided medical review for the 3rd edition of High School FLASH. Medical reviewers for previous editions of FLASH can be found under Acknowledgements.

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High School FLASH, 3rd Edition, and Middle School FLASH, 2nd edition, are also available in an online format. To use the Lesson Selection Tool or to purchase a license to use the online curriculum:
www.etr.org/flash/

To order professionally-printed hard copies of FLASH:
www.etr.org/flash/order-now/

For questions about the curriculum and ordering:
FLASH@kingcounty.gov

For questions about training:
FLASHTrain@etr.org

To download free FLASH lessons at the elementary and special education levels:
www.kingcounty.gov/health/health

Updates

Keep your FLASH binder current by subscribing to be notified of changes.
Go to www.kingcounty.gov/health/flash and click on the link that says, "Receive email updates about lessons edits and other important FLASH news."

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What's New in the 3rd Edition?

High School FLASH has been redesigned to make it more teacher friendly and to better achieve the goals of the curriculum:

- Preventing teen pregnancy
- Preventing STDs including HIV
- Preventing sexual violence
- Improving family communication
- Increasing knowledge about sexual and reproductive health

Standards
The 3rd edition of High School FLASH has been aligned to the CDC's National Health Education Standards for Sexual Health (HECAT) and the National Sexuality Education Standards. Each lesson lists the standards that are covered in that lesson, and a whole curriculum alignment grid is provided for both sets of standards.

Lesson Selection Tool
Schools who opt not to teach High School FLASH in its entirety can utilize the Lesson Selection Tool to sort lessons by the standards that are covered, or by the behavioral goal they are trying to impact, such as lowering teen pregnancy rates or decreasing sexual violence. Visit www.etr.org/flash/curriculum/lesson-planning-tool/ to use the tool.

Assessments
Each lesson now contains assessments based on the standards it is aligned to. Additionally, each lesson concludes with an exit ticket activity, for on the spot assessment of material covered that day.

Layout
The lessons now begin with a brief summary, so teachers can see at a glance what the lesson covers. Additionally, a timed table of activities is provided on the first page, to assist teachers in staying on track and help them easily see where the bulk of the time on each activity is dedicated. Teacher scripting has been clearly demarcated from lesson instructions, to make the lessons easier to follow. In the online version, scripting can be hidden completely for teachers who are experienced users of the lesson.

School Environment
The new culminating lesson focuses on improving health across the school community through the use of a social norms campaign. Influencing the entire school environment improves the efficacy of the curriculum, improving its ability to lower rates of pregnancy, STDs and sexual violence.

Curriculum Contents

Introduction and Credits

Lesson Plans

1. Climate Setting
2. Reproductive System
3. Pregnancy
4. Sexual Orientation and Gender Identity
5. Undoing Gender Stereotypes
6. Healthy Relationships
7. Coercion and Consent
8. Online Safety: Sexual Violence Prevention
9. Abstinence
10. Birth Control Methods
11. Preventing HIV and other STDs
12. Condoms to Prevent Pregnancy, HIV and other STDs
13. Testing for HIV and other STDs
14. Communication and Decision Making
15. Improving School Health

Appendices

1. Letters to Families Introducing High School FLASH
2. Laws Relevant to a Sexual Health Unit
3. Recognizing and Reporting Sexual Abuse and Assault
4. Guidance for Utilizing Guest Speakers

Goals & Philosophy of FLASH

The FLASH curriculum is designed to prevent teen pregnancy, STDs and sexual violence, increase family communication, and improve young people's knowledge about sexual and reproductive health. FLASH is a comprehensive curriculum, emphasizing abstinence, condoms and birth control to prevent pregnancy and STDs. FLASH lessons prepare students to:

- Successfully navigate puberty
- Abstain from sex
- Use condoms and birth control when they do have sex
- Confirm consent before engaging in sexual activity
- Report sexual abuse
- Communicate with their family about sexual health
- Make decisions that minimize risk to their sexual health
- Seek medical care in order to take care of their reproductive health

Theoretical Basis for FLASH

The FLASH curriculum is based on the Theory of Planned Behavior. It is designed to support young people in making healthy choices: abstain from sex, use protection when they do have sex, seek health care when they need it, communicate effectively with their families, and respect other's decisions not to have sex.

The Theory of Planned Behavior posits that the combination of attitudes toward behavior, subjective norms, and self-efficacy shape an individual's behaviors. As such, FLASH includes a variety of strategies designed to create positive attitudes, beliefs and norms and to build skills and self-efficacy in order to reduce rates of pregnancy, STDs and sexual violence.

- There are activities that focus on building positive attitudes about abstinence, condoms, birth control and puberty
- There are activities that focus on building positive peer norms about abstinence, condoms, birth control and respecting other's decisions no to have sex
- There are activities that focus on building self-efficacy, by teaching skills and offering ample and appropriately scaffolded practice, so that students can have the experience of successfully using the new skill

The sexual violence prevention lessons are further based on the Social-Ecological Model and the Confluence Model. The Social Ecological Model addresses factors at the (1) individual, (2) relationship, (3) community, and (4) society levels that put people at risk of experiencing violence as a victim or perpetrator. FLASH focuses primarily on the levels 2, 3 and 4. The use of scenarios, introspective work and social norm re-setting addresses these levels. Visit the CDC's Violence Prevention website for more information.

The Confluence Model of Sexual Aggression has long been used to explain sexual violence, but has only recently begun to be applied in the realm of prevention. This model posits that adverse developmental experiences during childhood have a detrimental impact on the ways in which individuals view themselves and others, and their ability to form meaningful and healthy

relationships. In particular, these experiences can lead to a rigid, violent and objectifying view of women, which is a significant risk factor for perpetrating sexual violence (CDC). FLASH addresses this risk factor by focusing heavily on increasing respect for all genders and breaking down harmful gender stereotypes.

Recommended Policy, Procedure & Practice

TEACH ACCURATE INFORMATION
Sexual health education instruction should be medically and scientifically accurate. Sources of reliable information include government agencies (e.g., the U.S. Centers for Disease Control and Prevention, your state or local health department), major universities, and the peer-reviewed journals and websites of major national professional associations. Materials should be reviewed for accuracy on a regular basis as science continually evolves.

TEACH AGE APPROPRIATE CONTENT
Sexual health education instruction should be age appropriate and should anticipate students' growth and development. Content and skills should be taught before students will need them in their own lives, when possible. There is no risk that introducing material before students are sexually active will hasten their sexual debut. The American Academy of Pediatrics reports that "There is no evidence that increased sexual knowledge … affects the likelihood of adolescents having sexual intercourse at a younger age."[1]

TEACH IN WAYS THAT INCLUDE EVERY CHILD
In sexual health education it's crucial to validate and affirm every student with conscious regard for the probable diversity in the room including aspects of diversity that may not be readily apparent. Students will be much more able to personalize health information and acquire new skills if they feel seen and respected for their genders and gender identities, races and ethnicities, abilities and disabilities, sexual orientations, and varying body types.

TEACH IN THE USUAL CO-ED SETTING
Teaching sexual health education in co-ed classrooms has many advantages. It ensures that all students are receiving the same information, in the same way, thus decreasing any sense of secrecy associated with these topics. The experience of respectful discussion in a co-ed classroom cuts down on disrespectful communication between genders when students have less supervision, such as in hallways, recess, cafeteria, and outside of school etc. It prepares all students to communicate about sexual health related topics with a future partner, regardless of their gender. It supports sexual violence prevention by not creating false distinctions between men and women. And finally, it does not place an undue burden on gender variant and transgender children to choose a classroom to affiliate themselves with.

PREVIEW VISUAL AIDS
It's important to preview any YouTube or other films before showing them in class, including those recommended within this curriculum. Previewing is important regardless of a film's subject matter, both to ensure teachers are familiar with the content and to address any technological difficulties.

TEACH COMPREHENSIVELY

The most effective sexual health education programs take a comprehensive approach, teaching about abstinence, birth control and condoms. The FLASH curriculum reinforces the national norm that the majority of teens do, in fact, abstain from intercourse. It teaches the refusal skills needed to effectively use abstinence. The FLASH curriculum also teaches the benefits of birth control, including condoms. It teaches skills needed to use birth control effectively, including condom use skills and skills in accessing health care. It promotes positive attitudes and positive peer norms about birth control, condoms and abstinence.

DISPLAY BIRTH CONTROL METHODS

Best practice in middle and high school is to show and handle the actual birth control methods, including condoms, in order to model your comfort with them. In middle school, people need to learn the steps for correct condom use. In high school, students should practice doing those steps in class. Students in both middle and high school should be allowed to handle other birth control methods.

MANAGE SEXUAL HARASSMENT, INTIMIDATION, AND BULLYING

Best practice is to establish in the beginning of a semester that the learning community will be harassment-free. Students can better learn this sensitive material in a safe and supportive environment. Every class has students who have experienced sexual abuse or rape, as well as students who have suffered other traumas related to their sexuality. The sexual health education classroom must not be a site of further trauma. It is important to treat bullying that is based on gender, sexual orientation, or gender identity with similar gravity and consequences as you would any other bullying.

PARTNER WITH FAMILIES

Families are children's first and most important sexuality educators. Research has shown that when parents value delaying sex and using contraception and when they communicate with their child about sexuality openly and comfortably, the child is less likely to take sexual risks. Hence, one of the goals of the FLASH curriculum is to foster increased communication between students and their families about dating, relationships and sexual health. Families should also receive adequate notice in advance of the sexual health unit so that they can preview materials, ask any questions they have, and choose whether or not their child will participate. Parents who have concerns should be invited to silently observe a class in which their child is not participating.

EXCUSE STUDENTS

In many states, families have the right to excuse their child from planned sexual health lessons. FLASH considers that best practice. Families who choose to have their student excused can be offered FLASH lessons and Family Homework activities to use at home if they wish. Best practice is for teachers to handle the student's leaving class in a discreet and respectful way and to give them meaningful alternative work to do elsewhere.

ANSWER ALL QUESTIONS

It's the philosophy of the FLASH curriculum that every student's question deserves an accurate, age-appropriate answer. Sometimes students ask questions in crude or shocking ways out of anxiety, peer pressure or to testing limits. Treating all questions seriously changes the climate quickly to a more mature one. Guidelines for handling questions follow in this Introduction.

PROTECT STUDENTS' PRIVACY AND SEEK HELP WHEN APPROPRIATE
It is important to keep student disclosures and personal information confidential within legal boundaries. Never reveal one student's private information to another student. Talk with another staff person only in private and only when necessary. If students disclose information that requires a report to Child Protective Services, afford the student as much control as possible. Invite the student to do the telling themselves, if they prefer, with the teacher present for support and to ensure that it happens. Disclose only what is necessary.

Getting Prepared

TRAINING
The FLASH curriculum is written to be as user-friendly as possible. Nevertheless, teachers find training extremely useful. Professional FLASH training enables participants to practice and refine skills under the guidance of professional sexual health educators, increasing their skill and confidence delivering the curriculum.

To set up a FLASH curriculum training for your district or university or to find out please send your inquiry to FLASHTrain@etr.org.

Professional conferences and institutes provide additional training in comprehensive sexual health education:

- Institutes for Community/Sexual Health Educators (ICHEs), sponsored by the Center for Health Training in WA, TX and CA; Health Care Education and Training in the Midwest; and Answer (the program that offers the sexetc.org website) in the Northeast. http://www.cardeaservices.org/projects/iche.html
- Adolescent Sexuality Conference in Seaside, OR, sponsored by a consortium of agencies and coordinated by Oregon Department of Human Services. http://oregon-asc.org/
- Annual Sex Ed Conference in Somerset, NJ, sponsored by the Center for Family Life Education. http://sexedconference.com/about-cfle/

The following organizations offer excellent professional development for teachers regarding sexual health education, including face-to-face and online:

- ETR, www.etr.org
- Answer, answer.rutgers.edu/page/training
- Planned Parenthood, www.plannedparenthood.org

SEXUAL HEALTH EDUCATION LAWS
It is important to follow all policy governing sexual health education, including state laws, State Department of Education guidelines, and local School Board policy. Be aware that current practices are sometimes based on "the way things are done" rather than policy or law, and may require further discussion among staff and administration. For more information about relevant laws, see Appendix 2.

Partnering with Your Administrator

It is best practice to involve building administrators prior to teaching the FLASH unit. The principal must be informed about the unit in order to respond to parents' questions and

concerns. Discuss the course content, materials, activities, parent communication, outside speakers (if used), and question answering protocols with your building principal.

Partnering with Families

Helping Families Decide if Their Child Should Participate

Every family wants the best for their child. It is important to understand their questions and concerns to help address them.

- Are they worried that their child will be embarrassed or that there will be a lot of teasing and harassment as a result of these lessons?
- Is their primary concern that their family's conservative or progressive values might be disrespected? Are they from a culture or a religious tradition with values very different from those they see in mainstream media?
- Do they fear that participating might encourage their child to have sex sooner than she or he otherwise would have?
- Are they afraid that their child's sexual assault experience or her having had an abortion will make the class difficult for him or her? Is their child gay and they worry he'll feel invisible in this unit? Is she adopted and they want her not to feel disrespected for that? Does their child have a medical condition or surgery that they worry classmates will learn about?

Families need to feel heard and understood. Reflect back what you hear and ask clarifying questions. But, most important: the clearer you can be about what they're worrying about, the easier it will be to offer a helpful response.

If part of their concern is the content or tone of the lessons, offer them a chance to look at the lesson plans. Make copies of the lessons for them or make the curriculum available in the office for them to read.

If part of their concern is how you will handle values, explain the use of the FLASH Values Question Protocol. The wide range of beliefs about non-universal values will be respected and acknowledged. Students will always be encouraged to find out what their families believe about these issues. The teacher will never share their own values about these topics with the class. Universal values will be reinforced (e.g. forcing someone to have sex is wrong, etc.)

If part of their concern is their child's emotional safety, you might describe how you go about establishing ground rules. Explain that you revisit them as often as necessary and that your top priority – just like theirs – is that your students feel recognized and unafraid.

If part of their concern is whether their child is ready, it may help them to realize that many students already have acquired a lot of misinformation and disrespectful modeling from peers and from the media. Explain that your class will work to replace misinformation with accurate content and disrespectful attitudes with respect. Make sure they know that researchers have found that programs similar to FLASH can actually help teens abstain longer and use better

protection later on. But also be clear that you'll respect their decision if they choose to waive their child's participation.

If one topic in particular is of concern to them, you can invite them to waive their child from that lesson instead of the whole unit.

Bottom line: The students and their families are the best judges of what is best for them.

Supporting Family Communication

FLASH will be far more effective in reducing teen pregnancy, STDs, and sexual assault among your students if their families communicate about these issues at home while you teach about them in school.

FAMILY HOMEWORK
FLASH provides ten-minute homework assignments that encourage communication, particularly regarding the adult's and the child's personal feelings and beliefs, and those of their cultures and religions. When you use these Family Homework assignments, please follow these guidelines:

a. Explain that the student can do the assignment with an adult family member, or someone who is like family (e.g. guardian, foster parent, etc.)

b. Always offer an alternative Individual Homework assignment for students who may not be able to talk with an adult in the family or whose family prefers not to do Family Homework. The same credit should be available for either kind of assignment, so that nobody gets punished for not completing Family Homework.

c. Never ask students to report on the content of these conversations - only that they did talk. To ask about a student's or family's beliefs or feelings would violate their privacy. The child gets credit just for having talked with a trusted adult.

REFER HOME
When issues arise in the classroom where there's diversity of opinion, always use the FLASH Values Question Protocol (explained in detail in this introduction). Even on occasions when you don't have time to use the whole protocol, even if the bell is about to ring, remember to refer students to their families.

Teaching the Unit

FLASH is designed to be teacher friendly. It does not require many outside materials or much advance preparation. Ample teacher scripting is provided to support delivery of new lessons and activities. The first page of each lesson plan includes an agenda. The agenda is later expanded upon in detail, as "activities." Most lessons offer italicized scripts, not to lock you into our language, but as a tool to translate into your own words as needed.

The following best practice guidelines in the teaching of sexual health education will provide additional support for teachers:

- Use medical terminology, except when reading a student question that contains slang. Follow the guidance provided later in the introduction for answering student questions that contain slang. Model comfort and ease with medical words for body parts.

- Promote positive attitudes and beliefs about abstinence, condoms, and all birth control methods. Don't let your personal beliefs and values influence your positive portrayal of these important topics.

- Teach inclusively. Make sure your language and examples represent the diversity of young people in your school, including gay, lesbian, bisexual and transgender young people, teens who are and who are not yet sexually active, students with disabilities, etc.

- Teach with a kind and matter-of-fact tone. It's important not to joke about or trivialize sexual health education. However, it is also not helpful to be stern or overly serious. A matter of fact tone, coupled with kind and supportive words, will put students at ease and help them learn.

- Teach as if an administrator or parent were in the room. In other words, there are no secrets – never say or do anything you wouldn't be proud to find on the internet.

Making Referrals

There are times you will need to refer students for services that aren't within your scope of practice: counseling, health care, or substance abuse treatment. It's important to know ahead of time if minors can consent for their own care in your state, or what the age restrictions are. School nurses are often great resources for learning about youth-friendly, non-biased services that exist in your community.

PREGNANCY
You may need to refer a student for a pregnancy test or for services related to an existent pregnancy. The most appropriate referral is usually to a family planning clinic. They can perform a pregnancy test and can make additional referrals if a student is pregnant. Remember that when referring a student to any community-based provider, not just those that are pregnancy related, only offer resources that give complete, unambiguous answers over the phone regarding their missions, services, funding and what they will or will not refer for. Most legitimate family planning clinics in the U.S. receive Title X ("Title Ten") federal funding. These clinics provide the full range of FDA-approved contraceptives. They also provide unbiased pregnancy options counseling and referral for all legal options.

To find a Family Planning clinic in your area, call the National Women's Health Information Center (1-800-994-9662 or go to http://www.hhs.gov/opa/title-x-family-planning/initiatives-and-resources/title-x-grantees-list/), a service of the U.S. Department of Health and Human Services.

SEXUAL ORIENTATION & GENDER IDENTITY
There is no reason to believe that a student needs a mental health referral simply because they are lesbian, gay, bisexual or transgender (LGBT). Being LGBT is not a pathology and does not require treatment. However, if a student is struggling with sexual orientation or gender identity,

or if an LGBT student needs mental health counseling about a different issue, it is important that they receive a referral to a professional who is qualified to work with them.

The American Psychological Association "advises that parents, guardians, young people and their families avoid sexual orientation treatments that portray homosexuality as a mental illness or developmental disorder and instead seek psychotherapy, social support and educational services that provide accurate information on sexual orientation and sexuality, increase family and school support and reduce rejection of sexual minority youth."[2] For solid advice from the American Academy of Pediatrics, the American School Counselor Association, the National Association of School Psychologists, and ten other professional associations, see *Just the Facts about Sexual Orientation and Youth: A Primer for Principals, Educators and School Personnel.* Go to: www.apa.org/pi/lgbt/resources/just-the-facts.pdf. To find a reputable provider in your area, check with a local LGBT agency, PFLAG chapter, or university mental health clinic.

Answering Students' Questions

The surest way to meet students where they are developmentally is to make time for them to ask questions and to honor them with answers.

In this section, we will discuss the place of values in the classroom and offer:

- A model for addressing value-laden questions, the FLASH Value Question Protocol
- Strategies for addressing other questions students ask, including:
  - questions containing slang
  - personal questions
  - questions about sexual technique

The Place of Values in the Classroom

It's neither possible nor desirable to provide value-free education. Every moment you spend in the classroom you are communicating some of what you believe about sexuality. When you talk about your students' families, when you talk about your family, when you intervene in sexual bullying, you communicate values.

FLASH is not value free. But those who work in public schools need to distinguish between two different *types* of values. They need to be handled differently.

There are some that are relatively universal. These are values shared by 95% of families we serve. They are values we aren't only *permitted* to express; they are ones we are obligated to reinforce.

There are others that are not universal. These need to be answered with care to avoid hurting or offending a child and their family.

Relatively universal values include such things as:

- Forcing someone to have sex with you is wrong.
- Knowingly spreading disease is wrong.
- Taking care of your reproductive health is important.
- Sex between children and adults is wrong.
- Elementary school-aged children should not have sex.

Values that are not universal – those without consensus in the United States – are ones where a teacher should NEVER teach or express a particular belief. But that doesn't mean we should avoid them altogether. The teacher's role is to provide information on these matters and to facilitate respectful discussion about them.

Examples of non-universal issues where there is a wide range of values in the community include:

- Abortion
- Birth control
- Masturbation
- Sex outside of marriage
- Cohabitation
- At what age & under what circumstances it's ok to start having sex

Parents and guardians, unlike teachers, should feel free to ask their children about their feelings and beliefs and to share their own with their children. In fact, this sort of dialogue within families is very important. Children absolutely need a chance at home to explore feelings and beliefs with adults they love, just as they need a chance to learn factual information and to have universal, community values reinforced at school. Employees of public schools and other public agencies, unlike family members, have an ethical obligation not to share our personal beliefs in these non-universal arenas; and not to side with one family or one religious perspective.

Just because it is inappropriate in a public school setting to teach *particular* values on controversial issues, it does not mean one can't teach *about* the issues. It just means that it must be done with respect for the diversity of opinion within the community. For example, a teacher may discuss abortion—what it is, where abortions are performed, the fact that it is legal in the United States—but it is not appropriate for that teacher to share their beliefs about the rightness or wrongness of abortion.

When answering a question about an issue where there is diversity of opinion, utilize the Values Question Protocol that follows.

FLASH Values Question Protocol

1. **Listen to the question or read it aloud verbatim.**
2. **Validate the question.**
3. **Identify it as a belief question.**
4. **Answer the factual part, if there is one.**
5. **Help the class describe the community's range of beliefs.**
6. **Refer to family, clergy and other trusted adults.**

Example:
Q: *"What do you believe about masturbation?"*
A: *"That's an interesting question; a lot of kids wonder about masturbation. This is not a fact question like most of the ones you've been asking me. It's one where every culture and every family believes something different. I can tell you what masturbation is. It's when a person touches their genitals for pleasure. What kinds of beliefs have you heard about masturbation? Some people believe … [pause] Uh, huh, and some people believe … [pause, listen, nod] Some people believe … [pause]. So the point is there are lots of different perspectives about masturbation. Only your family can tell you what they believe about it. It would be a good idea for you to talk with someone in your family, and ask them what their beliefs are.*

You will eventually tailor your use of the protocol, only using every step the first time that, for example, masturbation comes up. For now, you should practice the protocol step by step until it becomes a natural part of your teaching.

READ THE QUESTION
Read it verbatim, if you can. Use your judgment, of course, but even reading aloud relatively crude language—as long as you do it with a serious tone and facial expression —conveys your respect for the child who asked the question. It is likely to promote respect in return. Sometimes students need, for social status' sake or out of embarrassment, to ask in ways that seem intended to challenge us even though the underlying question is completely legitimate and they have a serious need for an answer. Even when they don't, someone else in the class may. And if not, your taking the question seriously will still set a vitally important tone. More about questions containing slang on page 14.

VALIDATE THE QUESTION
"I am glad someone asked this one." Or *"That's an interesting question."* Or *"People ask this every year."* Or *"This one is really compassionate/imaginative/respectful."*
This will encourage your students to keep asking while also discouraging snide remarks about whoever asked that particular question.

IDENTIFY IT AS A BELIEF QUESTION
"Most of the questions you've been asking have been 'fact questions' where I could look up an answer that all the experts agree upon. This one is more of a 'value question' where every person, every family, every religion or culture has a different belief."
Teaching your students to distinguish facts from opinions (and from feelings) is at least as important as any content you will convey.

ANSWER THE FACTUAL PART, IF THERE IS ONE
"Before we get to differing beliefs about masturbation, let me just make sure you know it doesn't cause people to go blind or mentally ill or to grow hair on their palms or anything like that." Even if the question is about the rightness or wrongness of masturbation, you need to make sure that your class understands what it is and that - values notwithstanding - no physical harm results from masturbating.

Some questions that are apparently fact questions may need a discussion of the underlying values, but always start by answering them:
"Can girls masturbate?" "This is a common question. Masturbation is when someone touches their own genitals for pleasure. Both boys and girls are able to masturbate. People do have different ideas, though, about whether or not masturbation is OK..."

HELP THE CLASS DESCRIBE THE COMMUNITY'S RANGE OF BELIEFS
"Tell me some of the things you've heard that people believe about that."
"Some people believe ___?"
"Um, hmm, and some people believe ___?"

On sensitive issues such as sex and religion, it can be really unfair and potentially illegal to ask individual students their own beliefs. But it is very appropriate to ask them to think about what they have heard.

In a class that is used to thinking about the range of community values, you will be able to draw a full assortment of answers from the students. In other groups, especially younger ones, you may draw only a dichotomy (*"Some people believe masturbation is wrong."* and *"Some people believe it is right."*) In any case, your role is two-fold:

1. to make sure that every belief gets expressed - or paraphrased - respectfully, hopefully just the way the person who believed it might express it, and
2. to make sure that a complete a range of beliefs gets expressed, even if you have to supplement the few values the group can think of:

"That's right, some people believe that masturbation is wrong under any circumstances and that people should never do it. And some believe masturbation is a good and healthy thing, as long as it's done in private. Some people believe it's OK for little kids to masturbate but that after a certain age, children should be taught not to. Others believe there's no age limit. Some people think masturbating is fine for people who are single but that once you are in a relationship it's better to stop. But then some couples give each other privacy so their partner can masturbate."

REFER TO FAMILY, CLERGY AND OTHER TRUSTED ADULTS
"Because people have such different beliefs about masturbation, I really want to encourage you to talk with someone in your family, or an adult who is like family to you about this topic. Only they can tell you what they believe."

Notice that this encouragement didn't assume that every child has a parent they can talk with. Some may be newly in a foster home and don't yet have that kind of relationship with their new "parents."

Other Types of Questions

Most questions your class asks will not be value laden. New teachers are often relieved to discover that *most* questions asked in a sexual health unit, like most in other units, are straightforward fact questions: ones for which you have an answer.

Some types of questions can be more challenging. Rather than a formal protocol, like the one we offered for value-laden questions, the following pages contain tips and strategies. Your professional judgment will determine which you use in response to a particular question.

QUESTIONS USING SLANG
Student questions often contain slang. Most often, students use slang because it is the terminology they are most familiar with, or because they have a question about the meaning of the term.

Slang terms range from widely used, common terms to words that some may find inappropriate or off-putting. When students use slang it is an opportunity to teach the class the medical or

standard term. It is also an opportunity to maintain a respectful environment and diffuse the need to test or shock the teacher.

Strategies:

- Validate questions with slang, just as you would all other types of student questions.
- When reading a written question aloud, read the question verbatim. Identify the slang as such, in a non-judgmental way, and translate it into medical/standard language. Let the class know we'll all be using the medical/standard term in class.
- Assume good intent on the part of your students. Students typically use the language they have been exposed to, including by family members. Don't denigrate students for using slang; simply instruct the class to use the medical/standard term in health class.
- Handle slang as a learning opportunity, in your regular calm and respectful manner. This greatly reduces students need to test or shock you.
- Your answer might include the values question protocol.
- Let your administrator know, in advance, how you handle slang in your classroom.
- Slurs fall into a different category than slang. If students use a slur in sexual health class (e.g. for women, people who are gay, etc.), use the following steps: (1) validate question by saying you're glad this important topic came up; (2) identify the term as an offensive word; (3) let the class know we won't be using this word in school, ever, because it is hurtful. It is helpful to proceed as though the speaker didn't mean harm because it will help them save face and more readily adopt more respectful language.

PERSONAL QUESTIONS

Students sometimes ask questions that contain a personal element. The question could be about you, such as, "How old were you the first time you had sex?" It could be about the student himself or herself, such as, "I have a rash that I am worried about, what should I do?" Or, it could be a personal question about someone else, such as, "Is Mr. Smith gay?"

Students ask these questions for a variety of reasons… They are curious about the trusted adults in their life. They are newly learning about boundaries. They are seeking to normalize their own experiences. They are applying the things they are learning in sexual health class to themselves and the people in their lives. And, they find you a credible and accurate source of information about things that are important to them.

There are many useful strategies for answering these questions in a helpful way, while also teaching about privacy and appropriate boundaries.

Strategies:

- Validate personal questions, just like other student questions. Be cautious about inadvertently embarrassing or shaming students for asking personal questions.
- Use personal questions as an opportunity to model and teach about healthy boundaries.

- Do not share information about your sexual experiences or history. Sometimes teachers want to share this information to set a positive example or to share a cautionary story. Even though the intent is good, it is still inappropriate to share with students. It is also less helpful to students than one might hope.

- When you decline to answer a question about yourself, follow these steps: (1) affirm that students are often curious about the adults in their life; (2) reframe the question, so that it is general, not personal; and (3) answer with factual information and/or the values question protocol.

- When students ask a written questions about themselves or someone else, paraphrase the question to the third person. Answer the question about people in general, not this specific person.

- When students ask questions out loud about themselves or someone else, remind the class about respecting people's privacy, and answer the question about people in general, not this specific person.

SEXUAL TECHNIQUE QUESTIONS

Technique questions are about how to perform a sexual act. They are often worded as "How do you…", "How does a person…" or "What's the best way to…"

Clearly, giving guidance about sexual performance is inappropriate. Yet there are helpful, age appropriate ways to respond to these questions. Most questions that appear to be about technique (to adults) are just a student's way of getting more information about a topic. The intent of the question is usually "What is…"

Even during those times when a sexual technique question is being asked, there is usually a general factual question embedded in it that can be answered instead.

Strategies:

- Validate questions worded in this way, just as you would all other types of question.

- Reframe technique questions as factual questions. Answer the factual aspect of the question.

- If you think the question is really asking for information on how to perform sexual acts, let the class know that teachers, school nurses, etc. don't give sex advice. Instead, use the student's question as an opportunity to give accurate information about the topic in general.

- Your answer might include the values question protocol.

Gaining Skills and Confidence in Answering Student Questions

Many educators view answering student questions as the cornerstone of sexual health education. Not only is it fundamental to student learning; it can build trust in your classroom, provide modeling of respectful communication, and address the confusing and sometimes dangerous misinformation that bombards young people in our culture. Skill and confidence

come with practice, but training and technical assistance is available. With training and technical assistance, most educators find that their anxiety lessens, their skills improve rapidly, and answering student questions becomes a more enriching experience for them and their students.

Contact FLASHTrain@etr.org for more information about scheduling a training.

Final Considerations

Sexual health education is an important part of young people's school experience. In additional to giving them factual information they need about their bodies and feelings, it teaches important skills that students will use to keep themselves healthy well into their adulthood. Young women and men who become pregnant in high school are at high risk of dropping out of school. STDs acquired while an adolescent may stay with that person for the rest of their lives. Risk of sexual assault is at its highest during high school and college years. The information taught in FLASH has a real impact on the health, happiness and futures of young people.

If you have any further questions that were not covered in this introduction, please contact the developers of this curriculum. You can also find additional information on the FLASH website, in the appendixes of the FLASH curriculum, and in the Rationale sections of the High School lessons.

References

[1] Committee on Public Education, American Academy of Pediatrics. (2001) Sexuality, Education and the Media. *Pediatrics, 107*, 1, 192.

[2] American Psychological Association. (2009, August 5). *Insufficient Evidence that Sexual Orientation Change Efforts Work, Says APA.* Retrieved from www.apa.org/news/press/releases/2009/08/therapeutic.aspx.

Climate Setting

Grades 9-12, Lesson 1

Summary

The climate-setting lesson begins by reviewing the FLASH Bill of Rights and collaboratively developing ground rules to ensure a climate of safety and respect. Students participate in a 4 Corners exercise to engage in FLASH prevention messages. The teacher leads the class in developing anonymous questions, which will be answered throughout the rest of unit. The lesson concludes with homework expectations, focusing on the role of family homework as an avenue to promote family communication about these topics.

Student Learning Objectives

The student will be able to …

1. List classroom ground rules that promote safety and respect.
2. Analyze factors that influence the decision to abstain from sex.
3. Analyze factors that influence the use of condoms and birth control.
4. Support others to make positive and healthy decisions about abstinence, birth control, condoms and relationships.

Lesson Timing

Warm up	Bell work + 3 minutes
Introduce FLASH	2 minutes
Set classroom expectations	8 minutes
4 Corner exercise	19 minutes
Anonymous questions	10 minutes
Homework expectations	5 minutes
Exit ticket	3 minutes
Total	50 minutes

FLASH Key Concepts

Birth control and condoms are excellent at preventing pregnancy.

Many teens successfully use birth control and condoms.

Teens of every sexual orientation and gender identity need to learn about birth control and STD prevention, for themselves or to help a friend.

Condoms are easy to get and easy to use.

Abstaining from oral, anal and vaginal sex means a person does not have to worry about pregnancy or STDs.

People of every sexual orientation and gender identity choose abstinence.

Standards

National Health Education Standards (SHECAT)

Standard 1	Students will comprehend concepts related to health promotion and disease prevention.
SH1.12.5	Summarize the importance of talking with parents and other trusted adults about issues related to relationships, growth and development and sexual health.
Standard 8	Students will demonstrate the ability to advocate for personal, family, and community health.
SH8.12.2	Persuade and support others to avoid or reduce risky sexual behavior.
SH8.12.3	Persuade and support others to make positive and healthy choices about relationships.
SH8.12.4	Collaborate with others to advocate for improving personal, family, and community sexual health.

National Sexuality Education Standards

ID.12.SM.1	Explain how to promote safety, respect, awareness and acceptance.
PR.12.INF.1	Analyze influences that may have an impact on deciding whether or when to engage in sexual behaviors.
SH.12.INF.1	Analyze factors that may influence condom use and other safer sex decisions.

Rationale

The purpose of the climate-setting lesson is to develop a safe, respectful and engaging learning environment for the FLASH unit. Developing a positive classroom climate is a common strategy in all fields of education. Sexual health educators find that establishing a positive classroom climate for the sexual health unit is an investment in high-quality learning experiences and respectful behavior between students for the remainder of the unit.

Positive classroom climate is one important aspect of positive school climate, which is associated with a host of positive outcomes, including effective risk prevention, health promotion, student learning and academic achievement.[1] This lesson strives to meet several indicators of the National School Climate Standards, including collaboratively developing codes of conduct; promoting the social, emotional and ethical development of students; and creating an environment where all students are welcomed, supported and feel socially and emotionally safe.[2]

The curriculum as a whole rests heavily on risk and protective factor research related to the prevention of teen pregnancy, STDs and sexual violence.[3] [4] [5] [6] These important evidence-based factors are introduced in the climate-setting lesson, and will be addressed in greater depth throughout the curriculum. For example, the 4 Corners exercise begins building positive attitudes about abstinence, condoms and other forms of contraception. Family Homework, which is introduced in Lesson 1 and reinforced in all subsequent lessons, is intended to increase parent communication with teens about condom use, increase comfort and skill talking with teens about sex, and increase clarity of values about adolescent sexual behavior. These family communication determinants play an important role in the prevention of teen pregnancy, STDs and HIV.[7]

Materials Needed

Student Materials

- Small pieces of identical paper (2 per student)
- *FLASH Bill of Rights*
- *Anonymous Questions*
- *FLASH Family Homework Letter,* available in multiple languages on the FLASH website
- *Lesson 1 Exit Ticket*

Classroom Materials

- *Lesson 1 Warm Up*
- A shoebox or big envelope for collecting questions (1 per class)
- 8 large pieces of paper

Teacher Preparation

1. Write each of the following 8 messages on a large piece of paper:
   Round 1 Messages:
   - Birth control and condoms are excellent at preventing pregnancy
   - Many teens successfully use birth control and condoms
   - Teens of every sexual orientation and gender identity need to learn about birth control and STD prevention, for themselves or to help a friend
   - Condoms are easy to get and easy to use

   Round 2 Messages:
   - Abstaining from oral, anal and vaginal sex means a person does not have to worry about pregnancy or STDs.
   - People of every sexual orientation and gender identity choose abstinence.
   - It's never okay to pressure someone to have sex
   - It's important to respect someone's choice not to have sex, even if they have had sex before

2. In each of the 4 corners of the room, post a message from Round 1 and a message from Round 2. Keep the papers covered or folded.

Activities

1. Warm up

Display warm up as bell work. The purpose is to engage students in the unit. This warm up has no incorrect answers.

Prompt: In this sexual health unit, we will learn about ways to prevent pregnancy, STDs, including HIV, and sexual violence. We will also increase our knowledge of sexual health and have opportunities to talk more about these topics with family members.

Check the 1 topic you already know the most about (for example, from health class, books, your family, etc.):

2. Introduce the FLASH unit

Explain that the class is beginning a 3-week unit on sexual health.

Today we are beginning the sexual health unit. In the warm up, you saw many of the topics we'll be covering over the next 3 weeks. In this unit we'll be talking about a lot of serious issues. We'll also have fun and learn a lot. This unit is going to help all of us stay safe and healthier, and become more knowledgeable about sexual health. Today, we are going to have an overview of the unit.

3. Set classroom expectations for the FLASH unit

Hand out and read the *FLASH Bill of Rights*. Explain that students will generate ground rules to help ensure that everyone has these rights during class. Describe the situations when a teacher, as a mandated reporter, cannot maintain confidentiality. Keep the *FLASH Bill of Rights* and student-generated ground rules posted for the entire unit.

We already have expectations about how to behave in this classroom, but I think it's important to revisit these as we begin our sexual health unit. The FLASH curriculum has a Bill of Rights. It describes important rights that all students should have when learning about sexual health.

1. *The right to be treated with respect*
2. *The right to protect the privacy of oneself, one's family and friends*
3. *The right to ask questions about sexual health without being judged*
4. *The right to receive accurate answers*
5. *The right to one's beliefs, including the beliefs of one's family, culture and faith*

Together, we are going to decide on ground rules for this unit. Let's think of concrete rules that would help ensure that we truly have these rights in our class. For example, what ground rules would ensure that people are treated with respect?

Write students' suggestions on a piece of large paper. If students miss any ground rules you think are important, suggest them yourself. Examples:

- No put-downs.
- It's OK to agree or disagree.

- Listen and be respectful of other people's opinions.
- No mean comments about people's bodies or sexuality
- It's OK to laugh and have fun. Don't laugh at others.
- Any question is OK.
- All questions will be answered.
  There will be times when I don't know the answer to a question. When this happens, I will look up the answer or ask for a volunteer to research it.
- Protect confidentiality. Don't share private information publicly. Don't share anyone else's name.
  I take privacy very seriously. I won't ask you questions about your own sexual health, and I won't answer questions about mine either.

When discussing confidentiality, describe the situations that teachers and other school staff are legally bound to report.

There are some situations when, as a teacher, I can't keep information private. If I learn that students are thinking about hurting themselves or someone else, or that someone is being abused or neglected, I must try to get help. This is an important law that all teachers must follow.

Conclude the ground rules.

Great job! I'm going to keep the Bill of Rights and the ground rules posted throughout the unit.

4. Lead 4 Corners exercise

Introduce the 4 Corners exercise on FLASH prevention messages. Ask students to imagine that they are leading a teen campaign to prevent pregnancy and STDs and need to choose the main messages. Their choices are posted in the 4 corners of the room.

Unfold or uncover the Round 1 messages on condoms and birth control:
- Birth control and condoms are excellent at preventing pregnancy
- Many teens successfully use birth control and condoms
- Teens of every sexual orientation and gender identity need to learn about birth control and STD prevention, for themselves or to help a friend
- Condoms are easy to get and easy to use

Then tell students to walk to the corner with the message that they think is best for the campaign. Allow time for students in each corner to discuss their decision among themselves, and then ask them to share their reasoning with the class.

Then uncover or unfold the Round 2 messages about abstinence:
- Abstaining from oral, anal and vaginal sex means a person does not have to worry about pregnancy or STDs.
- People of every sexual orientation and gender identity choose abstinence.
- It's never okay to pressure someone to have sex
- It's important to respect someone's choice not to have sex, even if they have had sex before

Again, have students walk to the corner that they think has the best message for the campaign, discuss their decision among themselves, and then share with the class.

There are no incorrect answers. The purpose is to introduce students to important prevention concepts. When students report out, allow different responses to stand side by side, without debating their merits. Remind students of the ground rules: agree to disagree, and respect all opinions. Condoms/birth control and abstinence are discussed in separate rounds so that students do not debate them.

We're going to do an exercise called "4 Corners" to help us all get familiar with some of the ideas in this unit. This exercise has no wrong answers.

I want you to imagine that we are developing a sexual health campaign for teens. The purpose of the campaign is to help prevent pregnancy and STDs. We're going to choose messages to put on TV, radio, Internet and magazines to help teens protect themselves and stay safe.

In each corner of the room, you'll see a different message. When I say "go," I want you to stand by the message you think will work best for this campaign. Be prepared to talk about why you made that choice. There will be two rounds. The first round will focus on condom and birth control messages. The second round will focus on messages about abstinence, or choosing not to have sex.

Remember, there are no wrong answers. You'll all be deciding which messages, in your opinion, would work best for a teen campaign. Any questions? Go! (3 minutes for instructions)

Uncover the newsprint for Round 1 in each corner. Have students go the corner of their selected message. (2 minutes)

Talk with the other people in your corner about some of the reasons you chose that message. You may have chosen it for the same or different reasons. (2 minutes)

Ask the group in each corner: *Would anyone like to report why their group thought this message would work best for a teen campaign?* (4 minutes)

Now let's do this again for some messages about abstinence.

Uncover the newsprint for Round 2 in each corner. Have students go to the corner of their selected message. (2 minutes)

Again, talk with the people in your corner about why you chose that message. (2 minutes)

Ask the group in each corner: Would anyone like to report why their group thought that message would work best for a teen campaign? (4 minutes)

Nice job, everyone! I can tell from the discussion that all of these messages are important in different ways.

5. Students write anonymous questions

Hand out the *Anonymous Questions* instruction sheet and review it with students. Pass out 1 to 3 slips of paper per student, making sure the entire class has the same color. Ask students to write at least one question without writing their names. Explain that if they don't know the medical term for something, they can use whatever word they know, and you will teach the medical term when you answer the question.

One of the best parts of the FLASH unit is all the questions students ask. Many of the questions are asked out loud during class. But it's also important to have a chance to ask questions anonymously. What does anonymous *mean? (That's right. No names. No one knows who wrote the question.)*

Let's look at the Anonymous Questions instruction sheet together.

1. ***Write at least one question. Don't write your name.*** *For some people, writing an anonymous question will help them ask something that's really important to them without worrying about what others will think. Even if you're comfortable asking any question out loud, for this exercise, I want every single student to write a question. If you have more than one question, write each question on a separate slip of paper.*

2. ***The question can be about any topic in this unit.*** *Students ask all kinds of questions. For example, they ask about:*
   - ***Sexual health:*** *what kinds of exams people need, what clinics they can go to, how to take care of their bodies*
   - ***Sexually transmitted diseases:*** *how people can protect themselves, how they know if they have one, how common STDs are*
   - ***HIV and AIDS:*** *how people get HIV, how to protect themselves*
   - ***Birth control:*** *what methods there are, how they work, if a method is safe, how to get birth control*
   - ***Abstinence and decisions about sex:*** *how people decide about sex, how to talk about it*
   - ***Sexual abuse and rape:*** *how to help a friend who's been hurt, how common is it, what people should do if they've been hurt*
   - ***Sexual orientation and gender identity:*** *how people might know that they're gay, lesbian, bisexual or transgender, how to support a friend who is coming out, what does it mean to be transgender*
   - ***Relationships and love:*** *what makes a good relationship, how to help a friend who's in a bad relationship, how to talk to a partner about something difficult*
   - ***Pregnancy, becoming a parent, abortion, adoption:*** *what are the laws, where can a person who's pregnant get help*
   - ***People's bodies:*** *how things work, what's normal, what to do if you have a concern*

3. ***Here are some common ways to start anonymous questions.*** *You can write your question any way you want. Many students find these question-starters helpful:*
   - *Is it true that…?*
   - *Should you worry if…?*
   - *What do they mean by…?*
   - *How do you know if…?*
   - *Is it normal…?*

- *What should you do if…?*

4. ***Use medical words, if you know them.*** *If you're not sure of the medical word for something when writing or asking a question, use whatever word you know, even if it's slang. When I answer the question, I'll teach the medical word, so we can all use it in class.*

   I'll be answering all of the anonymous questions throughout the unit. By the end, we'll get to all of them. I bet everyone will learn so much from the FLASH lessons that we'll be able to answer a lot of these questions together.

Allow time for students to write their questions, each on a different slip of paper. If students can't think of a question after hearing all of the instructions, instruct them to either write a question they think other students would be interested in or write a piece of factual information about one of the topics you will cover. The goal is to have everyone write something.

Collect the questions in a box or large envelope, labeled with the current class period. Explain that you will be answering the anonymous questions throughout the unit, but not today.

Use the following guidelines when answering anonymous questions throughout the unit:
- Sort the questions by topic. Plan on answering questions during the appropriate lesson or as time allows.
- Get help answering any question in advance, if needed
- Read each question verbatim. Answer it yourself, or if you think the content has been covered already, see if the class can answer it.
- Use FLASH Key Concepts to guide your answers.
- Use the Values Question Protocol to answer questions about non-universal values.
- If a question includes slang, read it verbatim and provide the medical term when answering the question.
- Answer all questions.

6. Introduce FLASH homework expectations

Hand out *FLASH Family Homework Letter* for students to take home to their parents or guardians. The purpose of FLASH family homework is to encourage family discussion about the lesson content.

Explain that every FLASH lesson has family homework. The student and an adult family member or other adult who is like family complete the assignment together. The family member signs the homework in order for the student to get credit. Family homework is available in multiple languages, and can be printed from free PDFs online at www.etr.org/flash/ under the "Family Resources" tab. Students who choose not to do the family homework may complete the individual homework for the same credit.

Every FLASH lesson has family homework. You can complete family homework with any adult family member or with a trusted adult who is like family. The purpose is to help adult family members and teens talk about these topics. Even though it might be uncomfortable at first for some people, a lot of students say they really like this part of the unit.

The homework has questions for the student and adult to ask each other about that day's lesson. The questions focus on people's beliefs and values. No particular knowledge or experience is required to do the homework, and no one is required to ask or answer any personal questions. It takes about 10 minutes. To get credit, the adult signs a slip saying that you did the assignment together. You won't be asked to report back on anything you talked about.

The family homework is available in a number of different languages. Let me know what language you need.

For students who can't complete the family homework, or who don't want to, each lesson has an individual homework assignment that can be completed instead for the same credit.

Tonight, your only homework is to bring home the Family Homework Letter.

Good work today! Tomorrow, we'll get started by reviewing the reproductive system.

7. Exit ticket

Hand out the *Lesson 1 Exit Ticket.*

Question: Today we discussed several ways to promote respectful behavior and a good learning environment during the sexual health unit. Describe one ground rule from class today.

Answer: Students may describe any ground rule generated during the class.

Warm Up

In this sexual health unit, we will learn about ways to prevent pregnancy, STDs including HIV, and sexual violence. We will also increase our knowledge of sexual health and have opportunities to talk more about these topics with family members.

Check the 1 topic you already know the most about (for example, from health class, books, your family, etc.):

- ☐ Reproductive System
- ☐ Pregnancy
- ☐ Sexual Orientation and Gender Identity
- ☐ Healthy Relationships
- ☐ Preventing Sexual Violence
- ☐ Abstinence
- ☐ Birth Control
- ☐ Condoms
- ☐ HIV and Other STDs

Check the 1 topic you think will be most interesting to learn more about:

- ☐ Reproductive System
- ☐ Pregnancy
- ☐ Sexual Orientation and Gender Identity
- ☐ Healthy Relationships
- ☐ Preventing Sexual Violence
- ☐ Abstinence
- ☐ Birth Control
- ☐ Condoms
- ☐ HIV and Other STDs

FLASH Bill of Rights

1. The right to be treated with respect

2. The right to protect the privacy of oneself, one's family and friends

3. The right to ask questions about sexual health without being judged

4. The right to receive accurate answers

5. The right to one's beliefs, including the beliefs of one's family, culture and faith

Anonymous Questions

1. **Write at least one question. Don't write your name.**

2. **The question can be about any topic in this unit.**
   - Sexual health
   - Sexually transmitted diseases
   - HIV and AIDS
   - Birth control
   - Abstinence and decisions about sex
   - Sexual abuse and rape
   - Sexual orientation and gender identity
   - Relationships and love
   - Pregnancy, becoming a parent, abortion, adoption
   - People's bodies

3. **Here are some common ways to start anonymous questions.**
   - Is it true that…?
   - Should you worry if…?
   - What do they mean by…?
   - How do you know if…?
   - Is it normal…?
   - What should you do if…?

4. **Use medical words, if you know them.**
   - Don't worry if you can't think of the right word for something or can't spell it.
   - Just use the word you know, even if it's slang.

To Parents & Guardians:

Introducing *FLASH Family Homework*

An important part of the FLASH sexual health unit is Family Homework. Family Homework is completed by the student and an adult family member together. This letter explains the purpose of FLASH Family Homework and what you can expect.

One of the goals of the FLASH unit is to increase parent and teen communication about sexual health. Even though teens don't always show it, surveys show that they would like to talk more about these issues with a parent or other trusted adult, and research shows that these conversations play a very important role in helping teens prevent pregnancy, STDs and HIV. The FLASH program includes Family Homework to make these discussions easier and more frequent.

Family Homework is completed by the student and an adult family member, or with an adult who is like family (e.g. foster parent, guardian, etc). The questions in the Family Homework ask about your thoughts and beliefs on a topic related to the classroom lesson. You don't need to have any information about sexual health to do the homework. No one is required to ask or answer any personal questions. Each Family Homework takes about 10 minutes. To get credit, the adult signs a slip saying that the homework was completed. Students will not be asked to share anything you talked about.

Young people are surrounded by messages in the media telling them how to behave sexually. Although the power of the media is huge, we know that family communication is also very powerful. Family Homework is intended to help adults talk clearly and directly with teens about their beliefs and hopes for them.

Family Homework is recommended but not required. If a family decides not to do Family Homework, students will be offered an individual homework assignment that can be completed for the same credit.

Thank you for taking the time to look at the Family Homework. We hope it helps you and your teen have these valuable discussions.

Family Homework Letter – Confirmation Slip

Due: _____

I received the Family Homework Letter.

_____ _____

Date Signature of family member or trusted adult

_____ _____

Student's name Signature of student

Exit Ticket

Today we discussed several ways to promote respectful behavior and a good learning environment during the sexual health unit. Describe one ground rule from class today.

References

[1] Thapa, A., Cohen, J., Guffey, H.,& Higgins-D'Alessandro, A. (2013). A review of school climate research. *Review of Educational Research, 83*, 3, 357–385.

[2] National School Climate Standards. (2009). National School Climate Council. New York. www.schoolclimate.org.

[3]Alford, S. (2008). *Science and success, second edition: Programs that work to prevent teen pregnancy, HIV & sexually transmitted infections*. Washington, DC: Advocates for Youth.

[4] Kirby, D. (2007). *Emerging answers 2007: Research findings on programs to reduce teen pregnancy and sexually transmitted diseases*. Washington, DC: The National Campaign to Prevent Teen and Unplanned Pregnancy.

[5] Centers for Disease Control and Prevention. Division of Violence Prevention. www.cdc.gov/violenceprevention/sexualviolence/riskprotectivefactors.html. Accessed 12/31/2014.

[6] Kirby, D., & Lepore, G. (2007). *A matrix of risk and protective factors affecting teen sexual behavior, pregnancy, childbearing and sexually transmitted disease*. Scotts Valley, CA: ETR Associates.

[7] Kirby, D., Coyle, K., Alton, F., Rolleri, L., & Robin, L. (2011). *Reducing adolescent sexual risk: A theoretical guide for developing and adapting curriculum-based programs*. Scotts Valley, CA : ETR Associates.

Reproductive System

Grades 9-12, Lesson 2

Summary

Using visuals, the teacher describes the external and internal reproductive organs, while students follow on their worksheets. The teacher also describes the main components of the sexual response system. The class concludes by identifying organs and structures with similar roles.

Student Learning Objectives

The student will be able to …

1. Name the parts of the human reproductive system.
2. Describe the path of an egg during the menstrual cycle.
3. Describe the path of a sperm during ejaculation.
4. Recognize that there is a wide range of normal anatomy.
5. Name the 3 main components of sexual response.

Lesson Timing

Warm up	Bell work + 3 minutes
Purpose of lesson	2 minutes
Describe reproductive organs	25 minutes
Define sexual response terminology	8 minutes
Wrap up lesson	7 minutes
Assign homework	
Exit ticket	5 minutes
Total	50 minutes

FLASH Key Concepts

People's bodies can look very different from each other. These differences are normal and healthy.

The reproductive systems of males and females have many similarities.

Standards

National Health Education Standards (SHECAT)

Standard 1	Students will comprehend concepts related to health promotion and disease prevention.
SH1.12.37	Summarize the relationship between the menstrual cycle and conception.
SH1.12.39	Summarize the benefits of respecting individual differences in aspects of sexuallty (such as sexual activity, sexual abstinence, sexual orientation, gender expectations, gender identity), growth and development, and physical appearance.

National Sexuality Education Standards

AP.12.CC.1	Describe the human sexual response cycle, including the role hormones play.

Rationale

Knowledge of the reproductive system helps students better understand later lessons on pregnancy, birth control, STDs and HIV. This lesson is primarily intended to be a review of previously covered material.

The National Sexuality Education Standards cover the reproductive system only at younger grades, with one standard on sexual response at the secondary level. The National Health Education Standards (SHECAT) related to the reproductive system at the high school level have to do with understanding the relationship between the menstrual cycle and conception and respecting individual differences in growth and development.

This lesson revisits standards for lower grades, and covers the high school standards on the menstrual cycle, the human sexual response cycle, and respecting individual differences in sexuality, growth and development.

This lesson emphasizes similarities between the reproductive anatomy of most men and women. The purpose is twofold:

- First, it creates a schema for better comprehension (e.g., egg and sperm are both sex cells; the ovaries and testicles both produce sex hormones; the fallopian tube and vas deferens are both passageways for sex cells, etc.) The pairing of functions and processes, where they exist, makes the information about the reproductive system easier to understand and remember.

- Second, it supports sexual violence prevention concepts taught elsewhere in FLASH. According to the CDC, adherence to extreme gender stereotypes is a risk factor for perpetration of sexual violence.[1] Historically, these stereotypes are projected onto reproductive functions in health and science education (e.g. active sperm, passive egg). This lesson provides the framework and scripting to avoid unintentional gender stereotypes, to offer equitable and accurate information, and to discuss differences respectfully.

There is tension between the approaches of showing male and female reproductive similarities, and being inclusive of a range of gender identities and anatomical variations. Both approaches are critical to the goals of the FLASH curriculum. The intention of this lesson is to provide a clear understanding of human reproductive anatomy and sexual response; to show respect for all students' bodies, gender identities, sexual orientations and families; and to counter male and female gender stereotypes.

Materials Needed

Student Materials

- *Reproductive System Worksheets*
    - *Worksheet 1*
    - *Worksheet 2*
    - *Worksheet 3*
    - *Worksheet 4*
- *Individual Homework: Anatomy*
- *Family Homework: Talking About the Reproductive System,* available in multiple languages on the FLASH website
- *Lesson 2 Exit Ticket*

Classroom Materials

- *Lesson 2 Warm Up*
- *Reproductive System Visuals*
    - *Visual 1*
    - *Visual 2*
    - *Visual 3*
    - *Visual 4*
- *Sexual Response System Visual*
    - *Visual 5*

Teacher Materials

- *Reproductive System Answer Keys*
    - *Answer Key 1*
    - *Answer Key 2*
    - *Answer Key 3*
    - *Answer Key 4*

Teacher Preparation

Prepare Visuals for document camera or projector.

Activities

1. Warm up

Display warm up as bell work.

Question: Today we are reviewing the parts of the body involved in sexual reproduction. List all the parts of the human reproductive system that you can remember.

2. Explain purpose of lesson

The purpose of the lesson is to review the human reproductive system and the sexual response system.

Today we're going to study the reproductive system and the sexual response system.

The reproductive system includes the body parts involved in starting a pregnancy. The egg and sperm can join through vaginal sex, donation of sperm, or the help of medical technology.

The sexual response system includes the body parts involved in sexual feelings. It includes the physical responses that happen during sexual activity with another person or during masturbation.

Knowledge of these systems will be useful for later lessons. It can also help people communicate with doctors about their reproductive and sexual health, now or in the future.

3. Review the external reproductive organs

Show students *Reproductive System Visual 1 and Visual 2*. Fill in the names and describe the functions of the organs of the genitals (external views) while students take notes on the *Reproductive System Worksheet 1 and Worksheet 2*.

Explain that the drawings do not represent all people's bodies.

These drawings show pictures of what many people's bodies look like, but bodies actually look very different from each other. These differences are normal and healthy. There are many reasons someone's body might look different from these drawings, for example, if someone hasn't gone through puberty yet, if they are intersex, or sometimes because of a disability. Surgery or medicine can change the way someone's body looks, and of course, the size and shape of everyone's body is different. The illustrations are meant only as a guide.

Show *Visual 1* and describe the parts.

This is a picture of the reproductive organs that are on the outside of someone's body. These parts are usually on a man's body.

1. *Pubic hair*
   - *Pubic hair starts growing during puberty at the base of the penis.*

2. *Penis*
   - *The penis is made of a special tissue called erectile tissue, which is why the penis is able to become erect*
3. *Shaft*
4. *Glans*
   - *The penis is made up of the shaft and the glans, and, at birth, the foreskin.*
   - *The penis has many nerve endings, which makes it very sensitive.*
   - *The part of the penis with the most nerve endings is the glans.*

5. *Foreskin*
   - *The foreskin protects the glans of the penis.*
   - *A person that has had a circumcision don't have foreskin on their penis.*
   - *The foreskin also provides sensation.*

6. *Urethra*
   - *The urethra runs inside the penis and has an opening at the end of the penis.*
   - *The opening of the urethra at the end of the penis is where semen and urine leave the body.*
   - *Only one fluid at a time can leave the body.*

7. *Scrotum*
   - *The scrotum is a muscular sac that holds the testicles.*
   - *It keeps sperm at the right temperature by bringing the testicles closer to the body when cold, and further from the body when warm.*
   - *It also provides sensation.*

Show *Visual 2* and describe the parts.

This is a picture of the reproductive organs that are on the outside of someone's body. These parts are usually on a woman's body.

1. *Vulva*
   - *Vulva is the word for the parts of the reproductive system on the outside of most women's bodies. The outside parts of everyone's reproductive system are called genitals.*

2. *Pubic hair*
   - *Pubic hair starts growing during puberty on the vulva, but not near the opening of the vagina or on the clitoris.*

3. *Clitoris*
   - *The clitoris has many nerve endings, which makes it very sensitive.*
   - *The part of the clitoris that shows on the outside of the body is called the glans.*
   - *The clitoris is made of erectile tissue, like the penis, and also becomes erect.*

4. *Urethra*
   - *The urethra is how urine leaves the body.*
   - *The opening of the urethra is between the clitoris and vagina.*

5. *Vagina*
   - *The vagina is a muscular, stretchy organ on the inside of the body.*
   - *It provides a passageway into the body for sperm, and out of the body for vaginal fluids, menstrual fluids and a baby during childbirth.*
   - *There is often tissue called the hymen that partly covers the opening of the vagina during childhood and early adolescence. During puberty, estrogen makes the hymen very stretchy. It does not get in the way of tampons or vaginal sex. A person cannot tell if someone has used tampons or had intercourse by looking at the hymen.*

6. *Labia*
   - *The labia are two folds of skin around the openings of the urethra and vagina. The top of the labia meet at the clitoris.*
   - *The outer labia have pubic hair.*
   - *The labia also provide sensation.*

4. Review the internal reproductive organs

Show students *Reproductive System Visual 3 and Visual 4*. Describe the names and functions of the organs in the reproductive systems (internal views) while students take notes on the *Reproductive System Worksheet 3 and Worksheet 4*.

Show *Visual 3* and describe the parts.

First describe the body parts that are not part of the reproductive system. They are already labeled.

This is a side view drawing of the reproductive system, showing the parts that men usually have in their body.

The anus and bladder are not part of the reproductive system, but they are located nearby. They are already labeled on the worksheet.

- *The anus is where bowel movements pass out of the body.*
- *It also provides sensation.*
- *The bladder is where urine is stored.*

Then describe the reproductive organs in the order that they are involved with ejaculation.

1. *Testicles*
2. *Scrotum*
   - *There are two testicles located inside the scrotum.*
   - *During puberty, the testicles start producing sperm, which are also called sperm cells.*
   - *During puberty, the testicles also start producing the hormone testosterone. The process of sperm leaving the body is called ejaculation.*

3. *Epididymis*

- *The epididymis is located toward the back of each testicle.*
- *Sperm mature here before leaving the body.*

4. *Vas deferens*
   - *When sperm leave the epididymis, they travel through long tubes called the vas deferens.*
   - *In the vas deferens, the sperm pass by different glands that add liquids.*
   - *The combination of sperm and liquids is called semen.*

5. *Seminal vesicles (two)*
6. *Prostate gland (one)*
7. *Cowper's glands (two)*
   - *Liquid from the seminal vesicles and prostate gland become part of the semen.*
   - *Liquid from the Cowper's glands is also called pre-ejaculate because it leaves the body before the other fluids. It protects sperm from the acid in urine.*

8. *Urethra*
9. *Penis*
   - *During ejaculation, the urethra is the tube that carries semen out of the body through the penis.*
   - *The urethra also carries urine out of the body, but it cannot carry both urine and semen at the same time.*

Show *Visual 4* and describe the parts.

First describe the body parts that are not part of the reproductive system. They are already labeled.

This is a side view drawing of the reproductive system, showing the parts that women usually have in their body.

The anus, bladder and urethra are not part of the reproductive system, but they are located nearby. They are already labeled on the worksheet.

- *The anus is where bowel movements pass out of the body.*
- *It also provides sensation.*
- *The bladder is where urine is stored.*
- *The urethra is the tube that carries urine out of the body.*

Then describe the reproductive organs in the order that they are involved with ovulation and menstruation. Remind the class that ovulation is the process of the egg leaving the ovary, and menstruation is the process of blood and tissue leaving the body, usually about once a month.

1. *Ovary*
   - *There are two ovaries in the reproductive system.*
   - *The ovaries are where eggs are produced and mature. The egg is also called the ovum or the egg cell. Egg cells are already in the ovaries when a person is first born.*
   - *During puberty, the ovaries begin producing the hormone estrogen.*

- *Ovulation is the process of a mature egg leaving the ovary.*

2. *Fimbria*
3. *Fallopian tubes*
   - *The fimbria are the fringe-like ends of the fallopian tube.*
   - *When the mature egg leaves the ovary, the fimbria guide it into the fallopian tube.*
   - *The egg then travels through the fallopian tube to the uterus.*

4. *Uterus*
   - *The uterus is made of muscular walls.*
   - *Fertilization is when the egg cell and sperm cell join. Pregnancy will begin when the joined cells attach to the lining of the uterus, which has built up a rich lining of tissue and blood. If the pregnancy continues, it will grow in the uterus for the next 9 months.*
   - *If an egg cell and sperm cell do not join, the lining of the uterus will dribble out of the body over the next few days. This is called menstruation or a period.*
   - *It happens about once a month, starting in puberty and ending during menopause.*

5. *Cervix*
   - *The cervix is the bottom section of the uterus.*
   - *It produces fluid that has a different consistency and color at different times of the menstrual cycle. For example, cervical fluid is wetter and more stretchy during ovulation.*

6. *Vagina*
   - *The small opening of the cervix is at the back of the vagina.*
   - *During menstruation, the menstrual fluid leaves the uterus by flowing through the cervix and vagina, and out of the body.*
   - *During childbirth, the baby also travels from the uterus, through the cervix and vagina, and out of the body.*

7. *Glans of clitoris*
8. *Shaft of clitoris*
   - *The clitoris provides sensation. It has two parts: the shaft and glans.*
   - *The shaft is inside the body. The glans is outside, making it part of the genitals.*
   - *The glans of the clitoris is in front of the openings of the urethra and vagina.*

5. Define sexual response system terms.

Show the *Visual 5: Human Sexual Response* and briefly explain the 3 components: desire, arousal, release.

Now we're going to talk about human sexual response. Genitals are only one part of the sexual response system. It also includes emotions, the brain, hormones, the senses and the entire body.

Three important aspects of sexual response are desire, arousal and release.

Desire *is the feeling of wanting to be sexually close to someone.*
- *A person who feels desire may or may not decide to be involved in sexual activity.*

Arousal *is the experience of being sexually excited.*

- *Arousal can result from a person's thoughts and attractions, as well as from sexual activity with another person or during masturbation. People may have very different emotions during arousal depending on the circumstances.*
- *For most women, arousal often includes the clitoris becoming erect, the vagina getting wetter, and the labia swelling.*
- *For most men, arousal often includes the penis becoming erect, the scrotum moving closer to the body, and a small amount of fluid being released from the penis.*
- *For all, arousal often includes heartbeat and breathing getting faster, nipples getting erect, and skin becoming more sensitive.*

Release *is a reduction of sexual tension that can happen gradually over time, or more immediately during an orgasm.*

- *An orgasm is a release of sexual tension that results in muscle contractions in the pelvic area and a physical feeling of sexual pleasure. For most men, orgasm also includes ejaculation.*
- *Like arousal, orgasm is a physical response that sometimes happens during sexual activity with another person or during masturbation. People may have very different emotions during orgasm depending on the circumstances.*

6. Conclude the lesson

Wrap up by asking questions about the common body parts between most male and female reproductive systems and sexual responses:

- What do the ovaries and testicles have in common?
  Answer: Produce sex cells (sperm and egg); produce hormones (estrogen and testosterone).

- What do the sperm and egg have in common?
  Answer: They are both sex cells and are both needed to for people to reproduce.

- What do the fallopian tubes and vas deferens have in common?
  Answer: They are the pathways for the egg and for the sperm.

- What do the penis and clitoris have in common?
  Answer: They both have a shaft and glans, become erect, and are the most sensitive part of the genitals.

7. Assign homework

Allow students to choose between the individual or family homework and explain the assignments as needed.

Individual Homework: Anatomy

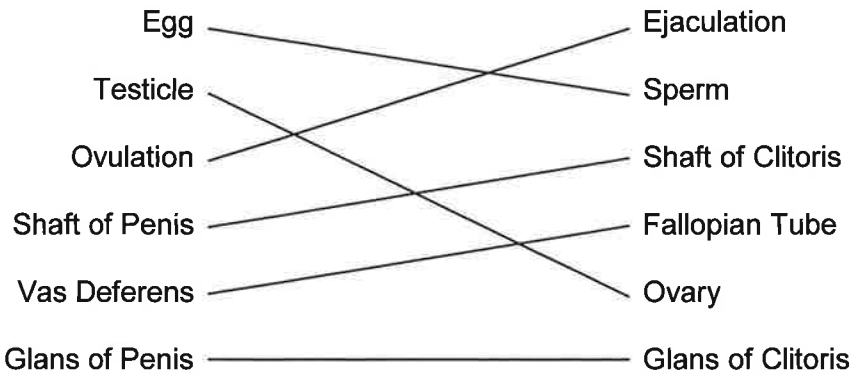
Family Homework: Talking about the Reproductive System, available in multiple languages on the FLASH website

8. Exit ticket

Hand out the *Lesson 2 Exit Ticket.*

Directions: Draw a line connecting the body parts and processes that have similar roles in most male and female bodies.

Answer:

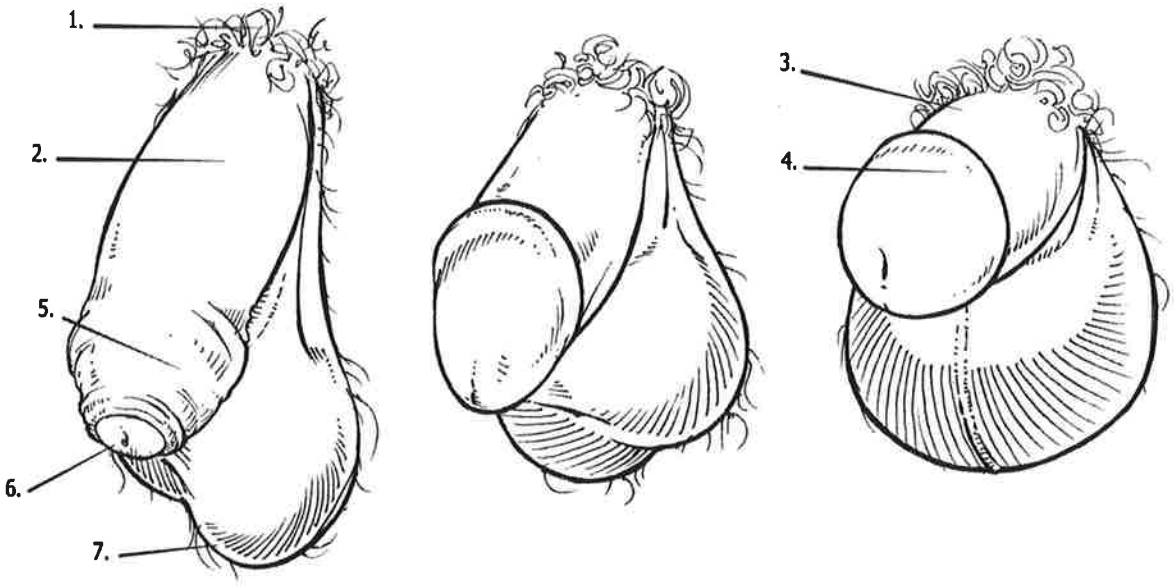


Warm Up

Today we are reviewing the parts of the body involved in sexual reproduction. List all the parts of the human reproductive system that you can remember.

Reproductive System Worksheet 1

Genital Variation



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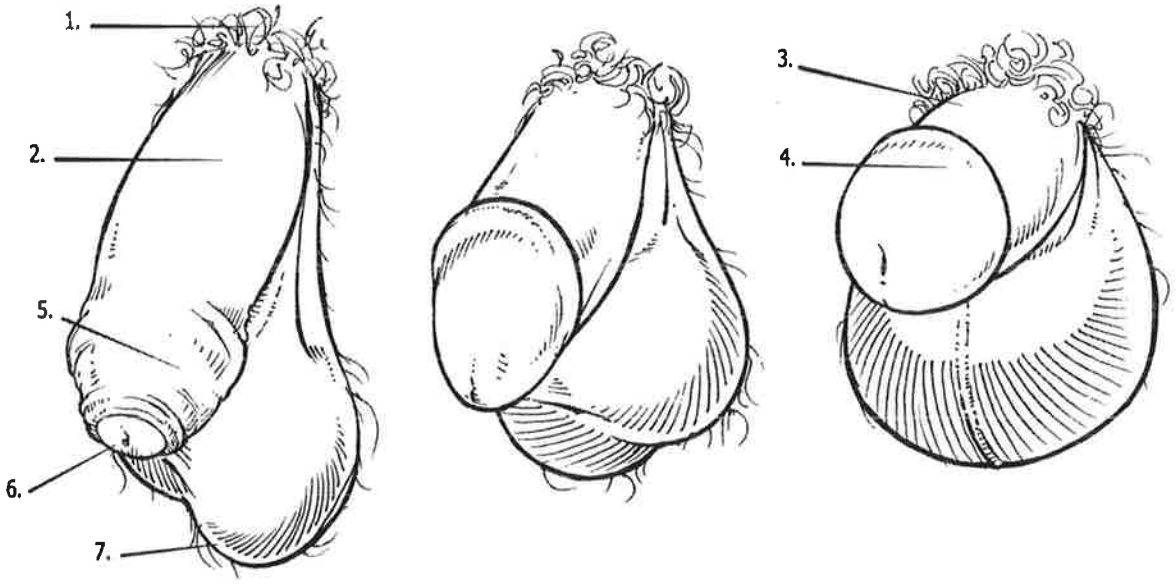
Reproductive System Visual 1

Genital Variation



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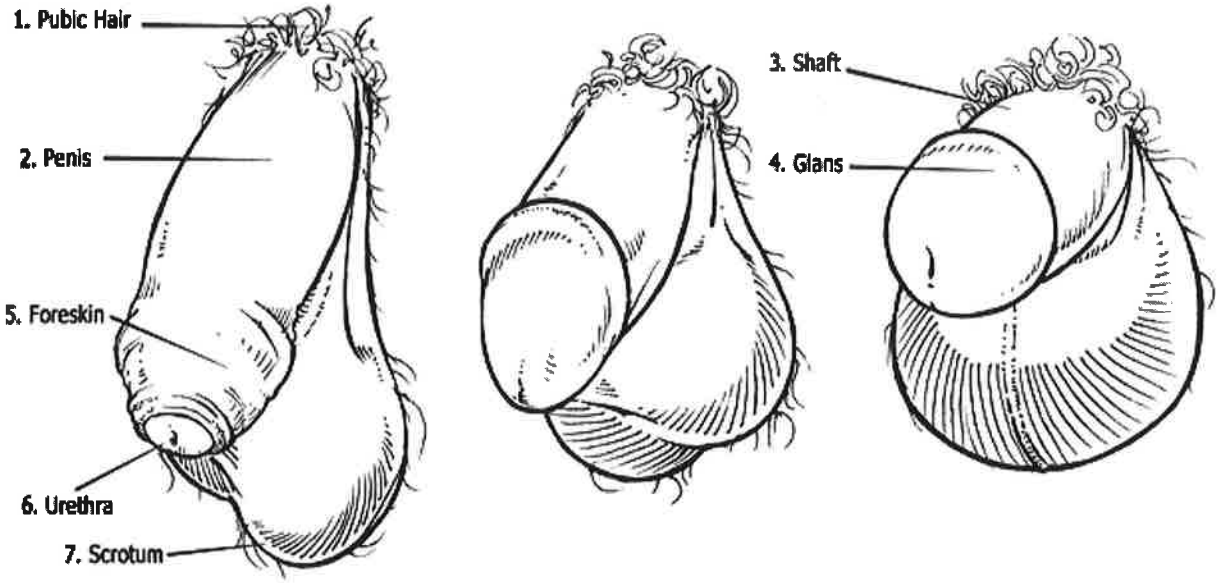
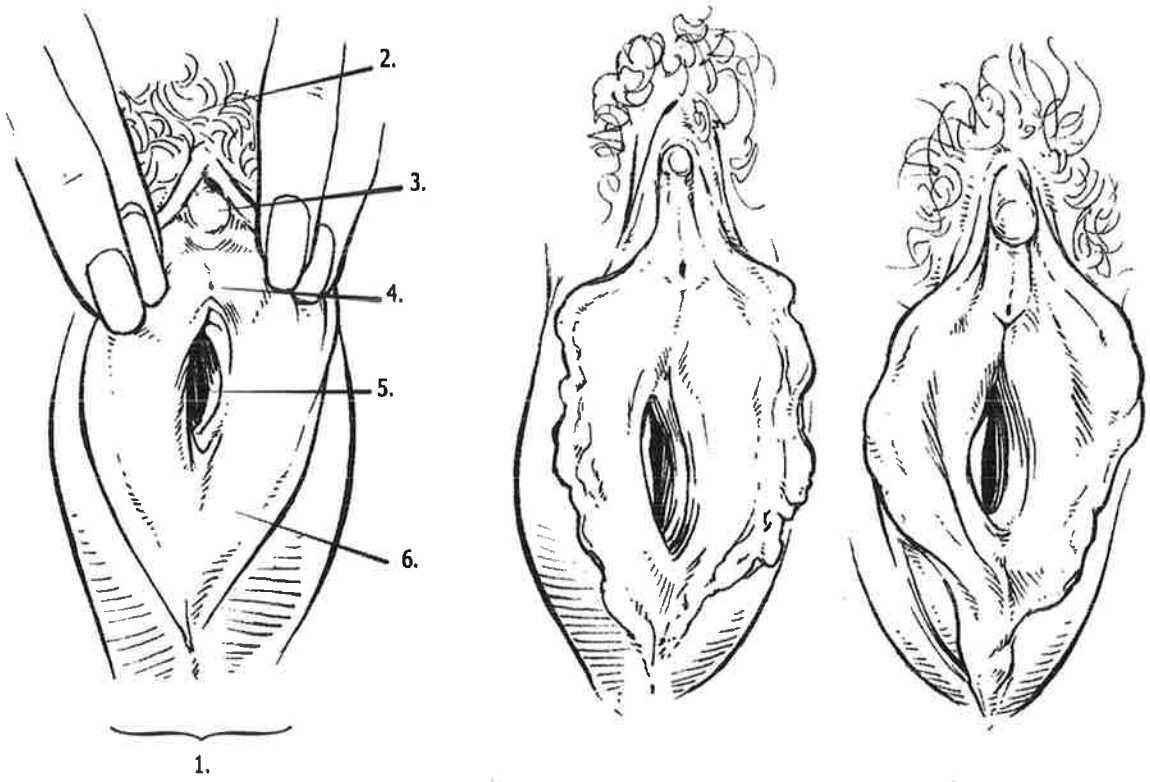
Reproductive System Answer Key 1

Genital Variation



Reproductive System Worksheet 2

Genital Variation



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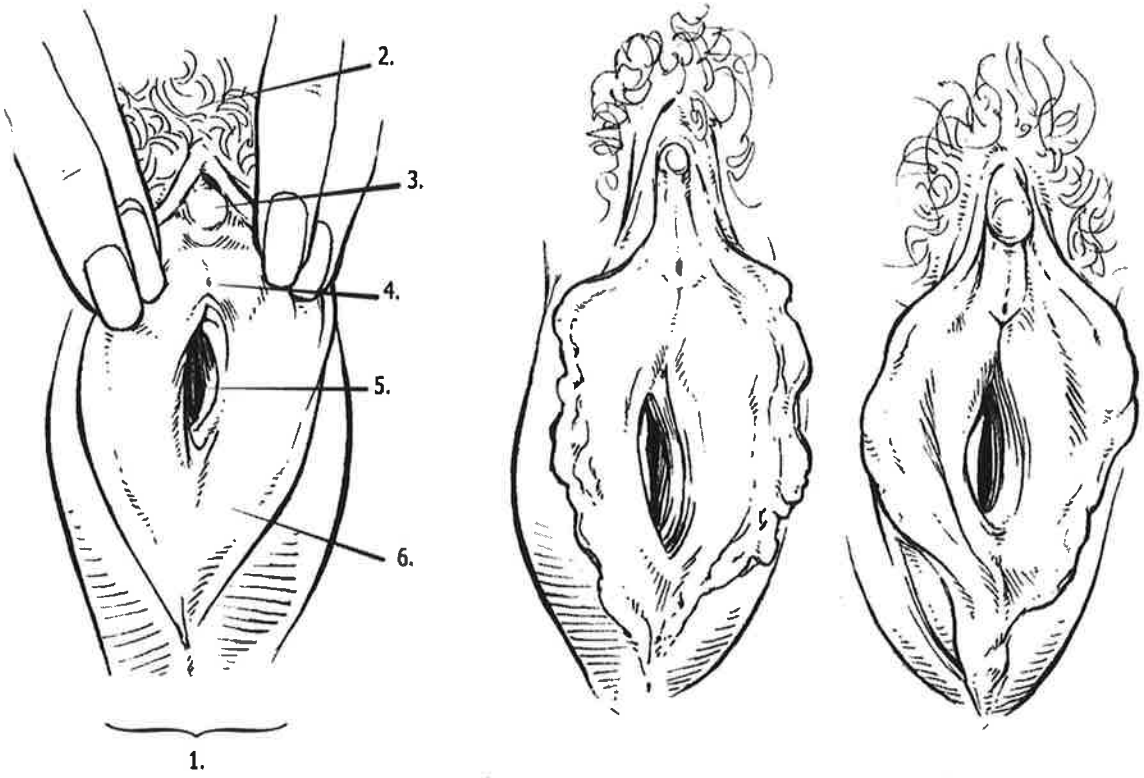
Reproductive System Visual 2

Genital Variation



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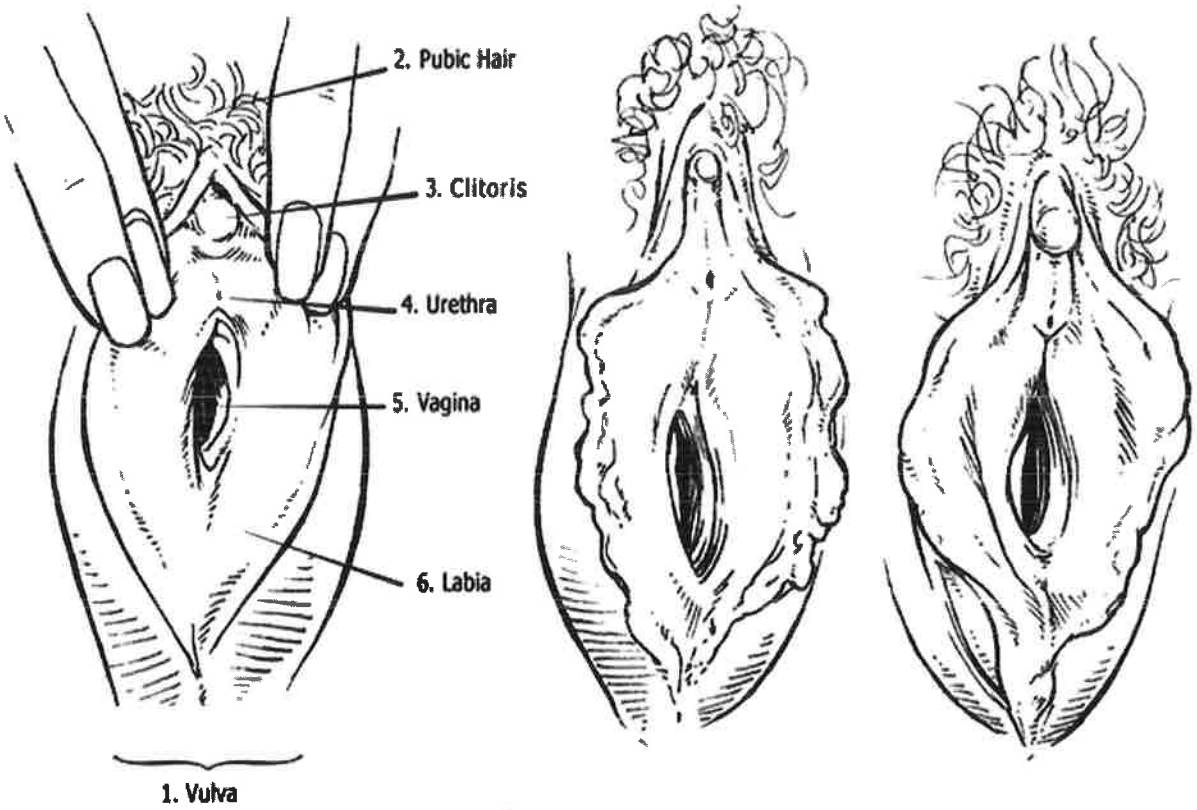
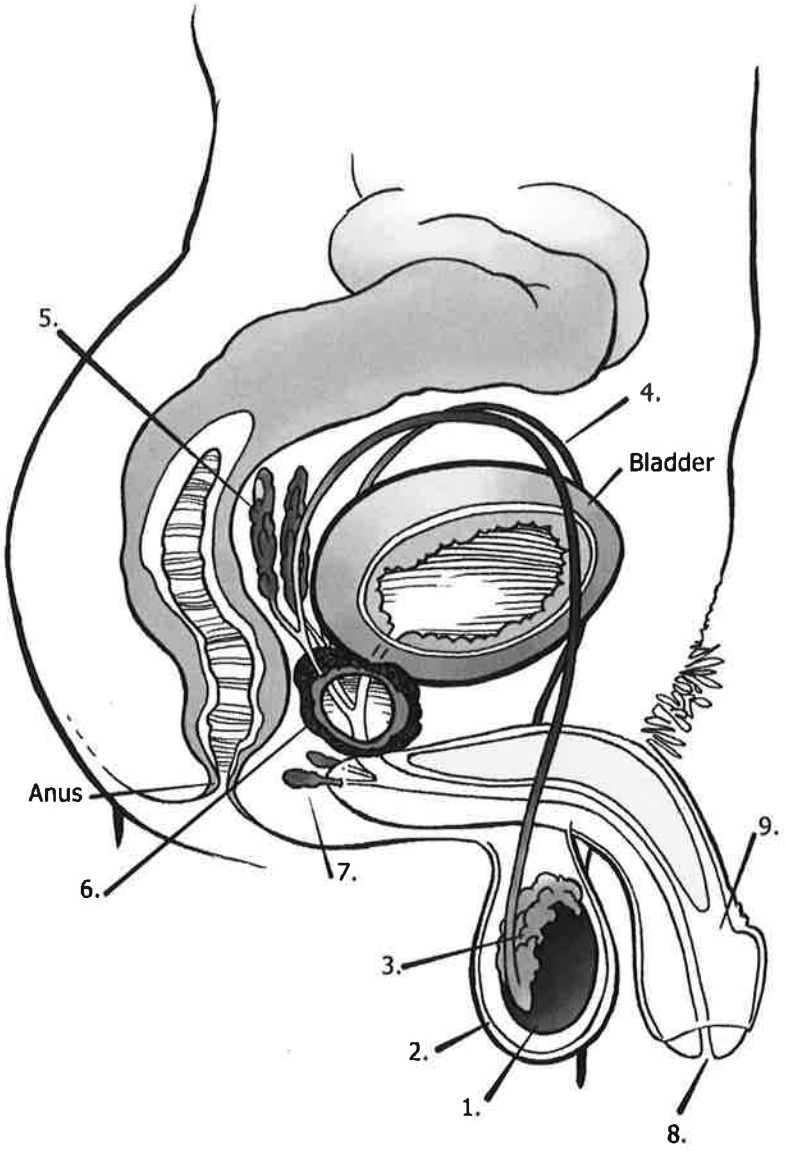
Reproductive System Answer Key 2

Genital Variation



Reproductive System Worksheet 3



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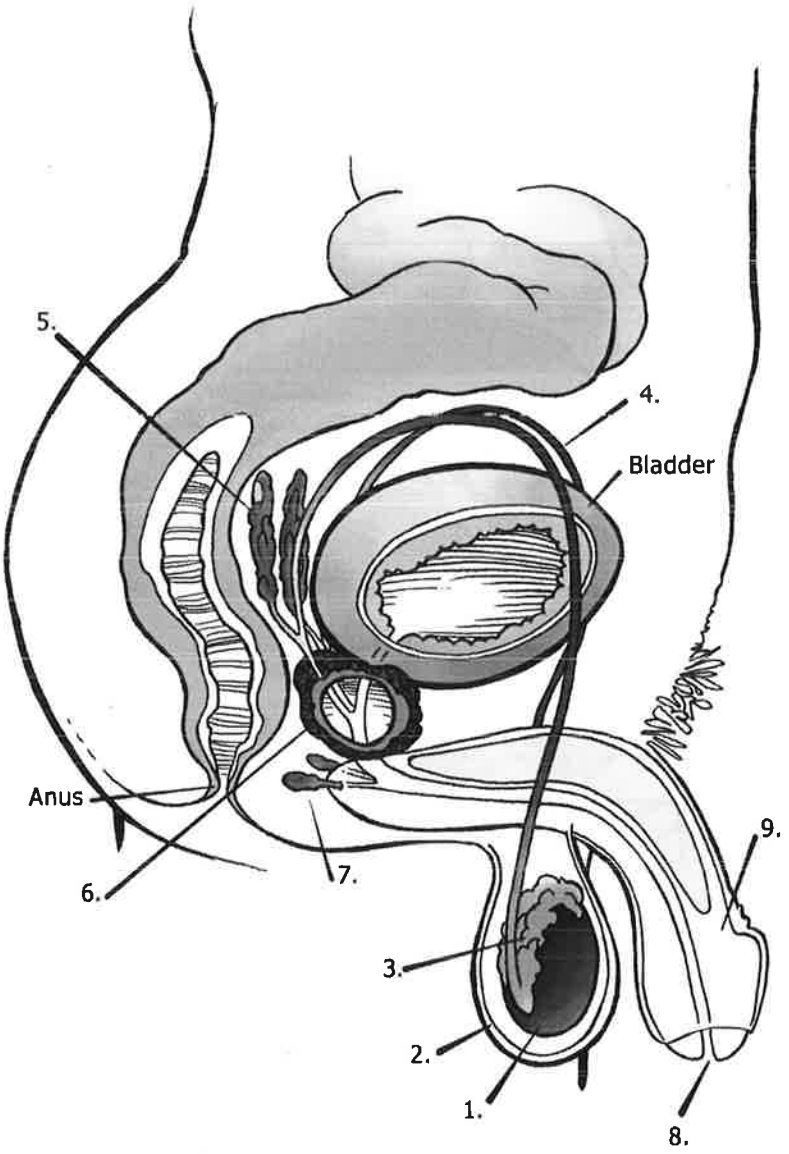
Reproductive System Visual 3



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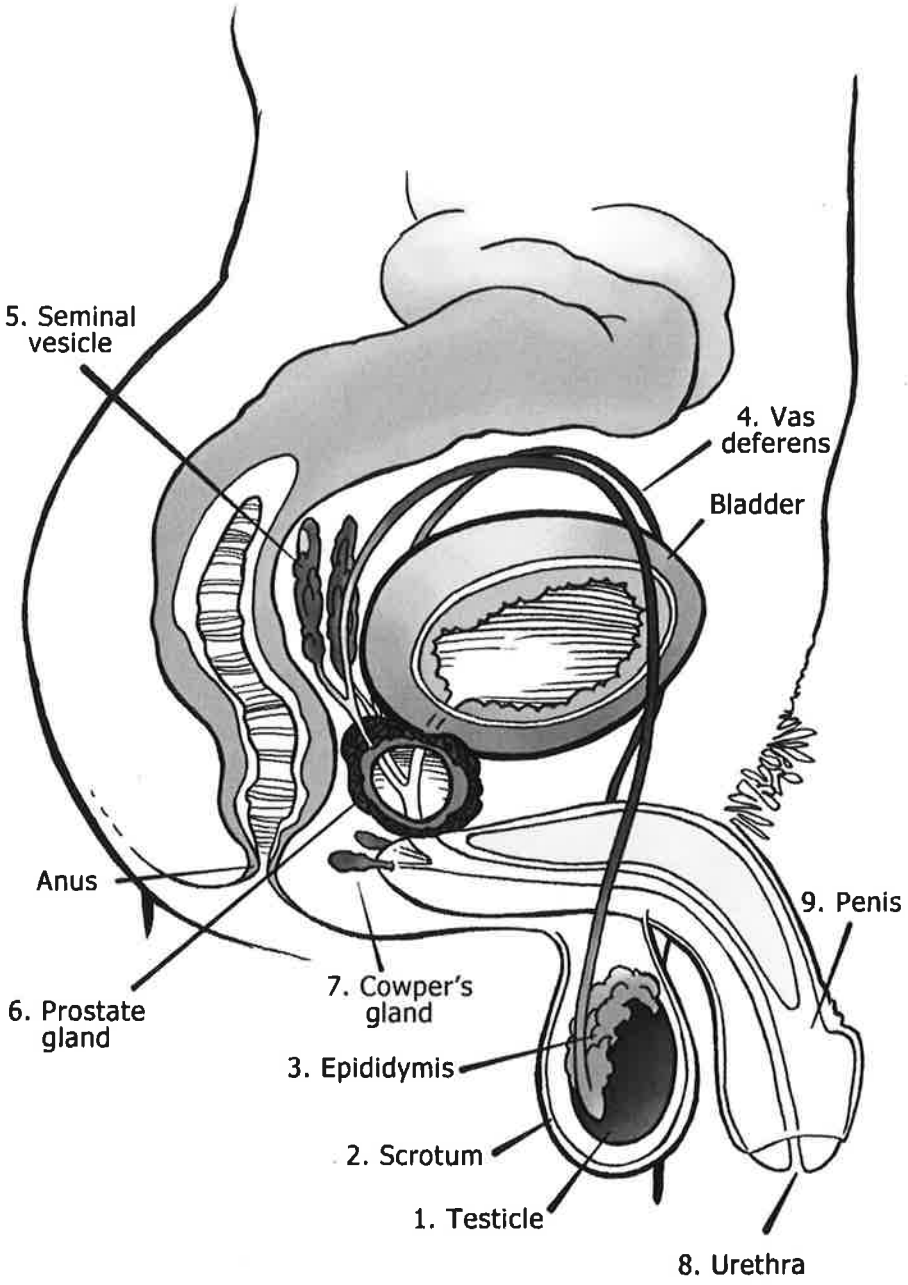
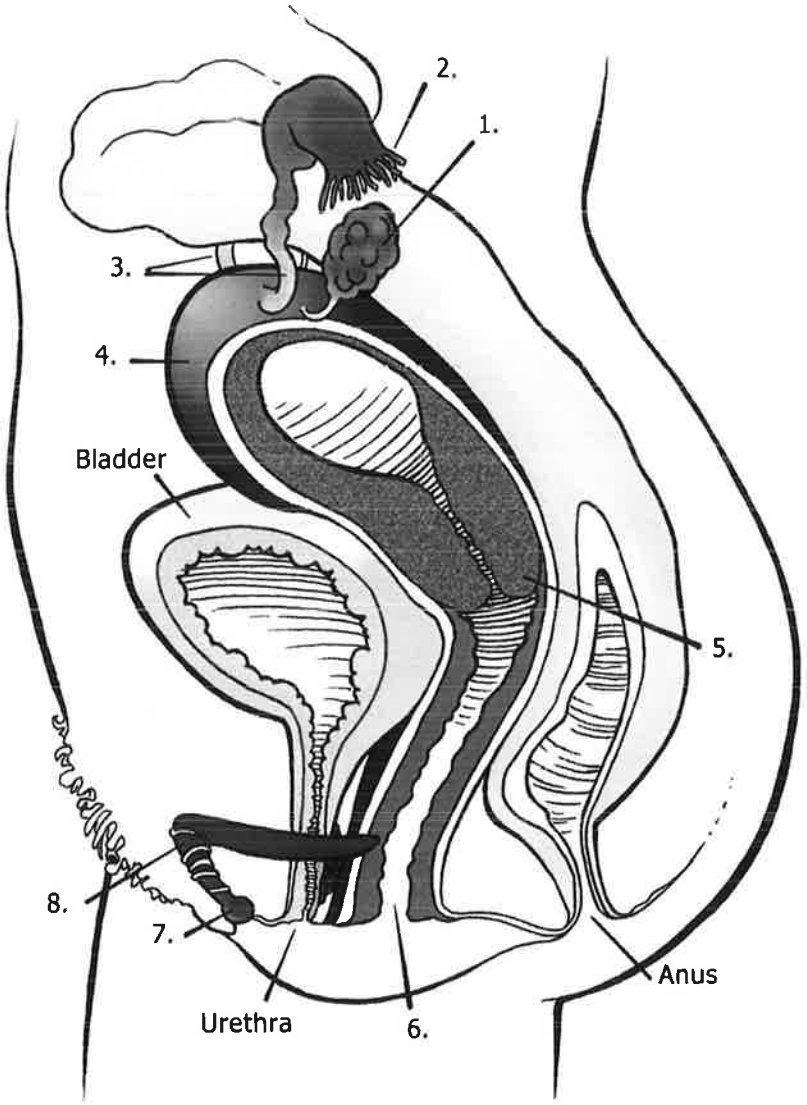
Reproductive System Answer Key 3



Reproductive System Worksheet 4



1. _____
2. _____
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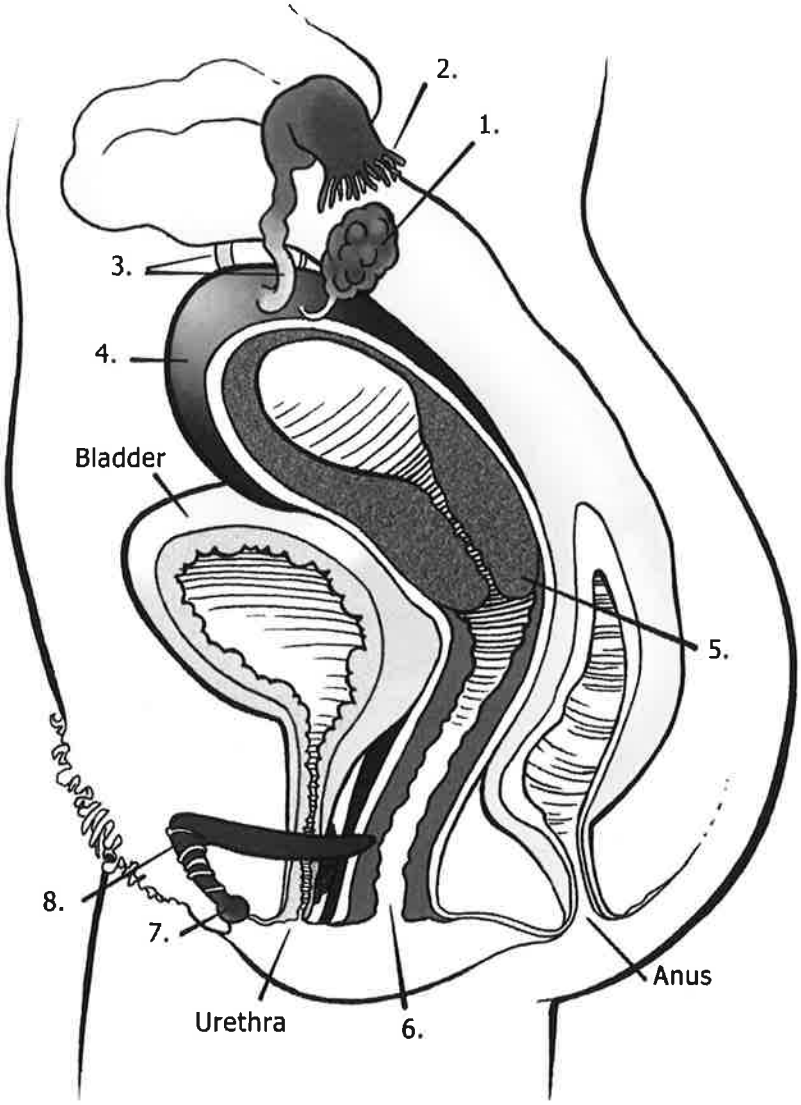
Reproductive System Visual 4



1. _____
2. _____
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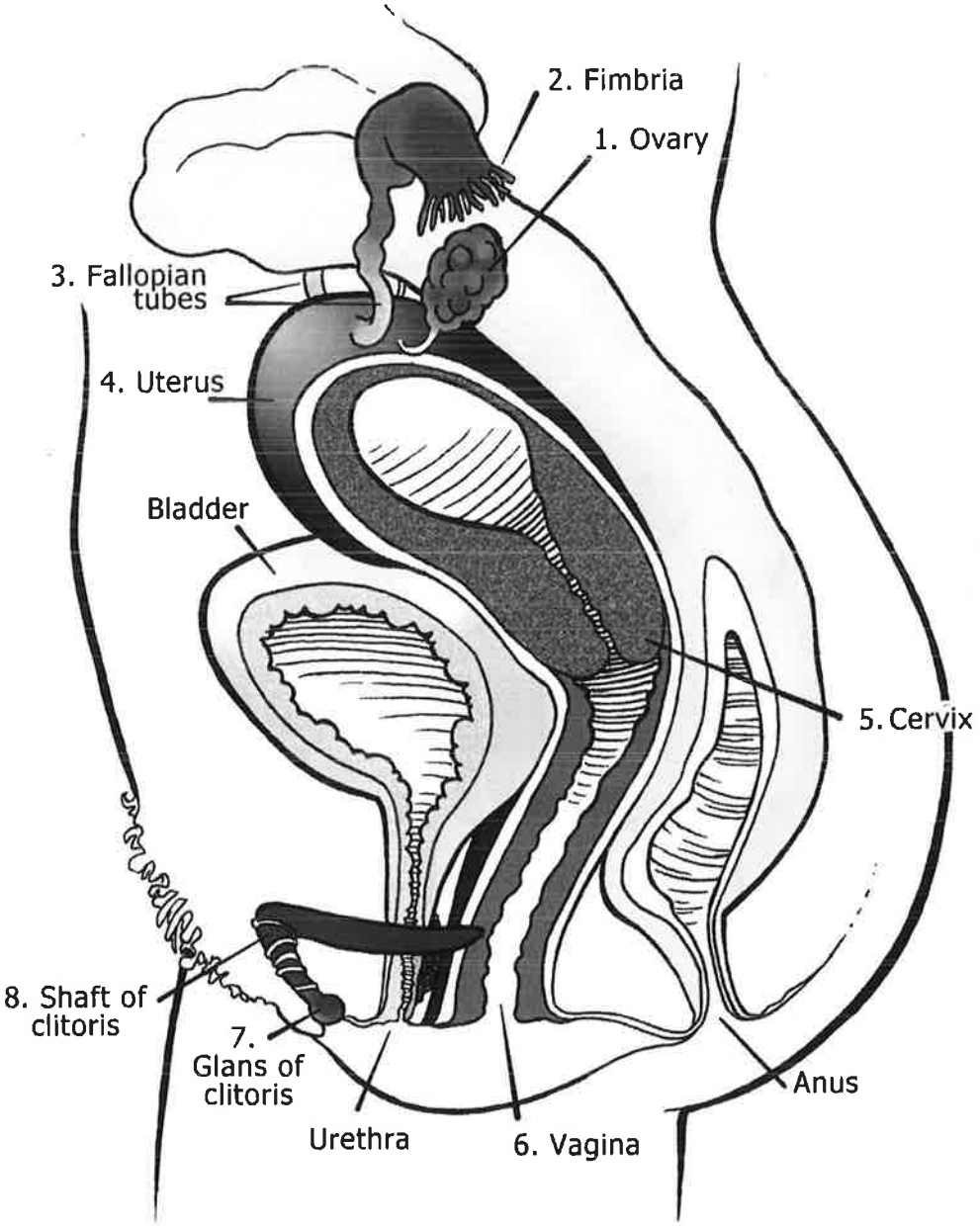
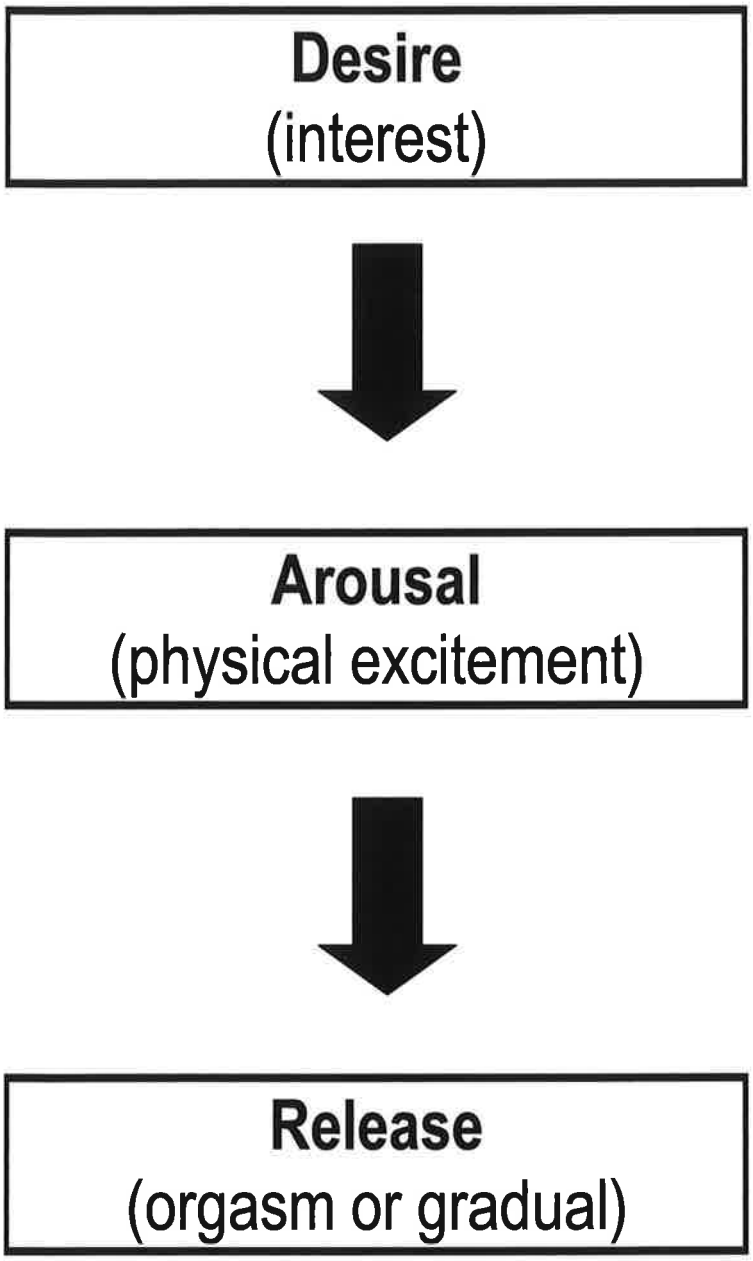
8. _____

Reproductive System Answer Key 4



Human Sexual Response Visual 5



Individual Homework: Anatomy

Name: _____ **Period:** _____

1. Do most people's bodies have 1 or 2 of each body part listed below? The first one is done for you as an example.

Cervix	(1)	2	Scrotum	1	2
Clitoris	1	2	Testicle	1	2
Epididymis	1	2	Urethra	1	2
Fallopian tube	1	2	Uterus	1	2
Labia	1	2	Vagina	1	2
Ovary	1	2	Vas deferens	1	2
Penis	1	2	Vulva	1	2

2. Write the word that describes each body process listed below.

   A. The process of sperm leaving the body

   B. The process of the egg leaving the ovary

   C. The process of blood and tissue leaving the uterus about once a month.

Individual Homework: Anatomy Key

1. Circle "1" if most people have one of that body part. Circle "2" if most people have two. The first one is done for you as an example.

Cervix	1
Clitoris	1
Epididymis	2
Fallopian tube	2
Labia	2
Ovary	2
Penis	1
Scrotum	1
Testicle	2
Urethra	1
Uterus	1
Vagina	1
Vas deferens	2
Vulva	1

2. Write the word that describes each body process.

   A. The process of sperm leaving the body: **Ejaculation**

   B. The process of the egg leaving the ovary: **Ovulation**

   The process of blood and tissue leaving the uterus about once a month. **Menstruation**

Family Homework: Talking about the Reproductive System

All Family Homework is optional. Students may complete Individual Homework instead.

Purpose: Family Homework is a chance to share your beliefs about sexuality and relationships, and the beliefs of your family, culture or religion.

Directions: Student will do the homework with a family member or trusted adult who is like family. Find a quiet place where the two of you can talk privately for 5-10 minutes. Please follow these guidelines:

- It is okay for either of you to skip a question.
- What you discuss will not be shared with anyone else, unless you give one another permission to share it.
- Take turns asking questions. When it is your turn to listen, try to understand the other person's response.

Ask the adult: Are there words or names for the reproductive system body parts that are unique to our culture or family? Are there any names we give to body parts that have special meaning to you?

Ask the student: What body part names and functions did you learn about in class?

Ask each other: Do you have any funny stories about names for body parts? (For example, not being able to pronounce the word *penis* as a child and calling it a "peepee" instead.)

Family Homework Confirmation Slip: Talking about the Reproductive System

Due: _____

We have completed the family homework.

_____ _____

Date Signature of family member or trusted adult

_____ _____

Student's name Signature of student

Exit Ticket

Draw a line connecting the body parts and processes that have similar roles in most male and female bodies.

Egg	Ejaculation
Testicle	Sperm
Ovulation	Shaft of Clitoris
Shaft of Penis	Fallopian Tube
Vas Deferens	Ovary
Glans of Penis	Glans of Clitoris

Lesson 2: Assessment Questions

1. Circle the correct statements below:

   A. The shapes and sizes of bodies and body parts vary greatly from person to person.
   B. There is a wide range of normal anatomy.
   C. Physical differences between people should be respected.
   D. Physical differences between people are usually the sign of a serious medical problem.

2. Fill in the correct term.

   Ejaculation
   Ovulation
   Semen
   Testicle
   Urethra
   Vagina
   Vulva

   A. The process of the egg leaving the ovary:

   B. The process of sperm leaving the body:

   C. Another word for the labia, clitoris and the opening of the vagina:

   D. A passageway into the body for sperm, and a passageway out of the body for vaginal fluids, menstrual fluids and a baby during childbirth:

   E. Where urine or semen leaves the body;

   F. Where testosterone and sperm are produced, starting in puberty:

   G. The liquid containing sperm and other fluids:

3. Circle the three terms that describe an aspect of sexual response.

   Desire Ovulation Arousal

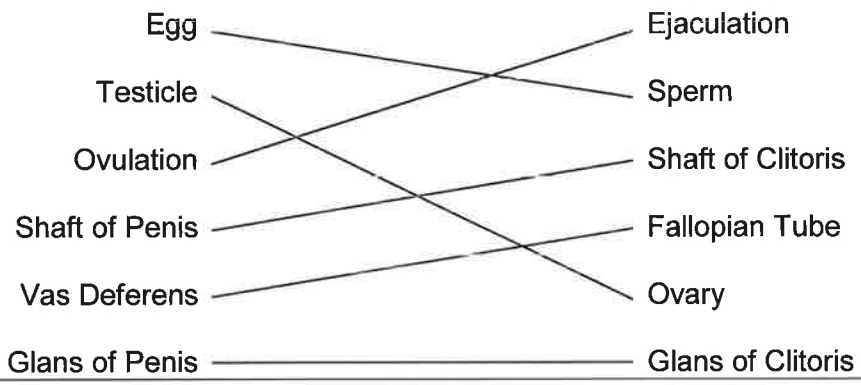
   Release Sperm production

Lesson 2: Assessment Key and Standards Alignment

Question	Answer	Standards
1. Circle the correct statements below: A. The shapes and sizes of bodies and body parts vary greatly from person to person. B. There is a wide range of normal anatomy. C. Physical differences between people should be respected. D. Physical differences between people are usually the sign of a serious medical problem.	A, B and C	NHES: SH1.12.39
2. Fill in the correct term. Ejaculation Ovulation Semen Testicle Urethra Vagina Vulva A. The process of the egg leaving the ovary: B. The process of sperm leaving the body: C. Another word for the labia, clitoris and the opening of the vagina: D. A passageway into the body for sperm, and a passageway out of the body for vaginal fluids, menstrual fluids and a baby during childbirth: E. Where urine or semen leaves the body; F. Where testosterone and sperm are produced, starting in puberty: G. The liquid containing sperm and other fluids:	A. Ovulation B. Ejaculation C. Vulva D. Vagina E. Urethra F. Testicle G. Semen	No High School NHES or NSES standards on reproductive anatomy

3. Circle the three terms that describe an aspect of sexual response. Desire Ovulation Release Arousal Sperm production	Desire, Arousal, Release	NSES: AP.12.CC.1

4. **Exit Ticket:** Draw a line connecting the body parts and processes that have similar roles in most male and female bodies.



Integrated Learning Activities

ART: Reproductive System Illustrations
Look for illustrations of the reproductive system online or in books. Bring examples to class of those you think are the most artistic, the easiest to understand or the most confusing.

FAMILY AND CONSUMER SCIENCE: Impact of Steroids
Research the use of steroids by athletes. Write a paragraph about why these can be harmful to the reproductive system, especially for teens? What steroids do doctors prescribe for people with medical problems? How are these different from steroids taken to improve athletic performance?

MATH: Sperm and Egg Quantities
Find statistics on the number of sperm cells produced in a lifetime. Find comparable statistics on the number of egg cells people are born with. Were these numbers higher or lower than what you expected? Create a graph, chart or table showing the difference between these numbers.

References

[1] Centers for Disease Control and Prevention. Division of Violence Prevention. www.cdc.gov/violenceprevention/sexualviolence/riskprotectivefactors.html. Accessed 12/31/2014.

Pregnancy

Grades 9-12, Lesson 3

Summary

The teacher uses visuals to describe the main processes related to pregnancy. The class brainstorms the early signs of pregnancy and discusses local pregnancy testing resources. The lesson concludes with a game to review content.

Student Learning Objectives

The student will be able to …

1. Identify the laws related to reproductive and sexual health care services.
2. Describe the signs of pregnancy.
3. Describe prenatal practices that can contribute to or threaten a healthy pregnancy.
4. Access medically accurate information about pregnancy, pregnancy options and prenatal care services.

Lesson Timing

Warm up	Bell work + 2 minutes
Purpose of lesson	3 minutes
Process of conception	5 minutes
Early signs of pregnancy and testing	8 minutes
9 Months of pregnancy	7 minutes
Review game	22 minutes
Assign homework	
Exit ticket	3 minutes
Total	50 minutes

FLASH Key Concepts

None

Standards

National Health Education Standards (SHECAT)

Standard 3	Students will demonstrate the ability to access valid information and products and services to enhance health.
SH3.12.1	Evaluate the validity and reliability of sexual health information.
SH3.12.3	Evaluate the validity and reliability of sexual healthcare services.
SH3.12.5	Determine when professional sexual healthcare services may be required.
SH3.12.6	Determine the accessibility of valid and reliable sexual healthcare services.

National Sexuality Education Standards

PR.12.CC.3	Identify the laws related to reproductive and sexual health care services (i.e., contraception, pregnancy options, safe surrender policies, prenatal care).
PR.12.CC.4	Describe the signs of pregnancy.
PR.12.CC.5	Describe prenatal practices that can contribute to or threaten a healthy pregnancy.
PR.12.AI.3	Access medically-accurate information about pregnancy and pregnancy options.
PR.12.AI.4	Access medically-accurate information about prenatal care services.

Rationale

This lesson provides basic information about conception, fertilization, chromosomes, and fetal development. Following the guidance of the National Sexuality Education Standards and National Health Education Standards (SHECAT), it includes information related to pregnancy testing, pregnancy options, safe surrender laws, prenatal care, and related laws and services.

Materials Needed

Student Materials

- *Sexual Health Resources - King County, National,* or develop a local resource sheet
- Local clinic brochures, if available
- *Two Truths and a Lie*
- Blank paper for Two Truths and a Lie game
- *Individual Homework: Pregnancy*
- *Family Homework: Pregnancy,* available in multiple languages on the FLASH website
- *Lesson 3 Exit Ticket*

Classroom Materials

- *Lesson 3 Warm Up*
- *Visuals 1, 2 and 3*

Teacher Materials

- *Developing a Local Sexual Health Resources List: Teacher Guide* for those developing a local resource sheet

Teacher Preparation

1. Create a local Sexual Health Resource Sheet for students, following the instructions in *Developing a Local Sexual Health Resources List: Teacher Guide*

2. Call your local family planning clinic to acquire brochures and learn if pregnancy testing is confidential for minors in your state. Many related state laws are listed at www.guttmacher.org.

   When sharing clinic resources with students, only include clinics that can answer "yes" to the following questions:
   - Does the clinic offer clinical services with a licensed health care provider?
   - Does the clinic provide or refer for all FDA-approved contraceptive methods?
   - Does the clinic provide of refer for prenatal care, adoption and abortion?

   Some clinics advertise as full-service pregnancy centers, even though they are staffed by lay people rather than licensed medical providers. Their purpose is often to dissuade clients from using birth control or accessing abortion services.

3. Prepare Visuals for document camera or projector.

Activities

1. Warm up

Display warm up as bell work.

Question: There are many changes to the body that happen during a pregnancy. List as many as you can.

Possible answers:

- No period
- Tender, swollen breasts
- Feeling tired
- Nausea or vomiting
- Urinating more often
- Like or dislike certain foods
- More sensitive to smell
- Sometimes no symptoms at all

2. Explain purpose of lesson

Today's class will focus on pregnancy, building on what we learned about the reproductive system. We will cover some of the basics about pregnancy including conception, how people know they're pregnant, the stages of pregnancy and having a healthy pregnancy.

3. Briefly cover the process of conception

Project and discuss *Visual 1 and Visual 2.*

Visual 1: Sperm and Egg

- *The human body is made of billions of cells: brain cells, blood cells, bone cells and many more. This includes egg cells and sperm cells. It takes an egg cell and a sperm cell to start a pregnancy.*
- *The egg cell and sperm cell are different from all the other cells in the human body. They have half as many chromosomes. Chromosomes are the parts inside a cell that determine which characteristics are passed from generation to generation.*
- *When sperm and egg join, their chromosomes form into pairs, making them like all the other body cells, with 2 pairs of 23 chromosomes, for a total of 46.*

Visual 2: The First Week

- *The egg cell and sperm cell can join in a few different ways: through vaginal sex, donation of sperm, or the help of medical technology.*
- *When ejaculation happens during vaginal sex without a condom, a teaspoon of semen goes in the vagina. The semen contains about 300 million sperm. Thousands enter the uterus, and travel toward the Fallopian tubes with help from the fluid in the cervix. It takes 2 days for sperm to begin reaching a Fallopian tube.*
- *If ovulation happened recently and an egg cell is present, one sperm cell may enter the egg. Fertilization is complete when the egg cell and sperm cell have joined.*

- *About half of the time, the fertilized egg continues growing. It travels down the Fallopian tube toward the uterus. (If not, the fertilized egg leaves the body with the period blood [1,2]).*
- *By the fourth or fifth day, the fertilized egg is only the size of a grain of sand. It enters the uterus and attaches to the rich lining. This process is called implantation.*
- *Now conception is complete.*

Chromosomes

- *Every cell in the human body has a pair of chromosomes that help determine a person's assigned sex. Remember that egg and sperm cells only have half the chromosomes of other cells. Most egg cells have an X chromosome. Sperm cells usually have either an X or Y chromosome.*
- *When an egg joins a sperm with a Y chromosome, the newly formed cell usually has XY chromosomes and will have a male assigned sex.*
- *When an egg joins a sperm with an X chromosome, the newly formed cell usually has XX chromosomes and will have a female assigned sex.*
- *Sometime when an egg joins a sperm the newly formed cell has XO, XXY, XYY or XXX chromosomes. People with these sets of chromosomes are usually intersex. The doctor may assign the baby male or female sex, depending on the appearance of their genitals. About 1 out of every 2000 people is intersex.*

4. Brainstorm early signs of pregnancy

Have students brainstorm the early signs of pregnancy. Write the signs of pregnancy on the board as students suggest them, providing additional information as needed.

Provide local resources for pregnancy testing by distributing the *Sexual Health Resources* (*King County, National*, or the local one you developed), or clinic brochures, and review state laws for confidential pregnancy testing.

What are some common signs of pregnancy? Let's brainstorm them as a class. (Write students suggestions on the board and add information as needed.)

No period:
Most of the time, periods stop from the beginning of pregnancy, but not always.

Tender, swollen breasts:
As early as 2 weeks after conception, hormone changes may make the breasts feel tender, sore, fuller or heavier.

Feeling tired:
Hormone changes during pregnancy can make a person feel sleepy and less energetic.

Nausea:
Sometimes called "morning sickness," nausea can happen any time of the day. It also comes from the hormone changes of pregnancy. It can include vomiting or not.

Urinate more often:
The feeling of having to go to the bathroom a lot can also be a symptom of pregnancy. This sensation sometimes stops and then comes back later in the pregnancy.

If a person thinks they might be pregnant, even without any of these symptoms, they should get a pregnancy test. A pregnancy test can be done at a clinic or purchased at a drug store to be used at home. It takes about 5 minutes to get the results. At a clinic, the person pees into a cup and a medical staff person runs the test. In a home test, the person pees on the plastic stick that comes with the test. The test can be done 7-10 days after pregnancy begins.

How can people know they are getting a pregnancy test at a reliable clinic?

Answer:
- Clinic has medical staff, such as doctors, nurse practitioners or physician assistants.
- Staff will provide information about places that will help them if they choose to become a parent, have an abortion, or make an adoption plan, without giving personal opinions, or trying to promote a particular choice.

For teachers in King County, Washington:
Hand out *Sexual Health Resources in King County.*
Teens in Washington State can get a pregnancy test confidentially.

For teachers in other parts of the country:
Use *Developing a Local Sexual Health Resources List: Teacher Guide* to develop a local resource sheet or hand out *Sexual Health Resources in the U.S.* Call your local family planning clinic to acquire brochures and learn about relevant state laws. Many state laws are listed at www.guttmacher.org.

5. Briefly describe each trimester of pregnancy

Project and discuss *Visual 3.* Summarize the main events of each trimester of pregnancy, including fetal development, prenatal care and pregnancy options.

Pregnancy trimesters
For the first 2 months, the set of developing cells is called an embryo. After that, it is called a fetus. People often use the word "baby" during pregnancy, but baby *refers to the time after birth. Pregnancies are often described in 3-month periods of time or "trimesters." Each trimester is made up of about 12 weeks.*

***The first trimester** of pregnancy is the first 3 months after conception.*
- *During this time, all the organs begin to develop. This is when the embryo is most at risk for damage from infections and substances such as alcohol and nicotine.*[3]
- *The term "prenatal care" means taking care of the pregnant person's health, which is very important right from the start of the pregnancy. Trying to eat well, rest, take vitamins, exercise, and avoid alcohol, nicotine and other drugs are all important things to do. Seeing a prenatal doctor or midwife is also important at this time.*
- *Most miscarriages happen during the first trimester. A miscarriage is when a pregnancy ends before the fetus can survive on its own. The cause for most miscarriages is not known.*
- *The first trimester is also when most abortions take place.* Abortion *is ending a pregnancy with the help of a doctor. It is the most common medical procedure in the United States*[4]*. People have many different beliefs and feelings about abortion.*

- *By the end of the first trimester, the fetus weighs about a half ounce, about the weight of 3 nickels.*

***The second trimester** is the next 3 months of pregnancy.*
- *During this time, the organs continue to grow and mature.*
- *In the middle of the second trimester, the fetus weighs just about 1 pound, about as much as 4 sticks of butter. By the end of the second trimester, it is still unable to survive outside the uterus without extraordinary medical attention.*
- *Prenatal care is still very important at this time.*

***The third trimester** is the last 3 months of pregnancy until birth.*
- *During this last trimester, the fetus's brain and lungs continue to mature. The fetus begins to open and close its eyes, suck its thumb, and respond to light and sound.*
- *By the end of the third trimester, when the baby is born, the average weight is 6½ pounds, about as much as 3 quarts of milk, though many babies are smaller or larger.*
- *It's important to know about laws that protect newborns. These are often called "safe haven" laws. Every state allows people in crisis to hand over their newborns to the proper authorities, such as a hospital or fire station, anonymously and without getting in trouble. The purpose of these laws is to protect infants and make sure that there is someone to take care of them.*
- *Stillbirth is the death of a baby before or during delivery. Many of the causes of stillbirth are unknown. Under 1% of babies are stillborn in the United States[5].*

***At any time in a pregnancy**, an adoption plan can be made.*
- Adoption *is when people become the legal parent of a child that is not their biological child. Adoption is more common than many people think; over 2% of all U.S. children are adopted.[6] If there is an adoption plan in place, the baby will go to live with the adoptive parents after it is born.*

6. Play "Two Truths and a Lie" game

Hand out the *Two Truths and a Lie* worksheet to each student. Divide the class into teams of three to four people. The teacher reads a statement, and all the teams huddle to decide which statement is untrue (the "lie"). Teams write their answer on a piece of blank paper (1, 2 or 3), and show their answers at the same time. Each team with a correct answer gets a point. Have students correct their worksheets, after each answer is given.

Conclude the lesson.

Today we have talked about how pregnancy happens, and how people know they are pregnant. Later, we will discuss how to prevent pregnancy.

7. Assign homework

Allow students to choose between the individual or family homework and explain the assignments as needed.

Individual Homework: Pregnancy

Family Homework: Pregnancy, available in multiple languages on the FLASH website

8. Exit ticket

Hand out the *Lesson 3 Exit Ticket*.

Questions:

Can teens get a pregnancy test confidentially at a doctor's office or clinic in this state?
Where can teens and adults get a pregnancy test in our community?

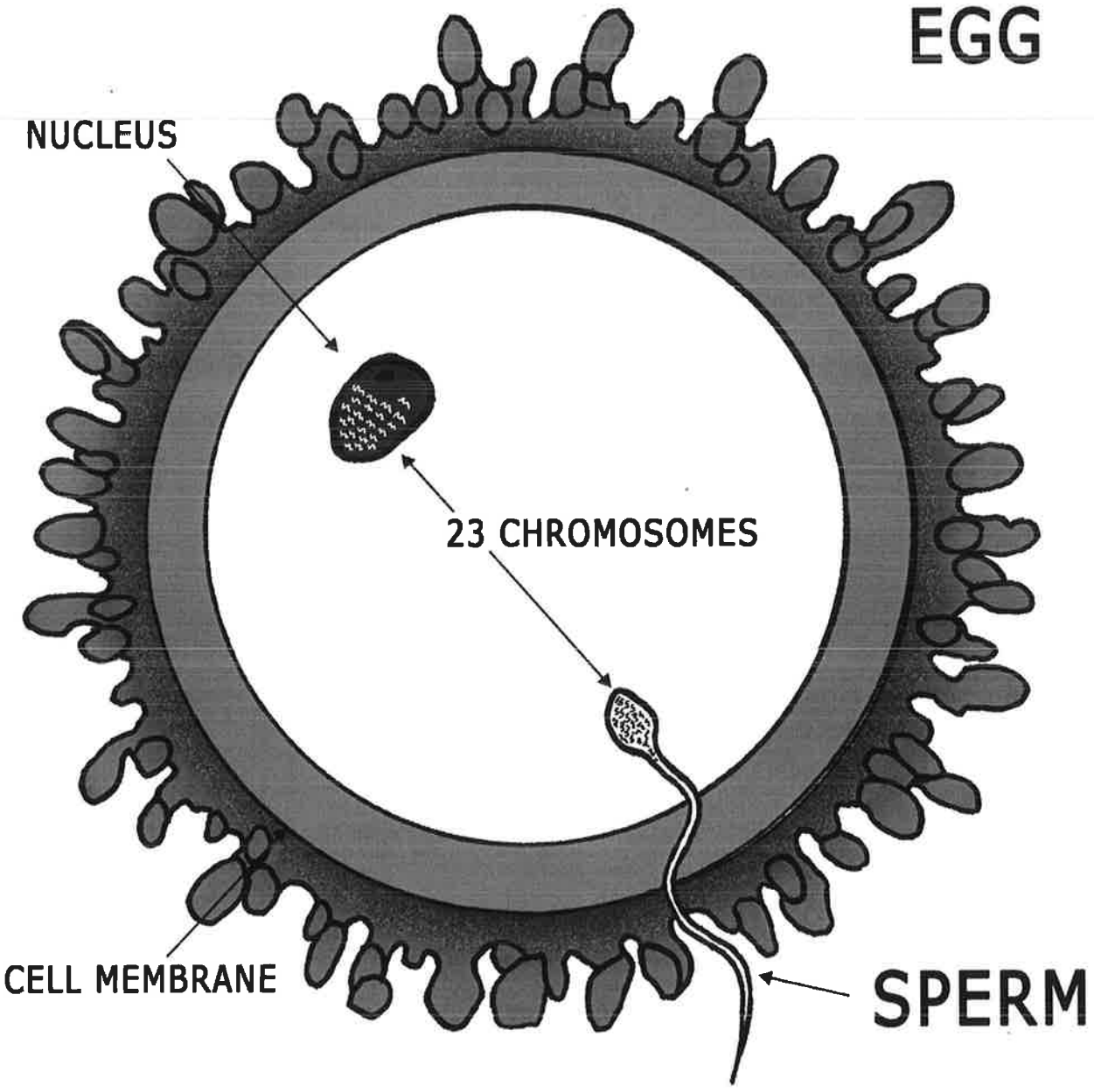
Answer: Depends on community. Use information acquired for Activity 4.

Warm Up

There are many changes to the body that happen during a pregnancy. List as many as you can.

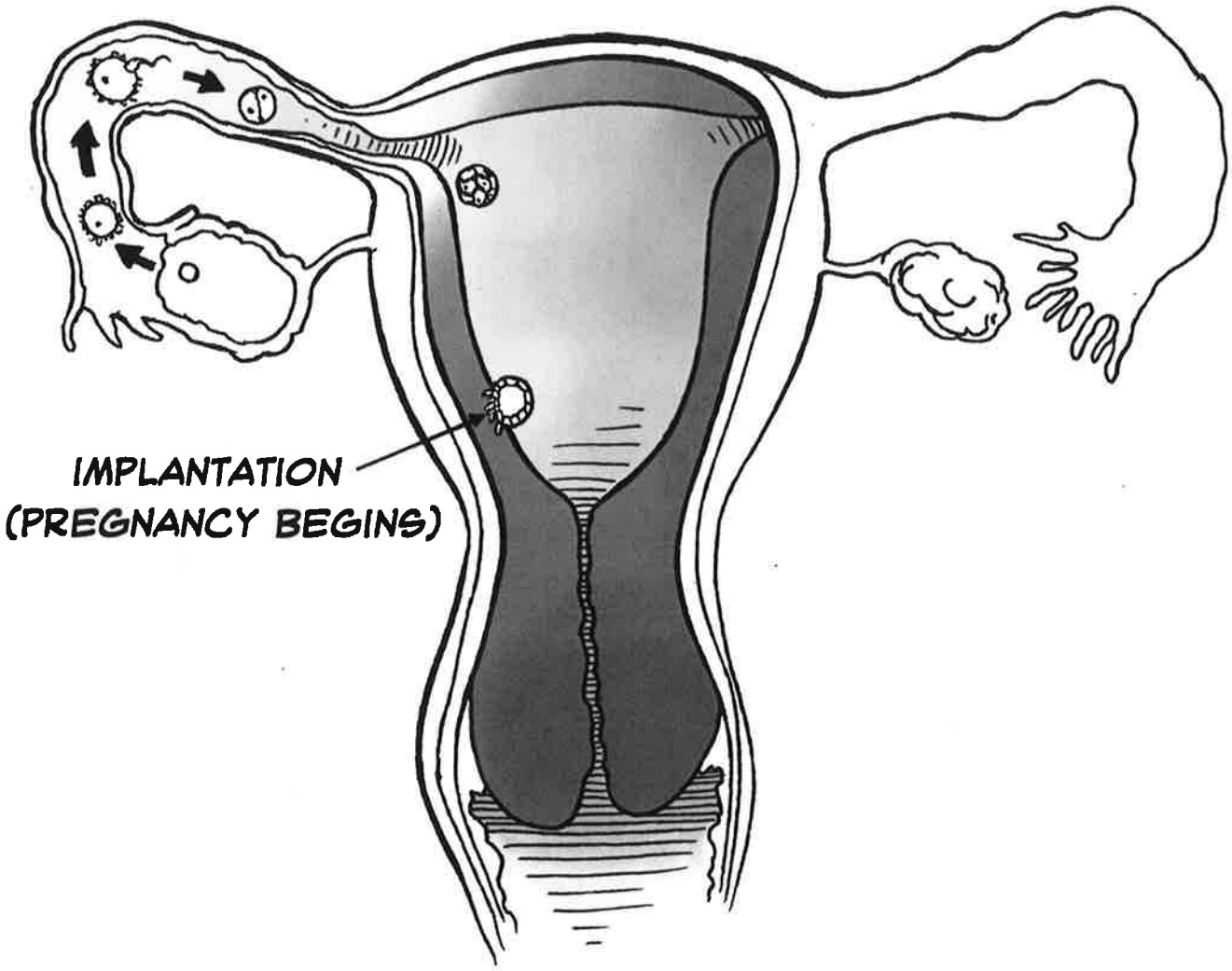
Visual 1

Sperm & Egg



Visual 2

The First Week



Visual 3

Pregnancy Trimesters

First Trimester
Conception - 3 months
major organs developing
most miscarriages happen
most abortions take place

Second Trimester
4 months - 6 months
organs keep growing and developing

Third Trimester
7 months - 9 months
brain and lungs continue to mature
under 1% of all births will be still births
birth typically during weeks 37-42

Week 1 — 12 — 22 — 28 — 40

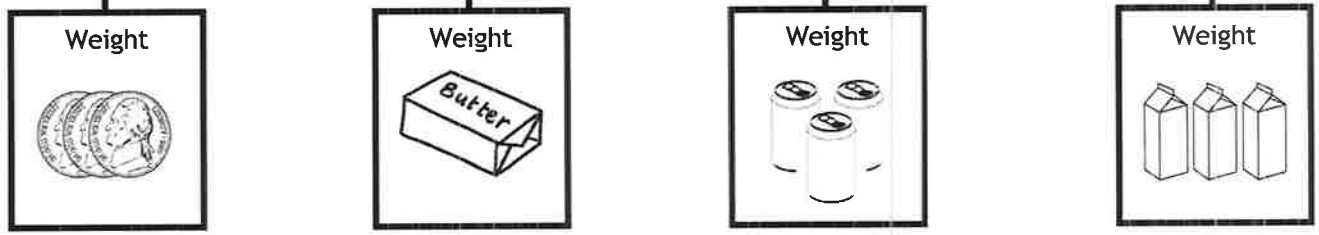
Day 1: First day of period

Week 3: Sperm and egg meet, fertilization

Week 4: Implantation

Week 5: earliest possible pregnancy test, 2 weeks after sperm and egg meet

Week 12: embryo becomes a fetus



- Prenatal care is important in every stage of a pregnancy
- An adoption plan can be made at any point in a pregnancy

Sources: Centers for Disease Control[9], Mayo Clinic[10]

Sexual Health Resources
In King County

Student Handout

Confidential
Teens of any age can get all the services listed on this handout confidentially in Washington State. Confidential services include birth control, condoms, emergency contraception, pregnancy tests, STD and HIV tests, prenatal care, abortion and adoption.

Birth Control and STD Clinics
These clinics have birth control, condoms, emergency contraception, pregnancy tests, STD tests and HIV tests. Services are confidential. Teens in Washington State can sign up for free birth control insurance, called Take Charge, at Public Health and Planned Parenthood.

Public Health – Seattle & King County
Free or low cost teen clinics
206-263-1505
www.teenclinic.com

Planned Parenthood Great Northwest
1-800-769-0045
www.plannedparenthood.org

- Birth control method information (World Health Organization): Scroll down to see chart. http://www.who.int/mediacentre/factsheets/fs351/en/
- STD information (Centers for Disease Control): http://www.cdc.gov/std/
- HPV vaccine information (Centers for Disease Control): http://www.cdc.gov/vaccines/vpd-vac/hpv/

Help Finding a Clinic and Other Services
Community Health Access Program
(CHAP Line)
206-284-0331 or 1-800-756-5437
Also helps people apply for health insurance
chap@kingcounty.gov

Teen Link
1-866-833-6546
www.866teenlink.org

Prenatal Care
Public Health – Seattle & King County
Maternity Support Clinics and WIC
206-263-1505
www.kingcounty.gov/healthservices/health/personal/MSS.aspx

Abortion Clinics
Cedar River Clinics
(425) 255-0471
www.cedarriverclinics.org

Planned Parenthood
1-800-769-0045
http://www.plannedparenthood.org/planned-parenthood-great-northwest

Adoption Agencies
Amara
(206) 260-1700
http://amaraparenting.org

Open Adoption & Family Services
1-800-772-1115
http://www.openadopt.org/

Sexual Health Resources In the U.S.

Student Handout

Confidential
Click on the map to find out if sexual health services are confidential in your state.
http://sexetc.org/action-center/sex-in-the-states/

Birth Control and STD Clinics
There are many websites and phone numbers to help teens find birth control, condoms, emergency contraception, pregnancy tests, STD tests and HIV tests.

- Enter your zip code or call to find the nearest Planned Parenthood clinic.
  www.plannedparenthood.org 1-800-230-PLAN
- Enter your zip code to find the nearest birth control clinic that is free or low cost.
  http://www.hhs.gov/opa/
- Enter your zip code to find a clinic for HIV tests, birth control, counseling and other services.
  www.aids.gov
- Enter your zip code to find the nearest place to get emergency contraception.
  www.not-2-late.com
- Call your local public health department to get information about local birth control and STD clinics.
- Birth control method information (World Health Organization): Scroll down to see chart.
  http://www.who.int/mediacentre/factsheets/fs351/en/
- STD Information (Centers for Disease Control): http://www.cdc.gov/std/
- HPV Vaccine Information (Centers for Disease Control): http://www.cdc.gov/vaccines/vpd-vac/hpv/

Help Finding a Clinic and Other Services

- Enter your address to find the nearest health clinics that are free or low cost. These clinics are for all health issues, not just sexual health.
  http://findahealthcenter.hrsa.gov/

Prenatal Care

- Scroll to your state to find the phone number for the Women, Infants, Children (WIC) Program.
  http://www.fns.usda.gov/wic/toll-free-numbers-wic-state-agencies
- WIC is a nutrition program that helps pregnant women, new mothers, and young children eat well, learn about nutrition and stay healthy. They also give information about where to get prenatal care.

Abortion Clinics

- Click on the map to see a list of abortion clinics in your state.
  http://prochoice.org/think-youre-pregnant/find-a-provider/
- Call 1-877-257-0012 to find the nearest abortion clinic.
- Call 1-800-772-9100 to get more information about abortion and where to get financial help.

Adoption Agencies

- Call 1-800-772-1115 to talk with an adoption counselor at Open Adoption and Family Services.
- The phone line is open 24 hours a day.

Developing a Local Sexual Health Resources List

Teacher Guide

In order to ensure that students have access to the health care services they need, it is important for teachers to develop a sexual health resource sheet specific to their geographic area. FLASH provides a resource sheet for King County, Washington, as an example that can be used as a template. If you are not familiar with the resources in your area, the following national resources will help you in compiling a local resource sheet. If, for some reason, you cannot develop a local resource sheet, a national resource sheet has been provided for you.

FLASH recommends referring young people to clinics and agencies that are teen and LGBT friendly, culturally competent, supportive of all pregnancy options, and that consider the teen to be their primary client. When creating your local resource sheet, keep these criteria in mind.

Confidential
Individual state policies on teens accessing reproductive health care are provided by Sex, etc., a project of Rutgers University. http://sexetc.org/action-center/sex-in-the-states/

Birth Control and STD Clinics
To find local birth control and STD clinics, call your local health department. If you need further assistance finding clinics that offer a full array of services, the following links may be of help.

- www.plannedparenthood.org to find a local Planned Parenthood clinic
- http://www.hhs.gov/opa/ to find a local Title X clinic
- www.not-2-late to find locations for accessing emergency contraception
- http://locator.aids.gov/ to find HIV testing locations

Help Finding a Clinic and Other Services
The U.S. Department of Health and Human Services, Health Resources and Services Administration maintains a list of sliding scale or free clinics across the United States.
http://findahealthcenter.hrsa.gov/

Prenatal Care
To find prenatal care providers who serve teens, call your local WIC provider. The link below provides a State number, that can direct you to a local provider.
www.fns.usda.gov/wic/toll-free-numbers-wic-state-agencies

Abortion Clinics
The National Abortion Federation maintains a list of abortion providers by state.
http://prochoice.org/think-youre-pregnant/find-a-provider/

Adoption Agencies
Open Adoption and Family Services works with clients from across the nation. Should a client prefer a local resource, they will work with her to identify a local provider.
http://www.openadopt.org/

Two Truths and a Lie Activity

Name: _____ **Period:** _____

Directions: Each topic below has two correct statements and one false statement. With your team, circle the statements you think are false.

A. Pregnancy signs
1. Periods stop as soon as a person gets pregnant.
2. Common signs of pregnancy include breast tenderness, nausea and feeling tired.
3. Having to urinate more often than usual is common during pregnancy.

B. Pregnancy testing
1. A pregnancy test can be purchased at a drug store or done at a health clinic.
2. Pregnancy tests can show results as soon as 1 hour after conception.
3. A pregnancy test usually involves testing urine.

C. Clinics and laws *(Note: Teachers outside of Washington State will need to adapt this item.)*
1. In Washington State, a person can get a pregnancy test at any clinic or doctor's office, even if under age 18.
2. The results of a pregnancy test are kept confidential in Washington State.
3. All states have the same laws about minors (people under age 18) and reproductive health care.

D. Fertilization and conception
1. The ovum and the sperm meet in the fallopian tube.
2. Fertilization and conception usually take place within moments of vaginal sex.
3. Implantation is when the fertilized egg attaches to the lining of the uterus.

E. Prenatal care
1. Prenatal care includes avoiding nicotine, alcohol and other drugs during pregnancy.
2. Prenatal care includes seeing a doctor or midwife during pregnancy.
3. Prenatal care includes testing to find out why a person is having trouble getting pregnant.

Two Truths and a Lie - KEY

The incorrect statements (lies) are listed below and explained.

A. Pregnancy symptoms

1. "Periods stop as soon as a person gets pregnant" is the false statement. A little light bleeding is normal. If there is bleeding at any time during a pregnancy, it's important to call the prenatal doctor or midwife, to make sure everything is OK.

B. Pregnancy testing

2. "Pregnancy tests can show results as soon as 1 hour after conception" is the false statement. Urine pregnancy tests are usually accurate 7-10 days after conception, or about 2 weeks after vaginal sex.

C. Clinics and laws

3. "All states have the same laws about minors (people under age 18) and reproductive health care" is the false statement. A good way to find out the laws for your state is to call a local reproductive health clinic.

D. Fertilization and conception

2. "Fertilization and conception usually take place within moments of vaginal sex" is the false statement. Fertilization and conception can take place within several days of vaginal intercourse, depending on when an egg is present.

E. Prenatal care

3. "Prenatal care includes testing to find out why a person is having trouble getting pregnant" is the false statement. Prenatal care occurs during pregnancy. There are other terms for health care that takes place before getting pregnant.

Individual Homework: Pregnancy

Name: _____ **Period:** _____

Directions: Imagine that a friend has just come to you and thinks they might be pregnant. What would you say to them? Think about things you learned in today's class about pregnancy and resources.

Write them an e-mail, text or note as a supportive friend. Include information about a reliable clinic they could go to for a pregnancy test, and whether or not the law says they can go on their own. Use this page or attach it to this page.

Due: _____

Family Homework: Talking about Pregnancy

All Family Homework is optional. Students may complete Individual Homework instead.

Purpose: Family Homework is a chance to share your beliefs about sexuality and relationships, and the beliefs of your family, culture or religion.

Directions: Student will do the homework with a family member or trusted adult who is like family. Find a quiet place where the two of you can talk privately for 5-10 minutes. Please follow these guidelines:

- It is okay for either of you to skip a question.
- What you discuss will not be shared with anyone else, unless you give one another permission to share it.
- Take turns asking questions. When it is your turn to listen, try to understand the other person's response.

Ask the adult: What information did you receive about pregnancy when you were in school?

Ask the student: Tell me about some of the things you discussed in class today, including the following terms: trimester, conception and fertilization.

Adults who have been pregnant can share stories of the pregnancy with the student.

Family Homework Confirmation Slip: Talking about Pregnancy

Due: _____

We have completed the family homework.

_____ _____

Date Signature of family member or trusted adult

_____ _____

Student's name Signature of student

Exit Ticket

Can teens get a pregnancy test confidentially at a doctor's office or clinic in this state?

Where can teens and adults get a pregnancy test in our community?

Lesson 3: Assessment Questions

1. Circle the common signs of pregnancy below.

   Missed period

   More frequent periods

   Tender breasts

   Tired

   Nausea

2. What is the sure way to know a person is pregnant?

3. List at least 3 important ways to take care of health during pregnancy.

4. Which of the following clinics would most likely have reliable information and services for pregnancy, prenatal care and pregnancy options?

   A. Clinics that show up on an internet search for "pregnancy"
   B. Clinics with licensed medical providers, such as doctors and midwives.
   C. Clinics that help their patients get prenatal care, an abortion or adoption services, without pressuring them.

Lesson 3: Assessment Key and Standards Alignment

Question	Answer	Standards
1. Circle the common signs of pregnancy below. Missed period More frequent periods Tender breasts Tired Nausea	Missed period Tender breasts Tired Nausea	NSES: PR.12.CC.4
2. What is the sure way to know a person is pregnant?	A pregnancy test	NSES: SH3.12.5
3. List at least 3 important ways to take care of health during pregnancy.	Possible answers: Go to a prenatal doctor or midwife. Avoid nicotine, alcohol and other drugs. Have a healthy lifestyle (good nutrition, exercise, etc.) Take vitamins	NSES: PR.12.CC.5
4. Which of the following clinics would most likely have reliable information and services for pregnancy, prenatal care and pregnancy options? A. Clinics that show up on an internet search for "pregnancy" B. Clinics with licensed medical providers, such as doctors and midwives. C. Clinics that help their patients get prenatal care, an abortion or adoption services, without pressuring them.	Both B and C	NSES: PR.12.AI.3 PR.12.AI.4 NHES: SH3.12.1 SH3.12.3
Exit Ticket: Can teens get a pregnancy test confidentially at a doctor's office or clinic in this state? Where can teens and adults get a pregnancy test in our community?	Answer depends on the community. This information is provided by the teacher in Activity 4.	NSES: PR.12.CC.3 PR.12.AI.3 SH3.12.6 NHES: SH3.12.6

Integrated Learning Activities

ART: Community Testing Map
Have students create a colorful map of places in your community (defined however you wish) where people can get a free and confidential pregnancy test. If you live in King County, Washington, students can go to www.teenclinic.com for more information.

SOCIAL STUDIES / CIVICS: Minors' Reproductive Rights
Help students research state laws about minors' rights to reproductive health care. Have them work in small groups or individually to compare and contrast four states of their choice and create a brief report highlighting their findings. Discuss which states have more permissive or restrictive laws around teens accessing health care on their own. Refer students to this website for help in their research: www.sexetc.org/state.

MATH: Due Dates
Ask students to calculate the end of each trimester and the estimated due date for a pregnancy when the first day of the last menstrual period was October 10, 2016 [or other current date]. Remind them to show their calculations.

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Sexual Orientation and Gender Identity

Grades 9-12, Lesson 4

Summary

Students differentiate between assigned sex, sexual orientation, sexual behavior and gender identity by matching definition strips to terms on papers hung around the room. Next, they view a short video that illustrates the ways society places expectations on people to be heterosexual. The teacher leads a class discussion to follow up, covering the ways that these expectations and pressures can be harmful to all people. Finally, students analyze a fictional advice column and apply the content they have covered in class by analyzing the response and offering their own advice.

Student Learning Objectives

The student will be able to …

1. Differentiate between assigned sex, sexual orientation and gender identity.
2. Summarize ways that society places expectations on people to be heterosexual, cisgender, and to conform to gender norms.
3. Summarize ways to show courtesy and respect for others whose aspects of sexuality are different from one's own.

Lesson Timing

Warm up	Bell work + 2 minutes
Purpose of lesson and tone	1 minute
Definitions activity	15 minutes
Video and discussion	15 minutes
Advice column	15 minutes
Assign homework	
Exit ticket	2 minutes
Total	50 minutes

Key Concepts

Everyone has a sexual orientation and a gender identity.

A person knows their sexual orientation because of who they feel attracted to, not because of who they have sex with.

A person knows their gender identity because they feel like a boy, a girl, both, neither or somewhere in between, not because of their body parts.

People of all sexual orientations and gender identities need to know how to prevent pregnancy and STDs, either for themselves or to help a friend.

Standards

National Health Education Standards (SHECAT)

Standard 1	Students will comprehend concepts related to health promotion and disease prevention.
SH1.12.39	Summarize the benefits of respecting individual differences in aspects of sexuality (such as sexual activity, sexual abstinence, sexual orientation, gender expression, or gender identity), growth and development, and physical appearance.
SH1.12.40	Summarize why it is wrong to tease or bully others based on aspects of their sexuality (such as sexual activity, sexual abstinence, sexual orientation, gender expression, or gender identity).
SH1.12.41	Summarize how intolerance can affect others when aspects of their sexuality (such as sexual activity, sexual abstinence, sexual orientation, gender expression, or gender identity) are different from one's own.
SH1.12.42	Summarize ways to show courtesy and respect for others when aspects of their sexuality (such as sexual activity, sexual abstinence, sexual orientation, gender expression, or gender identity) are different from one's own.
Standard 4	Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.
SH4.12.6	Demonstrate how to effectively communicate support for peers whose aspects of their sexuality (such as sexual activity, sexual abstinence, sexual orientation, gender expression, or gender identity) are different from one's own.

National Sexuality Education Standards

ID.12.CC.1	Differentiate between biological sex, sexual orientation, and gender identity and expression.
ID.12.CC.2	Distinguish between sexual orientation, sexual behavior and sexual identity.
ID.12.INF.1	Analyze the influence of friends, family, media, society and culture on the expression of gender, sexual orientation and identity.

Rationale

This lesson is designed to help students understand that everyone has a sexual orientation and a gender identity, and to develop language to talk respectfully and competently about these aspects of sexuality. It is further designed to help students recognize that the stigma and discrimination often directed toward lesbian, gay, bisexual, transgender and queer (LGBTQ) people are harmful and limiting to everyone. This content is foundational for a comprehensive sexual health curriculum and aligns with National Health Education Standards (SHECAT) and National Sexuality Education Standards.

FLASH is inclusive of LGBTQ individuals throughout the curriculum. LGBTQ youth experience worse sexual health outcomes than their heterosexual peers, including higher rates of pregnancy, STDs and sexual violence.[1] [2] [3] Evidence suggests that an LGBTQ-inclusive curriculum may help alleviate some of these outcomes.[3]

Every classroom has LGBTQ students and/or students who have LGBTQ loved ones.[3] While a diversity of opinion still exists about the rightness or wrongness of same-sex relationships, these students must be supported and treated respectfully. The two biggest protective factors that help ensure LGBTQ students' success are the home and the school environment.

For more information on creating a welcoming and supportive school environment, see Teaching Tolerance's "Best Practices: Creating an LGBT-inclusive School Climate" at: http://www.tolerance.org/lgbt-best-practices.

For more information about creating a welcoming and supportive home environment, see the Family Acceptance Project's "Family Education Information" at: http://familyproject.sfsu.edu/publications

Materials Needed

Student Materials

- *Definition Strips*
- *Advice Column Handout*
- *Individual Homework: Advice Column*
- *Family Homework: Talking About Sexual Orientation and Gender Identity,* available in multiple languages on the FLASH website
- *Lesson 4 Exit Ticket*

Classroom Materials

- *Lesson 4 Warm Up*
- *Assigned Sex Visual*
- *Gender Identity Visual*
- *Sexual Orientation Visual*
- *Sexual Behavior Visual*
- *Discussion Questions Visual*

Teacher Preparation

1. Preview the 4-minute video "LGBT Discrimination" from Sex, etc., which imagines a world where heterosexuals are the minority. http://sexetc.org/videos/lgbtq-discrimination/

2. Make and hang 4 signs with the following terms around the room:
   - Assigned Sex
   - Gender Identity
   - Sexual Orientation
   - Sexual Behavior

3. Copy and cut apart the *Definition Strips*.

Activities

1. Warm up

Display warm up as bell work. Do not ask students to share their responses to the bell work and do not discuss it as a class. The purpose of this warm up is to set a favorable tone for the rest of the lesson. It is not intended to be used as a debate.

Question: Polls show that young people today are more accepting of lesbian, gay, bisexual and transgender people than ever before. Why do you think that is?

2. Introduce the lesson and review the importance of ground rules

Today we'll be talking about sexual orientation and gender identity, that is, what it means to be gay, lesbian, bisexual, queer or straight and what it means to be transgender or cisgender. From now on, I'll use the acronym LGBTQ to stand for "lesbian, gay, bisexual, transgender and queer." We'll begin with understanding those words and a few other terms.

Like the other issues we'll address in this unit, this one has personal meaning to many members of this class. In any school, there are gay, lesbian, bisexual or transgender students. There are also students who have close family members or friends who are LGBTQ. It's going to be important that we remember our ground rules and be respectful today.

3. Conduct definitions activity

Point out the signs around the room:

- Assigned Sex
- Gender Identity
- Sexual Orientation
- Sexual Behavior

Pass out the *Definition Strips* and ask students to work in pairs to tape them on the sign with the term they belong with. After students complete the activity, debrief each term one at a time, using the visuals with definitions. Debrief terms in the order they are listed in the lesson. Have students read the bullets aloud and answer any questions that arise. After explaining the terms, ask students to volunteer a definition for assigned sex, gender identity and sexual orientation, to check for understanding and reinforce learning.

(Note: If you need to review more background information about LGBTQ terminology for yourself, visit the Human Rights Campaign website at: http://www.hrc.org/resources/entry/sexual-orientation-and-gender-identity-terminology-and-definitions.)

Assigned Sex

- When a baby is born, the doctor usually says the baby is male or female, depending on the appearance of the baby's genitals. This is the baby's *assigned sex.*
- *Assigned sex* can be based on a person's genitals, reproductive organs, chromosomes and hormones.
- The *assigned sex* of people with XX chromosomes is usually female.

- The *assigned* sex of people with XY chromosomes is usually male.
- The *assigned sex* of people with XO, XYY or other chromosomes is male or female depending on the appearance of their genitals. This is called intersex.

Gender Identity

- *Gender identity* is a deep feeling people have about whether they are a guy, a girl, both, neither or somewhere in between.
- People often know their *gender identity* when they are very little, before they start kindergarten, although everyone is different and some people will know when they are younger or older.
- When a person's *gender identity* is the same as their assigned sex, it is usually called cisgender.
- When a person's *gender identity* is not the same as their assigned sex, it is often called transgender. People may also identify as gender queer, gender fluid or some other *gender identity*.

Sexual Orientation

- *Sexual orientation* describes who a person is attracted to - the same gender, another gender, or all genders.
- Some examples of *sexual orientation* are gay, lesbian, bisexual, straight, queer, etc.
- *Sexual orientation* is based on who people are romantically, sexually or emotionally attracted to, not necessarily who they have sex with or make out with.

Sexual Behavior

- *Sexual behavior* describes what someone does sexually - oral, anal or vaginal sex, making out, etc.
- Sometimes *sexual behavior* matches a person's sexual orientation, and sometimes it does not. For example, a person who identifies as straight might have had sex or made out with someone of the same gender.

4. Show video

Show the video "LGBTQ Discrimination" (**http://sexetc.org/videos/lgbtq-discrimination/**)

We are going to watch a short video and then answer some questions about it. Watch closely so you can provide examples from the video when we are discussing it.

Have students work in groups of 2 or 3 to answer the following questions. Project the Discussion Questions visual for students to reference as they work in their groups. Assign the first 2 questions to one half of the class and the remaining 2 questions to the other half of the class.

Allow 3–5 minutes for students to discuss the questions in their groups before debriefing as a large group.

- In his dream, how does the main character know he's is in a world where being straight is the minority?
- The main character was bullied and teased for being straight. How could that negatively impact him?

- In our society, how are people given the message that being straight is the "right" or "normal" way to be?
- How can these messages harm or limit people? (including straight, gay, lesbian, bisexual, transgender and cisgender people)

Then lead a class discussion about the ways society places expectations on people to be heterosexual and gender conforming.

In his dream, how does the main character know he's is in a world where being straight is the minority?

- *Sees same sex couples holding hands.*
- *People tease him about the photo on his phone.*
- *Friends ask him to explain his sexual orientation.*
- *Friends think he should try a different sexual orientation.*

The main character was bullied and teased for being straight. How could that negatively impact him?

- *Could make him feel like an outsider.*
- *Could make him feel pressured to change or hide who he is.*
- *Could make him feel bad about himself or ashamed.*
- *Could make him feel afraid to come to school.*
- *Could make him depressed or even suicidal.*

In our society, how are people given the message that being straight is the "right" or "normal" way to be?

- *Marriage between people of the same gender is still controversial.*
- *Media shows mostly heterosexual people.*
- *Young people are asked by parents and others if they have a boyfriend or girlfriend (presumed heterosexuality).*
- *Have to "come out" if you are gay, lesbian or bisexual, but not if you are straight.*
- *Threats, violence or discrimination directed towards LGBTQ people.*

How can these messages harm or limit people (including straight, gay, lesbian, bisexual, transgender and cisgender people)?

- *Straight people might feel like they have to stay away from LGBTQ people so they don't get labeled as gay.*
- *Makes it hard for people to be themselves.*
- *Harder for people to pursue their interests, especially if the interest is stereotypically associated with the other gender (for example, a boy who likes to sing, a girl who wants to be a truck driver).*
- *Makes people feel ashamed of who they are, especially if they are LGBTQ.*
- *Harder for people to wear the clothes they like or listen to music they like, especially if others think it is not the right choice for their gender.*

5. Conduct advice column activity

Distribute the *Advice Column Handout* and have two volunteers read the entry from "Lonely" and the response from the advice columnist. After they've read the answer, ask the class if they think the advice given was good. Then, have students work in groups of 2 or 3 to

answer the advice column questions to give better advice. When discussing Lonely, be careful to say "Lonely" or "they." It's important that you not assign a gender to Lonely, even if the students do. Sample responses are provided in the script.

This wasn't very good advice! Let's take a few minutes to answer these questions and see if we can do better.

Do we know Lonely's gender identity or sexual orientation? Does the advice columnist make some assumptions about Lonely's gender identity and sexual orientation?

- *No, we don't know. The columnist assumes Lonely is a straight girl, but we don't know. Lonely could be a cisgender guy or girl, or a transgender person of any gender. Lonely could also be gay, lesbian, bisexual or straight.*

How does the advice columnist send the message that being straight is the preferred way to be?

- *The advice columnist assumes Lonely is a straight girl, and assumes that Lonely will be dating boys. For example, when the advice columnist says, "There are lots of boys who are interested in girls who like reading and the outdoors" it makes it seem like being straight is the only way to be.*
- *The advice columnist doesn't say anything to let Lonely know that it is OK to date someone other than boys.*

How does the advice columnist send the message that Lonely should act more feminine?

- *The advice columnist tells Lonely not to "lose touch with her feminine side."*
- *The advice columnist says that Lonely should find a way to like doing hair and makeup and talking about boys.*

What is one piece of advice you would give Lonely? Be careful not to make any assumptions about Lonely's gender identity or sexual orientation, and not to pressure Lonely to conform to gender expectations or a specific sexual orientation.

- *Be true to yourself!*
- *It's OK to find friends that have similar interests. You shouldn't feel pressured to do the things your friends are doing if you don't want to.*
- *When your friends say no one will want to date you, they are being mean.*
- *If you decide you want to go on dates, it's important to be who you are, and not pretend to like things you don't. It is hard to find people you really like if you are pretending.*
- *If you decide you want to go on dates with guys or with girls, it's best if you have things in common with them too.*
- *Sometimes people think there are certain ways guys are supposed to act and girls are supposed to act. That's not really true.*

6. Assign homework

Allow students to choose between the individual or family homework and explain the assignments as needed.

Individual Homework: Advice Column

Family Homework: Talking About Sexual Orientation and Gender Identity, available in multiple languages on the FLASH website

7. Exit ticket

Hand out the *Lesson 4 Exit Ticket*.

Prompt: Write 1-2 sentences explaining why it is wrong to tease or bully people because of their sexual orientation or gender identity.

Possible answers:

- Could make them feel like an outsider.
- Could make them feel pressured to change or hide who they are.
- Could make them feel bad or ashamed about themselves.
- Could make them feel afraid to come to school.
- Could make them depressed or even suicidal.
- Because it is disrespectful and rude.

Warm Up

Polls show that young people today are more accepting of lesbian, gay, bisexual and transgender people than ever before. Why do you think that is?

Definition Strips

When a baby is born, the doctor usually says the baby is male or female, depending on the appearance of the baby's genitals. This is the baby's _____ _____.
_____ _____ can be based on a person's genitals, reproductive organs, chromosomes and hormones.
The _____ _____ of people with XX chromosomes is usually female.
The _____ _____ of people with XY chromosomes is usually male.
The _____ _____ of people with XO, XXY, or other chromosomes is male or female depending on the appearance of their genitals. This is called intersex.
_____ _____ is a deep feeling people have about whether they are a guy, a girl, both, neither or somewhere in between.

People often know their _____ _____ when they are very little, before they start kindergarten, although everyone is different and some people will know when they are younger or older.

When a person's _____ _____ is the same as their assigned sex, it is usually called cisgender.

When a person's _____ _____ is not the same as their assigned sex, it is usually called transgender. People may also identify as gender queer, gender fluid, or some other _____ _____.

_____ _____ describes who a person is attracted to - the same gender, another gender, or all genders.

Some examples of _____ _____ are gay, lesbian, bisexual, straight, queer, etc.

_____ _____ is based on who people are romantically, sexually or emotionally attracted to, not necessarily who they have sex with or make out with.

_____ _____ describes what someone does sexually – oral, anal or vaginal sex, making out, etc.

Sometimes _____ _____ matches a person's sexual orientation, and sometimes does not. For example, a person who identifies as straight might have had sex or made out with someone of the same gender.

Visual

Assigned Sex

- When a baby is born, the doctor usually says the baby is male or female, depending on the appearance of the baby's genitals. This is the baby's assigned sex.

- Assigned sex can be based on a person's genitals, reproductive organs, chromosomes and hormones.

- The assigned sex of people with XX chromosomes is usually female.

- The assigned sex of people with XY chromosomes is usually male.

- The assigned sex of people with XO, XYY or other chromosomes is male or female depending on the appearance of their genitals. This is called intersex.

Visual

Gender Identity

- Gender identity is a deep feeling people have about whether they are a guy, a girl, both, neither or somewhere in between.

- People often know their gender identity when they are very little, before they start kindergarten, although everyone is different and some people will know when they are younger or older.

- When a person's gender identity is the same as their assigned sex, it is usually called cisgender.

- When a person's gender identity is not the same as their assigned sex, it is often called transgender. People may also identify as gender queer, gender fluid or some other gender identity.

Visual

Sexual Orientation

- Sexual orientation describes who a person is attracted to - the same gender, another gender, or all genders.

- Some examples of sexual orientation are gay, lesbian, bisexual, straight, queer, etc.

- Sexual orientation is based on who people are romantically, sexually or emotionally attracted to, not necessarily who they have sex with or make out with.

Visual

Sexual Behavior

- Sexual behavior describes what someone does sexually—oral, anal or vaginal sex, making out, etc.

- Sometimes sexual behavior matches a person's sexual orientation, and sometimes it does not. For example, a person who identifies as straight might have had sex or made out with someone of the same gender.

Visual

Discussion Questions

1. In his dream, how does the main character know he's is in a world where being straight is the minority?

2. The main character was bullied and teased for being straight. How could that negatively impact him?

3. In our society, how are people given the message that being straight is the "right" or "normal" way to be?

4. How can these messages harm or limit people? (including straight, gay, lesbian, bisexual, transgender and cisgender people)

Advice Column Handout

Dear Advice Columnist

I've recently been having some trouble with my friends. It seems like we don't have very much in common lately. All they want to do is look at magazines and talk about musicians they like and think are cute, or they want to do each other's hair and makeup. I'm just not interested in that stuff! I'd rather do something outside, like go for a hike, or just read a book that I like. They think I'm weird, and they tell me that no one is ever going to want to date me. What should I do?

Lonely

Dear Lonely,

It sounds like you are going through a rough time with your friends! Are there any popular musicians that you like or think are cute? If so, maybe you could bring them up in conversation with your friends. Also, perhaps your friends would like to go on a hike with you if you also participated in the things that they like, such as doing each other's hair and makeup. As for what your friends said about dating, I don't think that is true. There are lots of boys who are interested in girls who like reading and the outdoors. As long as you are careful not to lose touch with your feminine side, I don't think you will have any trouble. I am sure this is just a bump in your friendship with these girls, just hang in there and it will likely pass.

- Do we know Lonely's gender identity? Their sexual orientation? Does the advice columnist make any assumptions about Lonely's gender identity or sexual orientation?
- How does the advice columnist send the message that being straight is the preferred way to be?
- How does the advice columnist send the message that Lonely should act more feminine?
- What is one piece of advice you would give Lonely? Be careful not to make assumptions about Lonely's gender identity or sexual orientation, and not to pressure Lonely to conform to gender expectations or a specific sexual orientation.

Individual Homework: Advice Column

Name: _____ **Period:** _____

Instructions: Write a response to Lonely that does not make assumptions about Lonely's gender or sexual orientation, and does not pressure Lonely to conform to gender expectations or a specific sexual orientation.

Dear Advice Columnist,

I've recently been having some trouble with my friends. It seems like we don't have very much in common lately. All they want to do is look at magazines and talk about musicians they like and think are cute, or they want to do each other's hair and makeup. I'm just not interested in that stuff! I'd rather do something outside, like go for a hike, or just read a book that I like. They think I'm weird, and they tell me that no one is ever going to want to date me. What should I do?

Lonely

Family Homework: Talking about Sexual Orientation and Gender Identity

All Family Homework is optional. Students may complete individual Homework instead.

Purpose: Family Homework is a chance to share your beliefs about sexuality and relationships, and the beliefs of your family, culture or religion.

Directions: Student will do the homework with a family member or trusted adult who is like family. Find a quiet place where the two of you can talk privately for 5-10 minutes. Please follow these guidelines:

- It is okay for either of you to skip a question.
- What you discuss will not be shared with anyone else, unless you give one another permission to share it.
- Take turns asking questions. When it is your turn to listen, try to understand the other person's response.

Ask the adult: Do you think it is right or wrong for two guys or two girls to be in an intimate relationship? What makes it right or wrong?

Ask the student: Suppose a good friend told you they were transgender. How would you feel? What would you say or do? Why?

Ask the student: Did you used to believe any stereotypes about LGBT people that you don't believe any more? What changed your thinking?

Ask the adult: Did you used to believe any stereotypes about LGBT people that you don't believe any more? What changed your thinking?

Family Homework Confirmation Slip: Talking about Sexual Orientation and Gender Identity

Due: _____

We have completed the family homework.

_____ _____

Date Signature of family member or trusted adult

_____ _____

Student's name Signature of student

Exit Ticket

Write 1–2 sentences explaining why it is wrong to tease or bully people because of their sexual orientation or gender identity.

Lesson 4: Assessment Questions

1. Match the following terms with their definitions:

1. assigned sex	A. A deep feeling people have about whether they are a guy, a girl, both or neither
2. sexual orientation	B. Determined by whether a person is attracted to the same gender, another gender, or all genders.
3. gender identity	C. What someone does sexually, such as oral, anal or vaginal sex, making out, etc.
4. sexual behavior	D. Based on chromosomes, the appearance of a person's genitals, and hormones

2. In the movie we watched in class, "LGBT Discrimination," the main character has a dream in which he feels put down or singled out for being straight. Describe two experiences he has in the dream that make him feel this way.

3. List one way you could show respect to a person whose sexual orientation or gender identity is different than your own, and explain why this is important.

Lesson 4: Assessment Key and Standards Alignment

Question	Answer	Standard
1. Match the following terms with their definitions: 1. assigned sex 2. sexual orientation 3. gender identity 4. sexual behavior A. A deep feeling people have about whether they are a guy, a girl, both or neither B. Determined by whether a person is attracted to the same gender, another gender, or all genders. C. What someone does sexually, such as oral, anal or vaginal sex, making out, etc. D. Based on chromosomes, the appearance of a person's genitals, and hormones	1. D 2. B 3. A 4. C	NSES: ID.12.CC.1 ID.12.CC.2
2. In the movie we watched in class, "LGBT Discrimination," the main character has a dream in which he feels put down or singled out for being straight. Describe two experiences he has in the dream that make him feel this way.	• Sees same sex couples holding hands • People tease him about the photo on his phone • Friends ask him to explain his sexual orientation • Friends think he should try a different sexual orientation Other answers may also be acceptable	NSES: ID.12.INF.1
3. List one way you could show respect to a person whose sexual orientation or gender identity is different than your own, and explain why this is important.	Any answer that shows respect is acceptable.	NHES: SH1.12.39 SH1.12.41 SH1.12.42

Exit Ticket: Write 1-2 sentences explaining why it is wrong to tease or bully people because of their sexual orientation or gender identity.	• Could make them feel like an outsider • Could make them feel pressured to change or hide who they are • Could make them feel bad or ashamed about themselves • Could make them feel afraid to come to school • Could make them depressed or even suicidal • Because it is disrespectful and rude	NHES: SH1.12.40
Individual Homework: Advice Column	Any response that conveys support is acceptable. Examples may include: • It's OK to find friends who have similar interests. You shouldn't feel pressured to do the things your friends are doing if you don't want to. • When your friends say no one will want to date you they are being mean. • If you decide you want to go on dates, it's important to be who you are, and not pretend to like things you don't. It's hard to find people you really like if you are pretending. • If you decide you want to go on dates with guys or with girls, it's best if you have things in common with them too. • Sometimes people think there are certain ways guys are supposed to act and certain ways girls are supposed to act. That's not really true.	NHES: SH4.12.6

Integrated Learning Activities

FAMILY & CONSUMER SCIENCE or SOCIAL STUDIES: Dealing with Difference
Use the 35-minute film and curriculum *Dealing with Difference: Opening Dialogue about Lesbian, Gay & Straight Issues*. This video and print curriculum package is designed to foster healthy dialogue among students about LGBT issues while informing everyone of the serious effects anti-LGBT harassment and bullying can have on all students. The package costs $139.95 as of February 2015. http://www.hrmvideo.com/catalog/dealing-with-difference-opening-dialogue-about-lesbian-gay-and-straight-issues

PHYSICAL EDUCATION: It Takes a Team!
Use the 15-minute film and curriculum *It Takes a Team! Educational Campaign for LGBT Issues in Sports*. This kit includes posters, safe zone stickers, DVD and teachers' manual: http://www.womenssportsfoundation.org/home/athletes/for-athletes/know-your-rights/coach-and-athletic-director-resources/about-itat

SOCIAL STUDIES OR HISTORY: Social Justice Topics
Teach one of the free lesson plans on a variety of social justice topics, including LGBT issues now and in recent U.S. history, created by Project Look Sharp of the School of Humanities and Sciences at Ithaca College, a media literacy initiative. The "Gay Liberation" unit contains 3 units, complete with PowerPoint slides, student worksheets and teacher guides: **http://www.projectlooksharp.org/?action=justice**

References

[1] Centers for Disease Control and Prevention. Sexual Identity, Sex of Sexual Contacts, and Health-Risk Behaviors Among Students in Grades 9--12 --- Youth Risk Behavior Surveillance, Selected Sites, United States, 2001--2009Sexual Identity, Sex of Sexual Contacts, and Health-Risk Behaviors Among Students in Grades 9--12 --- Youth Risk Behavior Surveillance, Selected Sites, United States, 2001—2009. http://www.cdc.gov/mmwr/preview/mmwrhtml/ss60e0606a1.htm

[2] EM Saewyc. Research on adolescent sexual orientation: Development, health disparities, stigma, and resilience. Journal of Research on Adolescence 21 (1), 256-272.

[3] Administration for Children, Youth, and Families. Creating a Safe Space for LGBTQ Youth and Teens. http://ncfy-learn.jbsinternational.com/course/index.php?categoryid=12.

Undoing Gender Stereotypes

Grades 9-12, Lesson 5

Summary

Students begin by defining the word stereotype, and then complete a "gender box" activity in which they identify stereotypes and expectations placed on people because of their gender. Afterward, students analyze the pressures placed on people to conform to these expectations, including the role of harassment and homophobia. Students complete a scenario activity to identify ways these stereotypes and expectations influence people's real-life behaviors. They conclude by challenging the stereotypes and identifying healthier options. After the lesson, the teacher administers a *Sexual Attitudes Survey*, the results of which will be shared during *Lesson 7: Coercion and Consent*.

Student Learning Objectives

The student will be able to …

1. Analyze the influence of friends, family, media, society and culture on the expression of gender.
2. Analyze how peers and perceptions of norms influence healthy and unhealthy behaviors and relationships.
3. Name at least one way in which gender stereotypes may limit one's ability to make healthy decisions.

Lesson Timing

Warm up	Bellwork + 2 minutes
Introduce lesson	1 minute
Define stereotypes	3 minutes
Gender box brainstorm	12 minutes
Analyze gender pressure	7 minutes
Scenario activity	17 minutes
Sexual attitudes survey	5 minutes
Assign homework	
Exit ticket	3 minutes
Total	50 minutes

FLASH Key Concepts

Everyone has the right to say who touches their body and how.

It is never okay to touch someone else if they don't want you to, or to make them touch you.

There are laws about sex that everyone must follow.

Permission or agreement is required to engage in all sexual activity.

Rigid ideas about how men and women should act are harmful and limit how people can express themselves.

Standards

National Health Education Standards (SHECAT)

Standard 1	Students will comprehend concepts related to health promotion and disease prevention.
SH1.12.39	Summarize the benefits of respecting individual differences in aspects of sexuality (such as sexual activity, sexual abstinence, sexual orientation, gender expression, or gender identity), growth and development, and physical appearance.
SH1.12.40	Summarize why it is wrong to tease or bully others based on aspects of their sexuality (such as sexual activity, sexual abstinence, sexual orientation, gender expression, or gender identity).
SH1.12.41	Summarize how intolerance can affect others when aspects of their sexuality (such as sexual activity, sexual abstinence, sexual orientation, gender expression, or gender identity) are different from one's own.
SH1.12.42	Summarize ways to show courtesy and respect for others when aspects of their sexuality (such as sexual activity, sexual abstinence, sexual orientation, gender expression, or gender identity) are different from one's own.
Standard 2	Students will analyze the influence of family, peers, culture, media, technology and other factors on health behaviors.
SH2.12.7	Analyze how school and community affect personal sexual health practices, behaviors, and relationships.
SH2.12.2	Analyze how culture supports and challenges sexual health beliefs, practices, behaviors, and relationships.
SH2.12.3	Analyze how peers and perceptions of norms influence healthy and unhealthy sexual health practices, behaviors, and relationships.
SH2.12.4	Analyze how personal attitudes, values, and beliefs influence healthy and unhealthy sexual health practices, behaviors, and relationships.
Standard 4	Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.
SH4.12.1	Demonstrate effective communication skills to promote sexual health and healthy relationships.
SH4.12.3	Demonstrate effective peer resistance, negotiation, and collaboration skills to avoid engaging in sexual risk behaviors.

SH4.12.6	Demonstrate how to effectively communicate support for peers whose aspects of their sexuality (such as sexual activity, sexual abstinence, sexual orientation, gender expression, or gender identity) are different from one's own.
Standard 5	Students will demonstrate the ability to use decision-making skills to enhance health.
SH5.12.4	Analyze how family, culture, media, peers, and personal beliefs affect a sexual health-related decision.

National Sexuality Education Standards

PD.12.INF.1	Analyze how friends, family, media, society and culture can influence self-concept and body image.
ID.12.INF.1	Analyze the influence of friends, family, media, society and culture on the expression of gender, sexual orientation and identity.
ID.12.SM.1	Explain how to promote safety, respect, awareness and acceptance.
HR.12.INF.1	Explain how media can influence one's beliefs about what constitutes a healthy sexual relationship.
PS.12.INF.2	Analyze the external influences and societal messages that impact attitudes about bullying, sexual harassment, sexual abuse, sexual assault, incest, rape and dating violence.

Rationale

Theoretical Basis for Sexual Violence Prevention Lessons

The prevention of sexual violence is both a behavioral goal of FLASH in its own right, and an important strategy for preventing teen pregnancy and STDs. Sexual violence is correlated with a host of acute and chronic health problems - amplified by high rates of victimization in the United States.[1] Sexual violence is also strongly linked to teen pregnancy and STDs. Pregnant teens have higher rate of previous sexual assault, as do teens who begin having intercourse at a young age, increasing their risk of teen pregnancy and STDs.[2][3][4][5] Moreover, young teens with much older male partners have greatly increased risk of pregnancy.[6][7] Clearly, effective sexual violence prevention can reduce suffering and improve outcomes across many domains of health.

Sexual violence prevention programs have not been evaluated to the same extent as programs that reduce teen pregnancy and STDs. In the fields of public health and sexual violence prevention, the recommended approach to reduce sexual violence is to address "upstream" risk factors for perpetration.[8] FLASH's sexual violence prevention lessons address the risk factors for perpetration identified by the CDC[9] that are amenable to change through a school-based curriculum:

- Hostility towards women
- Hypermasculinity (exaggerated adherence to traits stereotypically attributed to men)
- General tolerance of sexual violence within the community
- Societal norms that support male superiority and sexual entitlement
- Societal norms that maintain women's inferiority and sexual submissiveness

Significantly, strategies to prevent victimization (e.g. how women can avoid risky situations for sexual assault) and to increase empathy for victims of sexual violence have had mixed results.[8] These approaches were also shown to have the unintended consequence of strengthening participants' beliefs in rape myths (e.g. women are responsible for being raped).[8] This further underscores the need to focus prevention efforts on reducing perpetration.

The CDC risk factors are specific to male-on-female violence. Importantly, research links these same risk factors to same-sex sexual harassment and sexual violence targeted at LGBT young people.[10] While the majority of sexual violence is perpetrated by men against women, there is much more to be learned about the risk factors for sexual violence perpetrated by women against men, and sexual violence perpetrated against someone of the same gender.

Lesson 5, Undoing Gender Stereotypes

Undoing Gender Stereotypes is the foundation for FLASH's sexual violence prevention lessons. This lesson strives to prevent perpetration of sexual assault by addressing the risk factors for perpetration identified by the CDC: hypermasculinity; societal norms that support male superiority and sexual entitlement; and societal norms that maintain women's inferiority and sexual submissiveness.[1] The lesson allows students to uncover the unhealthy consequences of rigid gender norms,[1] and to develop health-enhancing alternatives.
This is the first of a four-part series of lessons which includes *Undoing Gender Stereotypes, Healthy Relationships*, *Coercion and Consent* and *Online Safety*. All of the lessons are designed to prevent the perpetration of sexual violence.

Materials Needed

Student Materials

- *Gender Boxes Worksheet*
- *Traditional Gender Expectations*
- *Gender Expectations Scenarios*
- *Sexual Attitudes Survey*
- *Individual Homework: Thinking About Gender Stereotypes*
- *Family Homework: Talking About Gender Stereotypes*, available in multiple languages on the FLASH website
- *Lesson 5 Exit Ticket*

Classroom Materials

- *Lesson 5 Warm Up*

Teacher Materials

- *Gender Expectations Scenarios Answer Key*

Teacher Preparation

Important Note: Be sure to do this tonight to prepare for *Lesson 7: Coercion and Consent.*

Tally the results of the *Sexual Attitudes Survey* or have a teaching assistant do so. Plan to display results for a few items from the survey, particularly the ones where students answered most favorably, i.e. where the majority agreed with the statement.

Here are instructions for turning the results into pie graphs in order to present them to the class:

1. Open PowerPoint and click on "Insert" on your toolbar.
2. Click on "Chart".
3. Choose "Pie" chart.
4. Once you click on "Pie" chart, Excel will open. Title chart "Your Answer."
5. Fill in "Strongly Agree," "Somewhat Agree," "Somewhat Disagree," and "Strongly Disagree" in the left column.
6. In the next column, fill in the number of students that answered to the corresponding choice.
7. When finished inputting all data, press "Enter."
8. The data will appear in a pie chart back on PowerPoint. See example.

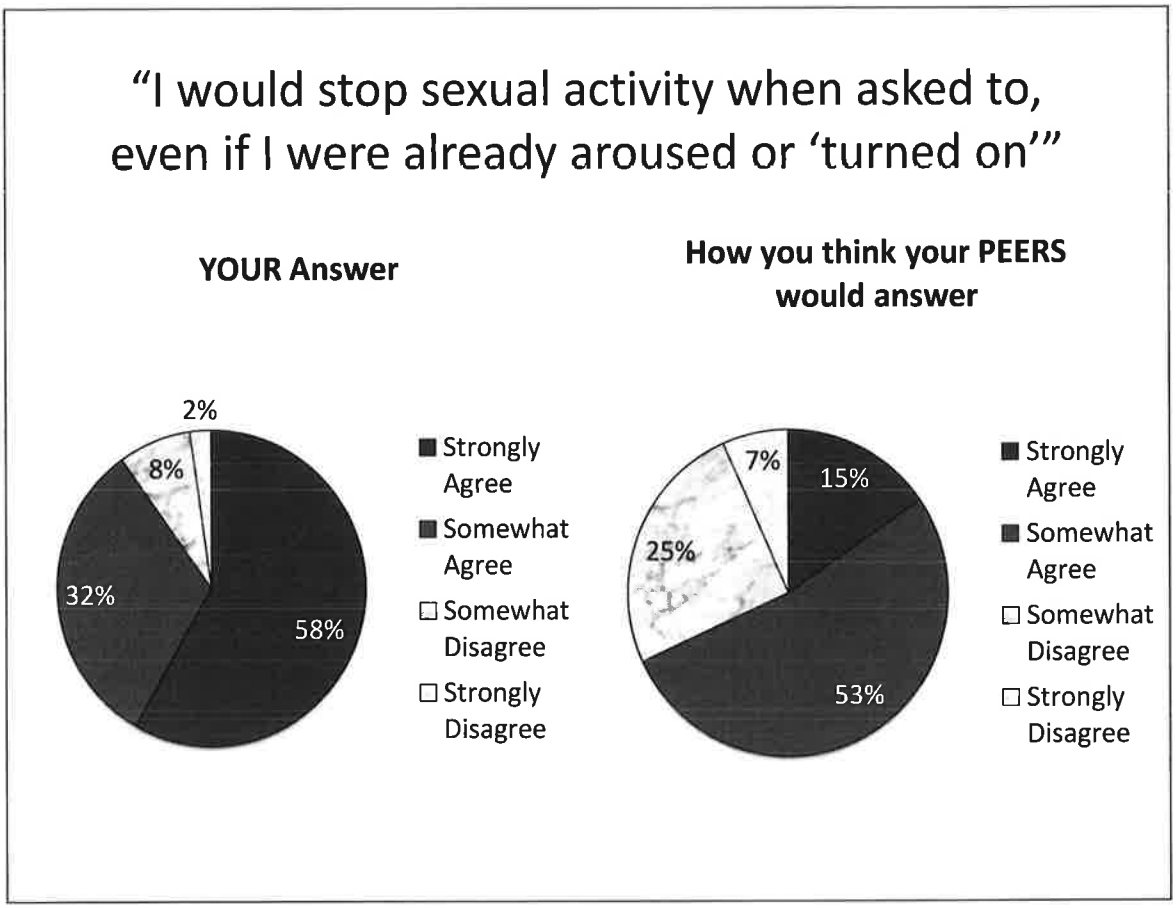
9. To change colors of the chart, right click on the specific piece of the pie, and "fill" the piece with your color of choice. (You may want to make "Strongly Agree" and "Somewhat Agree" in similar colors; same with "Somewhat Disagree" and "Strongly Disagree")

10. To insert second chart, click "Insert" from top menu, then click on "Chart." You will need to resize your first chart in order to fit the second chart on the same slide. This way, students can compare side by side their answer vs. how they thought their peers would answer the same question.

11. Follow directions 3 to10 above for the second chart. Title it "What you think your peers would answer."

12. Click on "New Slide" to create charts for the next item on the survey. Follow directions 2 to12 with the survey data for all of the items you wish to share with students.

Example



Activities

1. Warm up

Display warm up as bell work.

Prompt: Define the word *stereotype*, in your own words. Please give a definition, not an example.

2. Introduce lesson

For these next few lessons we will be learning about decision making, and how good decision making can help us in our relationships and in taking care of our health. Today we will be talking about gender stereotypes. This is the first lesson in a series of four lessons that focus on healthy relationships. Our beliefs about gender affect how we treat each other in relationships. This lesson is the foundation for the next three lessons, which focus on communication skills and sexual violence prevention.

3. Define stereotypes

Have the students define the term *stereotype*. Summarize their comments by providing the following definition: a stereotype is an assumption or widely held belief about an entire group of people.

To help students understand the concept of stereotypes, ask them for examples of stereotypes of teens. Conclude by stating that stereotypes are often hurtful and are never true for all members of a group.

Let's start with a brainstorming activity about stereotypes. Can someone give me a good basic definition of stereotype?

Great, a stereotype is an assumption or widely held belief about an entire group of people.

Now let's figure out a few things about stereotypes. What are some examples of stereotypes about teens? What do adults assume about teens? What about drinking and drugs? What about sex? (Be sure to include these stereotypes about teens: they are lazy, stupid, and all have sex, drink and use drugs.)

Are these stereotypes flattering? No. Usually stereotypes are hurtful. Even ones that seem harmless at first end up being harmful because we expect everyone in that group to have that characteristic.

Do you think there are teens who fit these stereotypes? For example, are there teens who are lazy or have sex? Of course! Does that make this stereotype true, then, for all teens? No.

These are some things to keep in mind today as we talk about gender stereotypes: stereotypes are often hurtful, and they are never true for all members of a group.
As we talk about gender stereotypes today, we'll be discussing some of the hurtful assumptions, words and slurs that can come from these stereotypes. I want to remind

everyone of our ground rules and ask everyone to be respectful as we work through this together.

4. Facilitate gender box brainstorm

Draw two large squares next to each other on the board. Make sure there is plenty of room to write both inside and outside of the boxes. Write "Act Like a Man" directly above the top of the left square (see *Gender Boxes Worksheet*) and "Act Like a Lady" directly above the top of the right square.

Hand out the *Gender Boxes Worksheet*. Ask students for stereotypes or expectations of men, prompting them to think about media messages as well as messages from friends and family. Write student responses inside the "Act Like a Man" box. If students are stuck, ask clarifying questions. Have students fill out the worksheet as the class completes the activity.

Every day we get messages about what it means to be a man or woman. Where are some of the places we get these messages? (Possible answers: from movies, TV shows, commercials, school, our families and our religions.)

If someone is told to "act like a man," what does that mean? What are some of the stereotypes or expectations our society has about how men should act? Think about movies, songs, video games, television. You don't need to raise your hands - just call out your answers, and I'll write them down. Be sure to take notes on your worksheets as we go because you will need this information for your homework.

- *How do people think guys are supposed to act?*
- *What do people think guys are supposed to look like?*
- *Are guys supposed to have feelings?* (If students say no, ask if there are any feelings that are OK for guys to have and look for the answers anger and "horny".)
- *If we were watching a movie, what would the leading man in the movie be like?*
- *Who are guys supposed to date (what gender)? How do guys treat the girls they date?*
- *How do they treat other guys?*
- *What about sex? Are guys supposed to want sex or not want sex? Have sex or not have sex?*
- *What about money? Do guys make money or spend money?*
- *How are guys supposed to spend their time?*
- *Think about toys that are marketed toward boys and girls. What sorts of things do those toys teach people about how men should be, or what they should be interested in?*

Make sure the "Act Like a Man" box includes the following words or ideas (even if you have to add them yourself): tough, in charge, sexually in control and/or initiators of dating and sex.

After 10-15 responses, transition to the "Act Like a Lady" box. Ask students for stereotypes or expectations of women, again prompting them to think about media messages as well as messages from friends and family. Write student responses inside the "Act Like a Lady" box. If students are stuck, ask clarifying questions. Have students fill out the worksheet as the class completes the activity.

Now it's time to discuss stereotypes about women. We'll do the same thing that we did for the "Act Like a Man" box, so let's start with what it means for someone to "act like a lady." You shout out the answers and I'll write them down.

- *How do people think girls are supposed to act?*
- *What do people think girls are supposed to look like?*
- *Are girls supposed to have feelings? What kinds of feelings do they have?*
- *If we were watching a movie, what would the leading woman in the movie be like?*
- *Who are girls supposed to date (what gender)? How do girls treat the guys they date?*
- *How do they treat other girls?*
- *What about sex? Are girls supposed to want sex or not want sex? Have sex or not have sex?*
- *What about money? Do girls make money or spend money?*
- *How are girls supposed to spend their time?*
- *Again, think about toys that are marketed toward boys and girls. What sorts of things do those toys teach people about how women should be, or what they should be interested in?*

Make sure the "Act Like a Lady" box includes the following words or ideas (even if you have to add them yourself): submissive and/or weak, emotionally unstable and/or irrational, and some mention of the sexual double standard women are held to (e.g., needing to be sexually attractive or sexy while also being virgins or not too sexy).

Note: Completed worksheets will be essential to the homework assignment. If students become frustrated and point out that these stereotypes aren't true for everyone, reinforce that idea and remind them of the definition of a stereotype. Prompting questions are provided in the scripts.

5. Analyze gender pressures

Explain that now students will be looking at the pressures that are placed on people to conform to these expectations. Tell students to stop taking notes on their worksheets because you don't want them to write hurtful words on their sheets. Explain that now the class is going to think about the words guys and girls are sometimes called when they step outside of their gender boxes.

Start with the "Act Like a Man" box. Ask the following questions, and write two or three responses to each question around the outside of the box.

- If this is how a guy is supposed to act, then what kinds of things is a guy called if he steps outside of this box? What names might people call him?
- For example, what if a guy gets hurt and starts to cry?
- What if he isn't always interested in sex?
- What if he doesn't want to be in charge or always make the decisions?

Then, transition to the "Act Like a Lady" Box. Ask the following questions, and write two or three responses to each question around the outside of the box.

- If this is how a girl is supposed to act, then what kinds of things is a girl called if she steps outside of this box? What names might people call her?

- For example, what if a girl has had several boyfriends, or if people think she's had sex with several guys?
- What if a girl is tough, or wants to make the decisions?
- What if a girl doesn't want to go out with a guy who likes her, or if she shows that she feels confident in herself?

Be sure the board reflects words to represent 3 broad categories for the "Act Like a Man" box:

- Words and slurs about being gay (fag, gay, queer, etc.)
- Words and slurs about being a girl or like a girl (pussy, girl, bitch, etc.)
- Words and slurs about being weak (weak, wimp, sissy, etc.)

Be sure the board reflects words to represent 3 broad categories for the "Act Like a Lady" box:

- Words and slurs about being gay (lesbian, dyke, etc.)
- Words and slurs about a girl's sexuality (slut, ho, prude, etc.)
- Slurs used for girls and women (bitch, cunt, etc.)

Finish by discussing how the hurtful words that men and women are called when they step outside the boxes are limiting and harmful. Point out that other people's judgments, and these mean words, put a lot of pressure on both guys and girls to stay in their gender boxes and act the way society thinks they should.

Debrief the final portion of the activity by naming the themes in the words.

Many of these words are hurtful or offensive words about gay and transgender people.

- *Fear, discomfort and hatred of gay, lesbian and trans people is called homophobia or transphobia. Homophobia and transphobia can put gay, lesbian and trans people in danger because sometimes people act out violently based on their fears.*
- *Homophobia and transphobia also affect people who are not gay, lesbian, bisexual or transgender by pressuring them to fit these strict gender expectations.*
- *Homophobic words are the main words used to reinforce gender stereotypes.*
- *These words also reinforce harmful stereotypes about gay and lesbian people, and can cause people to act in stereotypical ways out of fear that they will be labeled as gay or lesbian.*

When guys don't fit within their stereotypes, they are often labeled as girls, or with words stereotypically associated with girls.

- *This implies that they are weak and submissive (since women are perceived as weak and submissive).*
- *This also implies that women are weaker and lesser than men.*

When girls don't fit within their stereotypes, they are often labeled with words about their looks or their sexuality.

- *Girls can't win when it comes to their sexuality or perceived sexual behaviors. They are either "sluts" or "prudes."*
- *There really aren't any corresponding words around sexuality for guys. This creates a big double standard for guys and girls.*

If students point out words that are used to label men sexually, such as "player," remind them that these are usually not seen as negative words, and are in fact frequently used positively. This distinguishes them from the words used to labels girls' sexuality.

6. Facilitate small-group scenario activity

Distribute the *Traditional Gender Expectations* handout and the *Gender Expectations Scenarios* worksheet. Have the students read the first paragraph on the *Traditional Gender Expectations* handout aloud and then give them a minute to read through the rest to themselves.

Transition to the scenarios activity. Let students know the purpose of this activity is to challenge gender expectations. Read the example scenario on the *Gender Expectations Scenarios* worksheet out loud and debrief.

"Bruno is feeling sad and hurt because his girlfriend broke up with him, but when his friends ask him how he is, he says he's glad they broke up and that he never cared about her anyway."

Which traditional expectation of men is likely influencing Bruno's actions?
- *tough*

What problems could this expectation cause for Bruno?
- *not able to share his feelings*
- *he could get depressed*
- *not able to get support from his friends*

What advice would you give to Bruno to challenge this gender expectation?
- *be honest about his feelings*
- *share what he's going through*
- *get support*

Break the class into small groups and assign each group one of the remaining scenarios. Instruct them to work on it as a group and let them know they will be sharing their answers with the whole class. They will use the gender expectations from the *Traditional Gender Expectations* handout to fill out their worksheets.

Allow time for groups to complete their work, then have them report back to the class. See the *Gender Expectations Scenarios Key* to help debrief the activity.

Wrap up the lesson by praising students for their good work in challenging gender stereotypes and expectations.

7. Administer *Sexual Attitudes Survey*

Explain that students will be taking an anonymous short survey about sexual attitudes that will be used in a future lesson. Distribute the *Sexual Attitudes Survey.*

I want to take just a moment to give you all a survey to complete. The survey has 5 statements, each with two columns next to it. The first column is for you to record how YOU

feel about the statement, and the second column is for you to record how you think other people YOUR AGE would answer the question.

There are no right or wrong answers. Just write what you honestly think and DO NOT put your name on the survey.

I will collect the surveys as soon as you are done. I'll report the answers back to you in a couple of days, when we do a different FLASH lesson.

Note: Be sure to tally the results of the *Sexual Attitudes Survey* this evening or as soon as possible, so that you will have time to create displays of the key results. See the Teacher Preparation for full instructions.

8. Assign homework

Allow students to choose between the individual or family homework and explain the assignments as needed.

Individual Homework: Thinking About Gender Stereotypes

Family Homework: Talking About Gender Stereotypes, available in multiple languages on the FLASH website

9. Exit ticket

Hand out the *Lesson 5 Exit Ticket.*

Prompt: Think about one stereotype we talked about today that comes from the media. Write 1 or 2 sentences explaining how the media creates or reinforces that stereotype.

Answers will vary.

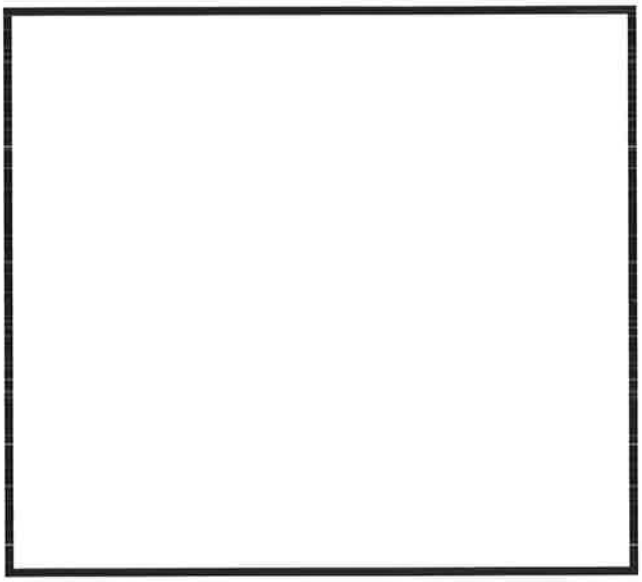
Warm Up

Define the word *stereotype,* in your own words.

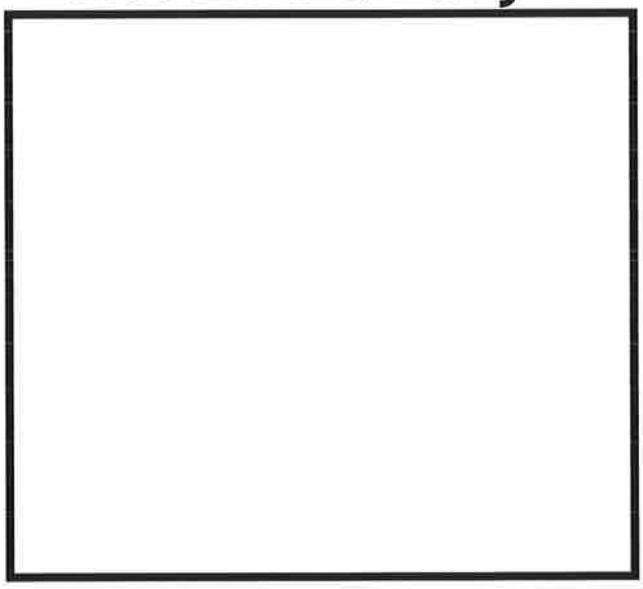
Please give a definition, not an example.

Gender Boxes Worksheet

"Act Like a Man"



"Act Like a Lady"



Traditional Gender Expectations

Gender stereotypes are very common in U.S. culture, as well as many cultures worldwide. They are rigid ideas about how people should act, based on their gender. Gender stereotypes can be harmful to men and women. They can pressure people to stay in the "gender box," which is limiting.

When people believe the stereotypes it can lead to treating other people badly, or to making poor health decisions. In extreme cases, gender stereotypes can make sexual violence more likely to happen.

Individuals and families may not hold to these traditional gender expectations, but the expectations are so common they can influence people without their even knowing it. Many young people today see the harm these stereotypes can cause and are challenging them.

Traditional Expectations of Men

Tough - Men are expected to be tough and not show weakness, even when they are in danger or hurt. Men are expected to act and dress manly. Men are expected to sometimes settle problems with violence.

In charge - Men are expected to be decision makers, including in relationships. Men are expected to be dominant.

Sexually in control - Men are expected to be the initiators of dating and sex. Men are expected to always want sex. They are taught to believe that women want sexual attention from them.

Traditional Expectations of Women

Submissive or weak - Women are expected to do what others say. Women are expected to be weaker than men, both physically and emotionally.

Emotionally unstable or irrational - Women are labeled as being hormonal, moody, jealous, clingy and dramatic. Women are perceived as unstable and not able to be in control of major decisions.

Sexually available / sexually pure - Women are expected to live up to two conflicting values. They are expected to be virgins, but also to be sexually available and experienced. Women's value is based largely on their sexuality and beauty. They are labeled "sluts" if they are perceived to dress in sexy ways or be interested in sex. They are labeled "teases" if they do not want to have sex.

Gender Expectations Scenarios

Instructions: Complete the example scenario with the whole class. Be sure to fill in the answers on your sheet. You will complete one of the other scenarios with your group.

EXAMPLE: Bruno is feeling sad and hurt because his girlfriend broke up with him, but when his friends ask him how he is, he says he's glad they broke up and that he never cared about her anyway.

Which traditional expectation of men is likely influencing Bruno's actions?

What problems could this expectation cause for Bruno?

What advice would you give to Bruno to challenge this gender expectation?

1. **On Saturday night, Aleesha had sex with her girlfriend even though she wasn't in the mood because she didn't want to hurt her girlfriend's feelings.**

   Which traditional expectation of women is likely influencing Aleesha's actions?

   How might Aleesha feel in this situation?

   What problems could this expectation cause for Aleesha?

   What advice would you give to Aleesha to challenge this gender expectation?

2. **When Jenny tells her boyfriend Rafael she's mad at him because he hasn't returned her calls, he asks her if she is on her period.**

   Which traditional expectation of women is likely influencing Rafael's actions?

   What problems could this expectation cause for Rafael in this situation?

   What advice would you give to Rafael to challenge this gender expectation?

3. **Adriana has been going out with her boyfriend for 6 months. Her cousin Jorge is visiting from out of town, so she goes out to the movies with him on Friday night. Some teens from school see her with Jorge, and when she comes to school on Monday morning those people start calling her a slut.**

   Which traditional expectation of women is likely influencing the teens at school who are calling Adriana a slut?

   How might Adriana feel in this situation?

   What problems could this expectation cause for the teens who are calling Adriana a slut?

   What advice would you give to the teens at school to challenge this gender expectation?

4. **When Jin and his girlfriend talk about what do on their date, Jin always makes the final decision.**

   Which traditional expectation of men is likely influencing Jin's actions?

   What problems could this expectation cause for Jin?

   What advice would you give to Jin to challenge this gender expectation?

5. **Cooper tells his girlfriend that he wants to have sex tonight, but doesn't ask her what she wants.**

   Which traditional expectation of men is likely influencing Cooper's actions?

   What problems could this expectation cause for Cooper?

   What advice would you give to Cooper to challenge this gender expectation?

Gender Expectations Scenarios Key

Instructions: Complete the example scenario with the whole class. Be sure to fill in the answers on your sheet. You will complete one of the other scenarios with your group.

EXAMPLE: Bruno is feeling sad and hurt because his girlfriend broke up with him, but when his friends ask him how he is, he says he's glad they broke up and that he never cared about her anyway.

Which traditional expectation of men is likely influencing Bruno's actions?
- *tough*

What problems could this expectation cause for Bruno?
- *not able to share his feelings; get depressed; not able to get support from his friends*

What advice would you give to Bruno to challenge this gender expectation?
- *be honest about his feelings; share what he's going through; get support*

1. **On Saturday night, Aleesha had sex with her girlfriend even though she wasn't in the mood because she didn't want to hurt her girlfriend's feelings.**

   Which traditional expectation of women is likely influencing Aleesha's actions?
   - *passive/weak*

   How might Aleesha feel in this situation?
   - *bad or ashamed that she had sex even though she didn't want to; confused; angry, sad; like she can't talk to her girlfriend*

   What problems could this expectation cause for Aleesha?
   - *could end up doing things she doesn't feel good about; could have problems with her girlfriend*

   What advice would you give to Aleesha to challenge this gender expectation?
   - *don't feel pressured to have sex if you don't want to; share what you do or do not want to do with your girlfriend*

2. **When Jenny tells her boyfriend Rafael she's mad at him because he hasn't returned her calls, he asks her if she is on her period.**

   Which traditional expectation of women is likely influencing Rafael's actions?
   - *emotionally unstable*

   What problems could this expectation cause for Rafael in this situation?
   - *Jenny could get mad at him; she could break up with him, she could lose respect for him*

   What advice would you give to Rafael to challenge this gender expectation?
   - *don't ask if someone is on their period because they are angry; recognize that people have a variety of emotions not caused by hormones; try to be more understanding; don't dismiss your girlfriend's concerns*

3. **Adriana has been going out with her boyfriend for 6 months. Her cousin Jorge is visiting from out of town, so she goes out to the movies with him on Friday night. Some teens**

from school see her with Jorge, and when she comes to school on Monday morning those people start calling her a slut.

Which traditional expectation of women is likely influencing the teens at school who are calling Adriana a slut?

- *sexually available/sexually pure*

How might Adriana feel in this situation?

- *hurt, embarrassed, angry, sad*

What problems could this expectation cause for the teens who are calling Adriana a slut?

- *calling someone a slut perpetuates the expectation and they might get called sluts at another time; could get in trouble; could lose Adriana's friendship; might feel bad later for hurting someone*

What advice would you give to the teens at school to challenge this gender expectation?

- *don't call people names; don't make assumptions; think about how you'd feel in that situation*

Note: Students may want to give advice to Adriana. Be sure to point out that, however, while it's OK to say that Adriana could clarify that she was at the movies with her cousin, she shouldn't have to defend herself. It's important to make sure the points of "not calling people sluts" and "not making assumptions" are made.

4. **When Jin and his girlfriend talk about what do on their date, Jin always makes the final decision.**

Which traditional expectation of men is likely influencing Jin's actions?

- *in charge*

What problems could this expectation cause for Jin?

- *his girlfriend might be get mad at him, might break up with him, she might have good ideas they never get to try out*

What advice would you give to Jin to challenge this gender expectation?

- *share decision making with girlfriend, take turns making decisions*

5. **Cooper tells his girlfriend that he wants to have sex tonight, but doesn't ask her what she wants.**

Which traditional expectation of men is likely influencing Cooper's actions?

- *sexually in control*

What problems could this expectation cause for Cooper?

- *his girlfriend might break up with him, he could commit rape*

What advice would you give to Cooper to challenge this gender expectation?

- *ask her if she wants to have sex, only have sex if his girlfriend also wants to*

Sexual Attitudes Survey

Instructions: Rank each of the following 5 statements. In the first column, record how strongly *you* agree or disagree with each of them. In the second column, record how strongly you believe *other people your age* would agree or disagree with the statement. There are no right or wrong answers. Just write what you honestly think. DO NOT put your name on this survey.

Statement	YOUR answer	How you THINK YOUR PEERS would answer
1. I would stop sexual activity when asked to, even if I were already aroused or turned on.	☐ Strongly agree ☐ Somewhat agree ☐ Somewhat disagree ☐ Strongly disagree	☐ Strongly agree ☐ Somewhat agree ☐ Somewhat disagree ☐ Strongly disagree
2. It is important to get consent, or permission, before sexual touch with a partner.	☐ Strongly agree ☐ Somewhat agree ☐ Somewhat disagree ☐ Strongly disagree	☐ Strongly agree ☐ Somewhat agree ☐ Somewhat disagree ☐ Strongly disagree
3. I think people should stop the first time their partner says no to sexual activity.	☐ Strongly agree ☐ Somewhat agree ☐ Somewhat disagree ☐ Strongly disagree	☐ Strongly agree ☐ Somewhat agree ☐ Somewhat disagree ☐ Strongly disagree
4. Even if two people have had sex in the past, it's still important to make sure the other person is giving consent the next time they want to have sex.	☐ Strongly agree ☐ Somewhat agree ☐ Somewhat disagree ☐ Strongly disagree	☐ Strongly agree ☐ Somewhat agree ☐ Somewhat disagree ☐ Strongly disagree
5. In a sexual relationship, it's important for partners to talk about what they are comfortable with and respect the other person's boundaries.	☐ Strongly agree ☐ Somewhat agree ☐ Somewhat disagree ☐ Strongly disagree	☐ Strongly agree ☐ Somewhat agree ☐ Somewhat disagree ☐ Strongly disagree

This survey was adapted with permission from *"Violence Related Behaviors and Beliefs (VRBB) Insert"* created by Western Washington University's Prevention and Wellness Services.

Individual Homework: Thinking About Gender Stereotypes

Name: _____ **Period:** _____

Instructions: Review the *Traditional Gender Expectations* handout you received today in class.

The gender stereotypes listed on your handout:

- Men are expected to be tough, in charge, sexually in control.
- Women are expected to be submissive or weak, emotionally unstable or irrational, sexually available/sexually pure.

Write one paragraph about **ONE** of the following. Be sure to discuss the stereotypes on the handout in your response.

1. Describe a movie, show or video game that you think really highlights gender stereotypes and explain how this example uses these stereotypes. Discuss what ways, if any, people can challenge gender stereotypes they see in this form of media.

2. Describe a time when you felt pressure to act in a certain way because of your gender. Review the *Traditional Gender Expectations* handout to help you think of an example. In your paragraph, please explain whether you were able to challenge the gender stereotype and how.

Family Homework: Talking about Gender Stereotypes

All Family Homework is optional. Students may complete Individual Homework instead.

Purpose: Family Homework is a chance to share your beliefs about sexuality and relationships, and the beliefs of your family, culture or religion.

Directions: Student will do the homework with a family member or trusted adult who is like family. Find a quiet place where the two of you can talk privately for 5-10 minutes. Please follow these guidelines:

- It is okay for either of you to skip a question.
- What you discuss will not be shared with anyone else, unless you give one another permission to share it.
- Take turns asking questions. When it is your turn to listen, try to understand the other person's response.

Student: Show and explain the completed *Gender Boxes Worksheet* with your trusted adult.

Ask each other:

- What surprised you about these gender boxes?
- What did not surprise you?
- Did you learn anything about me from having this discussion? If so, what?

Family Homework Confirmation Slip: Talking about Gender Stereotypes

Due: _____

We have completed the family homework.

_____ _____

Date Signature of family member or trusted adult

_____ _____

Student's name Signature of student

Exit Ticket

Think about one stereotype we talked about today that comes from the media.

Write 1 or 2 sentences explaining how the media creates or reinforces that stereotype.

Lesson 5: Assessment Questions

Read the following scenario and answer the questions using the *Traditional Gender Expectations* handout.

> Belinda and Joe have been dating for several months. Joe would like to wait to have sex, but he thinks he needs to have sex with Belinda soon or she will think there is something wrong with him. Belinda also wants to wait, but if Joe makes a move she thinks she will probably have sex with him because she doesn't want him to leave her or get mad at her.

1. What traditional gender expectations are likely influencing Belinda and Joe's actions?

2. Do you think it is likely or unlikely that Joe and Belinda will have sex, even though neither of them wants to? Why?

3. If these traditional gender expectations didn't exist, how would this situation be different?

Lesson 5: Assessment Key and Standards Alignment

Question	Answer	Standard
Read the following scenario and answer the questions using the *Traditional Gender Expectations* handout. Belinda and Joe have been dating for several months. Joe would like to wait to have sex, but he thinks he needs to have sex with Belinda soon or she will think there is something wrong with him. Belinda also wants to wait, but if Joe makes a move she thinks she will probably have sex with him because she doesn't want him to leave her or get mad at her. 1. What traditional gender expectations are likely influencing Belinda and Joe's actions? 2. Do you think it is likely or unlikely that Joe and Belinda will have sex, even though neither of them wants to? Why? 3. If these traditional gender expectations didn't exist, how would this situation be different?	1. What traditional gender expectations are likely influencing Belinda and Joe's actions? • Belinda: Sexually available/pure and/or submissive and weak • Joe: Sexually in control and/or in charge 2. Do you think it is likely or unlikely that Joe and Belinda will have sex, even though neither of them wants to? Why? • It is likely because these expectations are shaping their behavior and making them feel pressured. • *Also acceptable*: It is unlikely if they realize these expectations are influencing them and change their behavior 3. If these traditional gender expectations didn't exist, how would this situation be different? • They'd feel able to talk to each other. • They'd be able to act based on what they both want, without outside pressure. • They wouldn't feel pressured to have sex. • They'd be able to be themselves. • They could make healthier decisions.	NHES: SH2.12.7 SH2.12.2 SH2.12.3 SH2.12.4
Exit Ticket: Think about one stereotype we talked about today that comes from the media. Write 1 or 2 sentences explaining how the media creates or reinforces that stereotype.	Any stereotype covered in class is acceptable	NSES: PD.12.INF.1 ID.12.INF.1 NHES: SH5.12.4

Integrated Learning Activities

ART: Gender Collages
Have students make collages about gender stereotypes, using images and words cut out of magazines. Or have them work together to make a larger class collage.

LANGUAGE ARTS: Expressing Gender Pressures
Have students write spoken word pieces, poems or song lyrics about unrealistic gender stereotypes and the pressure a person might feel to conform to strict gender roles. Arrange for a time for them to share their work with the class.

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Healthy Relationships

Grades 9-12, Lesson 6

Summary

The lesson begins with students identifying how they want to be treated by a girlfriend or boyfriend. They then review the signs of healthy, unhealthy and abusive relationships, and practice identifying these signs in two relationship vignettes. The lesson concludes with student volunteers acting out a communication skills demonstration, while the rest of the class offers advice to the actors, applying the skills learned in the lesson.

Student Learning Objectives

The student will be able to …

1. Summarize the qualities of a healthy dating relationship.
2. Demonstrate effective strategies to avoid or end an unhealthy relationship.
3. Demonstrate effective communication strategies to prevent, manage or resolve interpersonal conflicts.

Lesson Timing

Warm up	Bell work + 2 minutes
Introduce lesson	2 minutes
Lead group activity	12 minutes
Analyze scenarios	12 minutes
Communication skills demonstration	20 minutes
Assign homework	
Exit ticket	2 minutes
Total	50 minutes

FLASH Key Concepts

Everyone has the right to say who touches their body and how.

It is never okay to touch someone else if they don't want you to, or to make them touch you.

There are laws about sex that everyone must follow.

Permission or agreement is required to engage in all sexual activity.

Rigid ideas about how men and women should act are harmful and limit how people can express themselves.

Standards

National Health Education Standards (SHECAT)

Standard 1	Students will comprehend concepts related to health promotion and disease prevention.
SH1.12.1	Explain how to build and maintain healthy family and peer relationships.
SH1.12.2	Analyze characteristics of healthy relationships.
SH1.12.3	Summarize the qualities of a healthy dating relationship.
SH1.12.4	Evaluate effective strategies for dealing with difficult relationships with family members, peers, and boyfriends or girlfriends.
SH1.12.8	Analyze the factors that contribute to engaging in sexual risk behaviors.
SH1.12.12	Describe the importance of shared responsibilities for avoiding sexual activity and preventing sexual risk behaviors.
SH1.12.29	Analyze techniques that are used to coerce or pressure someone to have sex.
SH1.12.31	Summarize why individuals have the right to refuse sexual contact.
SH1.12.32	Explain why it is wrong to trick, threaten, or coerce another person into having sex.
Standard 4	Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.
SH4.12.1	Demonstrate effective communication skills to promote sexual health and healthy relationships.
SH4.12.3	Demonstrate effective peer resistance, negotiation, and collaboration skills to avoid engaging in sexual risk behaviors.
SH4.12.4	Demonstrate effective communication strategies to prevent, manage, or resolve interpersonal conflicts.
SH4.12.5	Demonstrate how to effectively ask for assistance to improve and/or maintain sexual health.
Standard 7	Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.
SH7.12.3	Demonstrate practices and behaviors to improve the sexual health of oneself and others.

National Sexuality Education Standards

HR.12.CC.1	Describe characteristics of healthy and unhealthy romantic and/or sexual relationships.
HR.12.CC.2	Describe a range of ways to express affection within healthy relationships.
HR.12.AI.1	Demonstrate how to access valid information and resources to help deal with relationships.
HR.12.IC.1	Demonstrate effective strategies to avoid or end an unhealthy relationship.
HR.12.IC.2	Demonstrate effective ways to communicate personal boundaries as they relate to intimacy and sexual behavior.
HR.12.SM.1	Demonstrate respect for the boundaries of others as they relate to intimacy and sexual behavior.
PS.12.CC.1	Compare and contrast situations and behaviors that may constitute bullying, sexual harassment, sexual abuse, sexual assault, incest, rape and dating violence.
PS.12.CC.3	Explain why using tricks, threats or coercion in relationships is wrong.
PS.12.CC.4	Explain why a person who has been raped or sexually assaulted is not at fault.
PS.12.AI.1	Access valid resources for help if they or someone they know are being bullied or harassed, or have been sexually abused or assaulted.
PS.12.AI.2	Demonstrate ways to access accurate information and resources for survivors of sexual abuse, incest, rape, sexual harassment, sexual assault and dating violence.
PS.12.IC.2	Identify ways in which they could respond when someone else is being bullied or harassed.

Rationale

Theoretical Basis for Sexual Violence Prevention Lessons

The prevention of sexual violence is both a behavioral goal of FLASH in its own right, and an important strategy for preventing teen pregnancy and STDs. Sexual violence is correlated with a host of acute and chronic health problems - amplified by high rates of victimization in the United States.[1] Sexual violence is also strongly linked to teen pregnancy and STDs. Pregnant teens have higher rate of previous sexual assault, as do teens who begin having intercourse at a young age, increasing their risk of teen pregnancy and STDs.[2][3][4][5] Moreover, young teens with much older male partners have greatly increased risk of pregnancy.[6][7] Clearly, effective sexual violence prevention can reduce suffering and improve outcomes across many domains of health.

Sexual violence prevention programs have not been evaluated to the same extent as programs that reduce teen pregnancy and STDs. In the fields of public health and sexual violence prevention, the recommended approach to reduce sexual violence is to address "upstream" risk factors for perpetration.[8] FLASH's sexual violence prevention lessons address the risk factors for perpetration identified by the CDC[9] that are amenable to change through a school-based curriculum:

- Hostility towards women
- Hypermasculinity (exaggerated adherence to traits stereotypically attributed to men)
- General tolerance of sexual violence within the community
- Societal norms that support male superiority and sexual entitlement
- Societal norms that maintain women's inferiority and sexual submissiveness

Significantly, strategies to prevent victimization (e.g. how women can avoid risky situations for sexual assault) and to increase empathy for victims of sexual violence have had mixed results.[8] These approaches were also shown to have the unintended consequence of strengthening participants' beliefs in rape myths (e.g. women are responsible for being raped).[8] This further underscores the need to focus prevention efforts on reducing perpetration.

The CDC risk factors are specific to male-on-female violence. Importantly, research links these same risk factors to same-sex sexual harassment and sexual violence targeted at LGBT young people.[10] While the majority of sexual violence is perpetrated by men against women, there is much more to be learned about the risk factors for sexual violence perpetrated by women against men, and sexual violence perpetrated against someone of the same gender.

Healthy Relationships

The goal of the *Healthy Relationships* lesson is to reduce abusive communication and behavior and replace them with healthy alternatives. Students identify healthy, unhealthy and abusive behaviors within relationships, and practice using healthy communication skills. Students also receive tips and resources for helping a friend who is experiencing dating abuse. The lesson builds social norms in favor of healthy relationships, and rejects general tolerance of abuse of violence.[1]

This is the second of a four-part series of lessons which includes *Undoing Gender Stereotypes, Healthy Relationships, Coercion and Consent* and *Online Safety*. All of the lessons are designed to prevent the perpetration of sexual violence.

Materials Needed

Student Materials

- *How I Want to Be Treated by My Boyfriend or Girlfriend* (2 copies per student)
- *Real-Life Couples*
- *Healthy, Unhealthy and Warning Signs of Abuse*
  (*Note:* Do NOT copy the *Real-Life Couples* and *Healthy, Unhealthy and Warning Signs of Abuse* handouts back to back.)
- *Effective Communication Tips*
- *Individual Homework: Thinking About Healthy Relationships*
- *Family Homework: Talking About Healthy Relationships,* available in multiple languages on the FLASH website
- *Lesson 6 Exit Ticket*

Classroom Materials

- *Lesson 6 Warm Up*
- 12 signs on 8 ½ x 11" paper to hang around the classroom, each with one of the qualities from the *How I Want to Be Treated by My Boyfriend or Girlfriend* handout
- *Volunteer Instructions: Communication Skills Demonstration* – 3 copies

Teacher Preparation

Write each of the qualities from the *How I Want to Be Treated by My Boyfriend or Girlfriend* worksheet on an 8-1/2 x 11" piece of paper and post around the classroom.

Activities

1. Warm up

Display warm up as bell work.

Prompt: List 3 characteristics of a healthy relationship.

2. Introduce the lesson

Remind students of the previous lesson and introduce today's topic.

> *Yesterday we learned about gender stereotypes – the kinds of expectations people have about how men and women act. Those stereotypes definitely influence the choices we make in relationships and about our sexual health. Today we are going to talk more about relationships: how to have healthy and happy relationships, how someone might recognize if they are in an unhealthy relationship, and what kinds of communication skills can help us have the relationships we want.*

3. Conduct group activity

Have students complete the *How I Want To Be Treated by my Boyfriend or Girlfriend* worksheet by circling the 5 most important words that represent how they would like to be treated by a partner, and writing why their number 1 quality is most important to them.

If students ask if they can add things to the list, let them know they can add a quality, but, for the sake of this activity, they cannot choose it as their number 1 quality.

> *This worksheet has a list of ways you may want to be treated by a dating partner, whether current or future partner. Looking at this list, think about which ones are most important to you. Circle the five that are most important to you.*
>
> You may want to wait a couple minutes to allow students time to circle their top 5 before moving onto the next instruction.
>
> *Then, choose your top item, the one you think is the most important quality or attribute of a boyfriend or girlfriend. Write a brief explanation about it on the bottom of your worksheet. Try to be specific about why that is the most important way that you want to be treated.*

Ask students to circulate around the room and write their initials on each piece of paper that has one of the top-5 qualities they selected on the worksheet, and then go stand by the paper with their number 1 quality.

> *You'll notice that there is a sign for each of the qualities listed on the worksheet. I'd like you to go sign your name on each of the 5 signs for the qualities you selected, and then go stand by your number 1 quality.*

Lead a discussion about why students chose their number 1 quality and how that quality looks in a relationship. Conclude by discussing which quality they think is most important for *them* to show to a person they are dating.

It's always interesting for me to see all the different opinions and values in the room. Obviously this is about personal preferences and there are no right or wrong answers here. I would love to hear from some of you why you picked your number 1 quality.

- *Why did you choose respect?* (or whatever a popular quality was)
- *Did anyone else choose respect for a different reason?*
- *How can people show their dating partners that they respect them?*
- *What are some disrespectful things a boyfriend or girlfriend might do?*

Continue in this manner until all groups have shared.

Give a follow-up instruction: *Now out of all the qualities we just discussed, think about which one is most important for the way you would treat a boyfriend or girlfriend. Would that number 1 quality be the same or different? Go to that sign now, or stay put if it's the same.*

Once all students are in place, ask volunteers to share why they moved or why they stayed with the same quality.

It sounds like you all know how you would like to be treated in your relationships, which is so important. In fact, sometimes people don't know what they want, which makes it harder to have a happy and healthy relationship. People have choices about who they choose to date and it's good to know what's important to you. People also have choices about how they treat the person they are dating. I am really glad to see that so many of you are already thinking about what's important to you in that area too.

4. Students analyze scenarios

Explain that now students are going to analyze some scenarios about couples to determine if the relationships depicted have characteristics of healthy or unhealthy relationships. Distribute the *Healthy, Unhealthy and Warning Signs of Abuse* and *Real Life Couples* handouts. Make sure these handouts are NOT copied back to back. Students need to see them side by side to do the activity.

The Healthy, Unhealthy and Warning Signs of Abuse *sheet describes different kinds of relationships. It has many of the qualities we have just been discussing, as well as some qualities of an unhealthy relationship. Please read it to yourself.*

Allow time for students to read *Healthy, Unhealthy and Warning Signs of Abuse* to themselves.

Then invite a volunteer to read the Marcus and Lillian scenario aloud. Have students identify whether the relationship is healthy or unhealthy using the *Healthy, Unhealthy and Warning Signs of Abuse* handout. Prompt them to defend their point with examples of specific behaviors.

Now we're going to look at a couple of real-life scenarios. We can use the qualities on the Healthy, Unhealthy and Warning Signs of Abuse sheet to help us examine these relationships. The first scenario is about Marcus and Lillian.

Marcus and Lillian scenario is read aloud.

- *Do you think this is a healthy or unhealthy relationship? Why?*
- *What characteristics from your handout do you see in this relationship?*

If students simply list a quality from the handout, prompt them to describe the specific behavior from the scenario that illustrates that quality.

Cover these points for the Marcus and Lillian debrief:

- The class should identify this scenario as having several qualities of an unhealthy or abusive relationship, including:
  - trying to limit or control what the other person does
  - often being jealous
  - throwing or breaking things during a fight

- They may also see some qualities from the healthy relationship list, such as Marcus stating that he trusts Lillian and that he loves her. However, it's important to emphasize that, while Marcus may love and trust Lillian, his actions are unacceptable and are warning signs of abuse. Lillian does not deserve to be treated in this way and it may be unsafe for her to stay in the relationship at this point.

Invite a volunteer to read the Tony and Andre scenario aloud. Have students identify whether the relationship is healthy or unhealthy using the *Healthy, Unhealthy and Warning Signs of Abuse.* Prompt them to defend their point with examples of specific behaviors.

Now let's look at another relationship, between Tony and Andre.

Tony and Andre scenario is read aloud.

- *Do you think this is a healthy or unhealthy relationship? Why?*
- *What characteristics from your handout do you see in this relationship?*

If students simply list a quality from the handout, prompt them to describe the specific behavior from the scenario that illustrates that quality.

Cover these points for the Tony and Andre debrief:

- The class should identify this scenario as having several qualities from the healthy relationship list, including:
  - being supported and encouraged
  - being treated as an equal
  - being honest

- Tony and Andre have different interests, but still support one another in the things that are important to them. Neither of them feels the need to give up their individual interests or feels forced to join the interest of the other person. They are honest with each other and were able to negotiate a compromise they were both happy with.

- If students express the opinion that two men dating is never a healthy choice, it's important to point out that, although people have differing beliefs about the rightness or wrongness of gay and lesbian relationships, any two people's relationship can have healthy or unhealthy characteristics, such as those listed on the handout. Some gay and lesbian relationships are healthy and some are not, just like some heterosexual relationships are healthy and some are not. Redirect the conversation by explaining that the point of the lesson is to give students tools to evaluate the health of their *own* relationships, regardless of the genders of the people they may date or fall in love with.

Praise students again for their good work analyzing the *Real-Life Couples* scenarios. Transition into the final component of the lesson on communication skills.

5. Conduct communication skills demonstration

Distribute *How to Help a Friend* and *Effective Communication Tips* handouts.

Walk students through the steps on *How to Help a Friend,* and inform them of resources available to teens who are in a relationship that feels bad. Point out the hotline and website as a resource they can use for themselves or to help a friend.

Request 3 volunteers for a communication skills demonstration. Instruct the rest of the class to read *Effective Communication Tips* to themselves, while the 3 volunteers receive instructions from the teacher.

- Take the volunteers out to the hallway or another space where the rest of the class cannot hear or see you. Give them each a copy of *Volunteer Instructions: Communication Skills Demonstration.*
- Explain to the volunteers that they will do 3 demonstrations of asking someone out on a date. Each scenario will start the same, but the asker will be using different communication skills for each one.
- Go over the *Volunteer Instructions* with the volunteers to make sure they understand their roles and instructions for each of the demonstrations before they present them to the class. Give volunteers about a minute to discuss how they want to perform the demonstrations.
- Remind volunteers that gender is not important for this activity. Sometimes students think it's funny to change their voice or mannerisms, but other students may find it offensive. Encourage them to act like themselves, in their normal voices.

Important Notes:

- The gender of the volunteers is not important – it's fine to have all girls, all boys, or any mix of genders. If two students of the same gender will be asking each other out, stress that they should not be mocking of gay relationships. If someone is uncomfortable or unwilling to do this, they can opt out of being a volunteer and you can choose a new volunteer. Similarly, no one should act out the "girl role" or "boy role." Have the students act as themselves. These stereotypes are not helpful to this lesson and could be experienced by some classmates as harassment. If volunteers act as they genuinely would in the role of asker, the one being asked out, and the friend, the scenario will unfold as it should.
- If audience members make comments that are rooted in gender stereotypes or homophobia, refer to material covered in the previous *Gender Stereotypes* lesson and

redirect back to the communication content of this lesson.
- Your composure and matter-of-fact attitude are key to the success of this activity. Feel free to have fun and laugh with the students, as the skits will often be humorous. However, it is very important that you not collude in any way with homophobic representations during the skit.

Return to the classroom with the volunteers and explain to the rest of the class that they are about to see their classmates (use the actual names of the volunteers) perform 3 scenarios.

Have the volunteers act out "The First Attempt" (shy asker) and "The Second Attempt" (pushy asker). Instruct students to use the *Effective Communication Tips* handout to answer the following questions after they have seen both scenarios.
- What didn't go so well in these scenarios?
- Did Person A do any of the things from your handout?
- Let's say Person A is your friend, and you really want to help out. What advice would you give?

Then have the volunteers act out the final scenario, "The Third Attempt" (respectful asker). Instruct students to use the *Effective Communication Tips* handout to answer the following questions.
- What did Person A do well?
- Did Person A do any of the things from your handout?
- Did Person A respectfully ask a question and genuinely wait for the answer?

Close by summarizing the concepts covered.

You all did a great job today of identifying characteristics that are important to you in a relationship and thinking about what makes a relationship healthy or not. I especially appreciate everyone's attention and enthusiasm during our last activity about communication skills, and of course a big thank you to our volunteers. You analyzed the impacts of different communication styles and you had some great suggestions for how our volunteer could have been a more effective communicator.

Having good communication skills and really knowing what you want out of a relationship will go a long way toward helping you have the healthy relationships you want in the future.

6. Assign homework

Allow students to choose between the individual or family homework and explain the assignments as needed. Hand out homework and a clean copy of the *How I Want to Be Treated by my Boyfriend or Girlfriend*.

Individual Homework: Thinking About Healthy Relationships

Family Homework: Talking About Healthy Relationships, available in multiple languages on the FLASH website

7. Exit ticket

Hand out the *Lesson 6 Exit Ticket*.

Prompt: Using one or more of these tips from your *Effective Communication Tips* handout, write 1 or 2 sentences telling someone you don't want to go on a date with them. Imagine this person is someone you like as a friend, but don't want to date.

- I-statements ("I think …", "I want …")
- Expressing opinions ("I believe …")
- Saying "No" firmly but respectfully
- Asking for what you want
- Initiating conversations
- Expressing positive feelings
- Expressing appreciation
- Stating your strengths and abilities ("I can …")

Answer: Any statements following these guidelines are acceptable

Warm Up

List 3 characteristics of a healthy relationship.

How I Want to Be Treated by My Boyfriend or Girlfriend

Instructions: Review the following list and circle the 5 ways you want to be treated in a relationship that are most important to you. You may see many qualities here that you like, but try to pick your top 5. Follow the directions at the bottom of the page after you have picked your top 5.

I want my partner to...

Treat me with respect **Communicate well**

Need me **Not pressure me** **Support me**

Be honest with me **Treat me as an equal**

Make me laugh **Encourage me** **Protect me**

Trust me **Love me**

Looking at the 5 qualities you chose, list the number 1 (most important) way you would like to be treated by a boyfriend or girlfriend. Briefly explain why that quality is so important to you.

Number 1 Quality: _____

Explanation:

Real-Life Couples

1. Marcus and Lillian

Marcus and Lillian have been going out for about 6 months. Marcus feels like he is really in love with Lillian. She is the prettiest girl he has ever dated and she seems so smart. Marcus often feels nervous that he might lose her to another guy, since she is so pretty and smart. He doesn't think she would ever cheat on him, but he does see her talking with other guys sometimes. It makes him feel so jealous he doesn't know what to do. He told her that she needed to stop talking with those other guys, especially right in front of him! Lillian got upset with him, and they had a huge fight. As they were arguing, Marcus felt so mad that he grabbed her by the arms to get her to listen to him and then threw his cell phone across the room, smashing it to pieces. Marcus promised Lillian it would never happen again. He says it was an accident, and he didn't mean to hurt anyone. He just couldn't control himself when he was feeling so angry.

2. Tony and Andre

Tony and Andre have also been dating for about 6 months. Tony just made the varsity soccer team, after putting in many hours of practice throughout the entire summer. He excitedly calls his boyfriend Andre to tell him the news and to tell him all about the team. Andre has no interest in soccer at all, but still talks and listens throughout the entire conversation, showing Tony how excited he is for him. Andre knows how much the team means to Tony, and wants to support him. Tony invites Andre to his first game, but Andre tells him that he can't come because he has a student leadership meeting that night. Tony is disappointed, and wishes that Andre would just forget about his meeting and come to the game anyway. But, he knows that the meeting is as important to Andre as soccer is to him. Tony tells Andre that it would really mean a lot to him if he came to the game, and Andre agrees to come to the second half, after his meeting is over.

Healthy, Unhealthy and Warning Signs of Abuse

In a healthy relationship, people ...

- Treat their partners with respect and fairness
- Support and encourage each other
- Treat each other as equals
- Are honest
- Earn their partners' trust
- Have shared interests
- Also have separate interests and identities
- Try hard to have honest and clear communication
- Enjoy being with each other
- Never hurt their partners physically or sexually
- Don't pressure each other to do things they aren't comfortable with

In an unhealthy relationship, people ...

- Treat their partners disrespectfully and unfairly
- Frequently argue or fight
- Have no shared interests OR do things ONLY with each other—they have no separate friends or interests
- Pressure their partners into doing things they aren't comfortable with
- Cheat on their partners
- Don't care about their partners' feelings
- Don't enjoy spending time together

Warning signs of an abusive relationship include ...

- One person throws or breaks things during an argument
- One person tries to control the other (what they do, whom they see, what they wear)
- One person is often jealous or is overly jealous
- One person hurts the other person physically or sexually
- One person humiliates, calls names or puts the other person down
- "Crazy-making" behavior—when one person lies or changes the facts, or denies or minimizes the other person's experience. This behavior often makes abused partners feel like they are "going crazy."

How to Help a Friend

What if your friend is abusing someone?

If someone you know is the person hurting someone else, there are ways for you to help. It's your friend's responsibility to stop the abuse, but you can help too, if you feel safe.

- **Express your own emotion or reaction.**
  You can say, "I don't like it when you talk to people like that" or "You're my friend. I'm surprised you'd do that."

- **Increase empathy.**
  Help your friend see the impact of the actions: "What if that was your sister/ brother/ mom?" or "I hope no one ever treats you like that."

- **Make a short statement right away.**
  This can be helpful to say in the moment: "Leave them alone!" or "You're being a jerk!"

- **Distract and/or separate the person.**
  You can say: "Come help me real quick!" or "Let's get to class," or "Let's get out of here!"

- **Recruit someone else to help.** Get another friend or a trusted adult to help.

What if your friend is the one who's been hurt, assaulted or abused?

Here are some tips in case a friend ever comes to you.

- **Listen.**
  You may not know what to say. That's OK. What's most important is to listen to your friend, and let him or her know that you are glad to listen.

- **Believe your friend**.
  People rarely make up these kinds of stories. Your friend is probably telling you the truth.

- **Show that you care**.
  Support your friend in whatever way is comfortable. You might say you are sorry this happened, hold hands, or offer a tissue if your friend cries. Show with your body language and your facial expression that you care.

- **Reassure your friend that it's not their fault.**
  The person who committed the assault is the one responsible. It is never the victim's fault.

- **Respect your friend's privacy.**
  Although lots of tough decisions need to be made, such as who to tell, when to tell, and what to do, let your friend be in control of those decisions. You can decide together on a trusted adult you can both talk to.

Where to Get Help: Love Is Respect is a national, 24-hour resource for youth. Teens can talk on the phone with someone, chat with a peer advocate online, or play games and read information on the website. Call **1-866-331-9474** or visit loveisrespect.org

Effective Communication Tips

Voice

Make sure the tone of your voice and the volume of your voice are right for what you are saying.

Intent

Know what you want if you're asking for something. What outcomes would be OK with you?

Body Language

Think about what you're saying with your body. Are your arms folded? Are you looking somewhere else? Are you turned toward the person or away? It's best when your body language is saying the same thing your words are saying.

Timing

Think about when you are going to ask for something or bring up a difficult topic. Does the other person have the time and energy to devote at that moment?

Approach

Think about how you bring something up. Are you defensive, attacking or angry?

Being Clear

Know what it is you want to say or bring up. Pay attention to word choice, tone of voice and body language

Effective communication often includes:

- I-statements ("I think …," "I want …")
- Expressing opinions ("I believe …")
- Saying "No" firmly but respectfully
- Asking for what you want
- Initiating conversations
- Expressing positive feelings
- Expressing appreciation
- Stating your strengths and abilities ("I can …")

Volunteer Instructions: Communication Skills Demonstration

This handout is only given to the 3 students volunteering for the demonstration.

Person A: The person who asks out Person B.

Person B: The person who decides whether to go out with Person A. Likes Person A and has wanted to go out with them. But will only agree to a date if Person A asks in a clear and respectful way.

Person C: The friend of Person B. Tries to be helpful.

The Scene: All 3 scenarios begin with Person B and Person C talking. Person A approaches them to ask out Person B.

The First Attempt

- **Person A** (the asker) is very shy. They look at the ground, speak very softly, and don't ever get to the question.
- **Person B** wants to go out on a date with Person A, but since there is never a clear or direct question, can't ever say yes. Person B leaves wondering what just happened.
- **Person C** (the friend) also seems confused and helps the friend exit gracefully.

The Second Attempt

- **Person A** (the asker) is pushy. Person A interrupts Person C (the friend) and gets in Person B's space. Person A is intent on getting what they want, is over confident, and doesn't seem concerned with what Person B wants.
- **Person B** has been wanting to go out with Person A, but is no longer interested because of the way Person A asked.
- **Person C** is offended by Person A's behavior and tries to help get the friend away.

The Third Attempt

- **Person A** (the asker) is a little nervous, but still manages to ask Person B out on a date. Person A acknowledges Person C, is polite, and respectfully joins the conversation. Person A is clear when asking the question, makes good eye contact, smiles, isn't too loud or too quiet, and clearly hopes that Person B will go out. Person A asks genuinely, and waits respectfully for the answer.
- **Person B** has been wanting to go out with Person A and gladly accepts.
- **Person C** is excited for them.

Individual Homework: Thinking About Healthy Relationships

Name: _____ **Period:** _____

List 3 things you might say or do if a friend was feeling scared of a boyfriend or girlfriend.

a.

b.

c.

Family Homework: Talking about Healthy Relationships

All Family Homework is optional. Students may complete Individual Homework instead.

Purpose: Family Homework is a chance to share your beliefs about sexuality and relationships, and the beliefs of your family, culture or religion.

Directions: Student will do the homework with a family member or trusted adult who is like family. Find a quiet place where the two of you can talk privately for 5-10 minutes. Please follow these guidelines:

- It is okay for either of you to skip a question.
- What you discuss will not be shared with anyone else, unless you give one another permission to share it.
- Take turns asking questions. When it is your turn to listen, try to understand the other person's response.

Student: Show and explain the handout titled *How I Want to Be Treated by My Boyfriend or Girlfriend.*

Ask each other:

- Which qualities listed on the worksheet are most important to you in your dating relationships or in your marriage?
- Which qualities listed do you hope that I will have in my dating relationships or marriage?
- Are there other qualities you think are important that are not listed here? What are they?
- What is one piece of advice you would give someone about how to have a happy and healthy relationship?

Family Homework Confirmation Slip: Talking about Healthy Relationships

Due: _____

We have completed the family homework.

_____ _____

Date Signature of family member or trusted adult

_____ _____

Student's name Signature of student

Exit Ticket

Using one or more of these tips from your *Effective Communication Tips* handout, write 1 or 2 sentences telling someone you don't want to go on a date with them. Imagine this person is someone you like as a friend, but don't want to date.

- I-statements ("I think …", "I want …")
- Expressing opinions ("I believe …")
- Saying "No" firmly but respectfully
- Asking for what you want
- Initiating conversations
- Expressing positive feelings
- Expressing appreciation
- Stating your strengths and abilities ("I can …")

Lesson 6: Assessment Questions

1. List 3 characteristics of a healthy relationship.

2. Looking at your *Helping a Friend* handout, list one place you could contact for help if you or a friend were in an unhealthy relationship.

3. Looking at the *Healthy, Unhealthy and Warning Signs of Abuse*, explain in your own words how the "healthy relationship characteristics" are different from the unhealthy or abusive characteristics.

4. List three ways you could help a friend who is in an unhealthy or abusive relationship.

Lesson 6: Assessment Key and Standards Alignment

Question	Answer	Standard
1. List 3 characteristics of a healthy relationship.	Can include any healthy relationship characteristics from the *Healthy, Unhealthy and Warning Signs of Abuse* handout.	NSES: HR.12.CC.1 NHES: SH1.12.3
2. Looking at your *Helping a Friend* handout, list one place you could contact for help if you or a friend were in an unhealthy relationship.	Love Is Respect Phone:1-866-331-9474 Website: loveisrespect.org	NSES: HR.12.AI.1 PS.12.AI.2
3. Looking at the *Healthy, Unhealthy and Warning Signs of Abuse*, explain in your own words how the "healthy relationship characteristics" are different from the unhealthy or abusive characteristics.	Correct answers point out that the unhealthy and/or abusive characteristics are harmful to people.	NSES: PS.12.CC.1
4. List three ways you could help a friend who is in an unhealthy or abusive relationship.	Can include any tips or strategies from *How to Help a Friend* handout.	NSES: PS.12.IC.2
Exit Ticket: Using one or more of these tips from your *Effective Communication Tips* handout, write 1-2 sentences telling someone you don't want to go on a date with them. Imagine they are a person you like as a friend, but don't want to date. • I-statements ("I think …," "I want …") • Expressing opinions ("I believe …") • Saying NO firmly but respectfully • Asking for what you want • Initiating conversations • Expressing positive feelings • Expressing appreciation • Stating your strengths and abilities ("I can …")	Any statements following these guidelines are acceptable.	NSES: HR.12.IC.1 HR.12.IC.2 NHES: SH4.12.4 SH4.12.1

Integrated Learning Activities

SOCIAL STUDIES: Celebrities' Relationships
Conduct a current events activity in which students bring in stories from the news about celebrities' relationships. Analyze them together to determine if the relationship is being depicted as healthy or unhealthy. The following questions may be helpful:

- What were the clues in the article that let you know if the relationship was healthy or unhealthy?
- Do you think the article paints a realistic picture of these people's relationship? Why or why not?
- What messages do we get about relationships from the media?

LANGUAGE ARTS: Breathing Underwater
Assign the following book: Flinn, Alex. (2001). *Breathing Underwater*. New York: Harper. *Breathing Underwater* is a young adult novel that examines dating violence from the perspective of the abuser, a 16-year-old boy who also happens to be abused by his father at home. Use the book as the basis for in-class discussions or writing assignments. A reading guide is available on the Harper Collins website: www.harpercollins.com.

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Coercion and Consent

Grades 9-12, Lesson 7

Summary

Students review the results of the *Sexual Attitudes Survey* from Lesson 5 in order to set social norms that do not support sexual violence. The teacher then leads a class discussion to generate definitions of sexual assault, coercion and consent, followed by a discussion about the potential problems caused by power imbalances and age differences. Students conclude by working on scenarios in small groups, determining if consent is or is not present.

Student Learning Objectives

The student will be able to …

1. Define sexual consent and explain its implications for sexual decision making.
2. Analyze techniques that are used to coerce or pressure someone to have sex.
3. Describe potential impacts of power differences within sexual relationships.
4. Explain why it is an individual's responsibility to verify that all sexual contact is consensual.
5. Summarize why individuals have the right to refuse sexual contact.
6. Explain why it is wrong to trick, threaten, or coerce another person into having sex.

Lesson Timing

Warm up	Bell work + 2 minutes
Purpose of lesson	1 minute
Share survey results	4 minutes
Define terms	10 minutes
Review laws	5 minutes
Discuss power and age differences	5 minutes
Facilitate scenarios activity	20 minutes
Summarize	1 minute
Assign homework	
Exit ticket	2 minutes
Total	50 minutes

FLASH Key Concepts

Everyone has the right to say who touches their body and how.

It is never okay to touch someone else if they don't want you to, or to make them touch you.

There are laws about sex that everyone must follow.

Permission or agreement is required to engage in all sexual activity.

Rigid ideas about how men and women should act are harmful and limit how people can express themselves.

Standards

National Health Education Standards (SHECAT)

Standard 1	Students will comprehend concepts related to health promotion and disease prevention.
SH1.12.1	Explain how to build and maintain healthy family and peer relationships.
SH1.12.9	Analyze the factors that protect one against engaging in sexual risk behaviors.
SH1.12.12	Describe the importance of shared responsibilities for avoiding sexual activity and preventing sexual risk behaviors.
SH1.12.13	Analyze the relationship between using alcohol and other drugs and sexual risk behaviors.
SH1.12.29	Analyze techniques that are used to coerce or pressure someone to have sex.
SH1.12.30	Explain why it is an individual's responsibility to verify that all sexual contact is consensual.
SH1.12.31	Summarize why individuals have the right to refuse sexual contact.
SH1.12.32	Explain why it is wrong to trick, threaten, or coerce another person into having sex.
Standard 2	Students will analyze the influence of family, peers, culture, media, technology and other factors on health behaviors.
SH2.12.3	Analyze how peers and perceptions of norms influence healthy and unhealthy sexual health practices, behaviors, and relationships.
SH2.12.4	Analyze how personal attitudes, values, and beliefs influence healthy and unhealthy sexual health practices, behaviors, and relationships.
SH2.12.5	Analyze how some health risk behaviors influence the likelihood of engaging in risky sexual behaviors (e.g., alcohol and other drug use).
SH2.12.6	Analyze how laws, rules and regulations influence behaviors related to sexual health.
SH2.12.7	Analyze how school and community affect personal sexual health practices, behaviors, and relationships.
Standard 4	Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.
SH4.12.1	Demonstrate effective communication skills to promote sexual health and healthy relationships.
SH4.12.3	Demonstrate effective peer resistance, negotiation, and collaboration skills to avoid engaging in sexual risk behaviors.
SH4.12.4	Demonstrate effective communication strategies to prevent, manage, or resolve interpersonal conflicts.
Standard 5	Students will demonstrate the ability to use decision-making skills to enhance health.
SH5.12.7	Choose a healthy alternative when making a sexual health-related decision.
Standard 7	Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.
SH7.12.1	Analyze the role of individual responsibility for sexual health.
SH7.12.3	Demonstrate practices and behaviors to improve the sexual health of oneself and others.
Standard 8	Students will demonstrate the ability to advocate for personal, family, and community health.
SH8.12.1	Use peer and societal norms, based on accurate health information, to formulate a health enhancing message about avoiding or reducing risky sexual behaviors.

SH8.12.2	Persuade and support others to avoid or reduce risky sexual behaviors.

National Sexuality Education Standards

ID.12.SM.1	Explain how to promote safety, respect, awareness and acceptance
HR.12.CC.3	Define sexual consent and explain its implications for sexual decision making
HR.12.INF.2	Analyze factors, including alcohol and other substances, that can affect the ability to give or perceive the provision of consent to sexual activity
HR.12.AI.1	Demonstrate how to access valid information and resources to help deal with relationships
HR.12.SM.1	Demonstrate respect for the boundaries of others as they relate to intimacy and sexual behavior
PS.12.CC.1	Compare and contrast situations and behaviors that may constitute bullying, sexual harassment, sexual abuse, sexual assault, incest, rape and dating violence
PS.12.CC.2	Analyze the laws related to bullying, sexual harassment, sexual abuse, sexual assault, incest, rape and dating violence
PS.12.CC.3	Explain why using tricks, threats or coercion in relationships is wrong
PS.12.CC.4	Explain why a person who has been raped or sexually assaulted is not at fault
PS.12.AI.1	Access valid resources for help if they or someone they know are being bullied or harassed, or have been sexually abused or assaulted
PS.12.AI.2	Demonstrate ways to access accurate information and resources for survivors of sexual abuse, incest, rape, sexual harassment, sexual assault and dating violence
PS.12.IC.1	Demonstrate effective ways to communicate with trusted adults about bullying, harassment, abuse or assault *(homework)*
PS.12.IC.2	Identify ways in which they could respond when someone else is being bullied or harassed.
PS.12.INF.1	Describe potential impacts of power differences (e.g., age, status or position) within sexual relationships
PS.12.INF.2	Analyze the external influences and societal messages that impact attitudes about bullying, sexual harassment, sexual abuse, sexual assault, incest, rape and dating violence

Rationale

Theoretical Basis for Sexual Violence Prevention Lessons

The prevention of sexual violence is both a behavioral goal of FLASH in its own right, and an important strategy for preventing teen pregnancy and STDs. Sexual violence is correlated with a host of acute and chronic health problems - amplified by high rates of victimization in the United States.[1] Sexual violence is also strongly linked to teen pregnancy and STDs. Pregnant teens have higher rate of previous sexual assault, as do teens who begin having intercourse at a young age, increasing their risk of teen pregnancy and STDs.[2 3 4 5] Moreover, young teens with much older male partners have greatly increased risk of pregnancy.[6 7] Clearly, effective sexual violence prevention can reduce suffering and improve outcomes across many domains of health.

Sexual violence prevention programs have not been evaluated to the same extent as programs that reduce teen pregnancy and STDs. In the fields of public health and sexual violence prevention, the recommended approach to reduce sexual violence is to address "upstream" risk factors for perpetration.[8] FLASH's sexual violence prevention lessons address the risk factors for perpetration identified by the CDC[9] that are amenable to change through a school-based curriculum:

- Hostility towards women
- Hypermasculinity (exaggerated adherence to traits stereotypically attributed to men)
- General tolerance of sexual violence within the community
- Societal norms that support male superiority and sexual entitlement
- Societal norms that maintain women's inferiority and sexual submissiveness

Significantly, strategies to prevent victimization (e.g. how women can avoid risky situations for sexual assault) and to increase empathy for victims of sexual violence have had mixed results.[8] These approaches were also shown to have the unintended consequence of strengthening participants' beliefs in rape myths (e.g. women are responsible for being raped).[8] This further underscores the need to focus prevention efforts on reducing perpetration.

The CDC risk factors are specific to male-on-female violence. Importantly, research links these same risk factors to same-sex sexual harassment and sexual violence targeted at LGBT young people.[10] While the majority of sexual violence is perpetrated by men against women, there is much more to be learned about the risk factors for sexual violence perpetrated by women against men, and sexual violence perpetrated against someone of the same gender.

Coercion and Consent

Coercion and Consent focuses on resetting societal norms that lead to perpetration of sexual violence, and on identifying and recognizing sexual assault and consent. Students gain skills in recognizing when consent is given or not given in sexual situations, and increase their understanding of the laws about consent. This lesson focuses on the following CDC risk factors for perpetration: (1) general tolerance of sexual violence within the community, and (2) societal norms that support male superiority and sexual entitlement.

This is the third of a four-part series of lessons which includes *Undoing Gender Stereotypes, Healthy Relationships*, *Coercion and Consent* and *Online Safety*. All of the lessons are designed to prevent the perpetration of sexual violence.

Materials Needed

Student Materials

- *Washington Laws and Resources Handout*
- *Individual Homework: Being a Resource and Finding Resources*
- *Family Homework: Talking About Sexual Violence Prevention,* available in multiple languages on the FLASH website
- *Lesson 7 Exit Ticket*

Classroom Materials

- *Lesson 7 Warm Up*
- *Coercion and Consent Scenarios*

Teacher Preparation

1. Research your state's laws and make a local handout. If you are outside Washington State, modify the *State Laws & Resources* handout for your students based on laws and programs in your area. Visit the National Sexual Violence Resource Center's webpage at: http://www.nsvrc.org/organizations to find contact information for your state sexual violence prevention organization. They may have a handout already created, or can assist you in making one.

2. Tally the results of the *Sexual Attitudes Survey* from the Undoing Gender Stereotypes lesson (Lesson 5). Pick 2 to 4 of the questions that students answered favorably, and in which they showed a bias that was less favorable of their peers. Display the results visually. For example, make a pie chart, a colorful poster, a graph, etc. Instructions for creating a PowerPoint presentation with pie charts of students' responses can be the Teacher Preparation for Lesson 5.

3. Make arrangements for students who feel a need to be excused. It's recommended that no students be required to participate in this lesson if they prefer not to, and that students who wish to excuse themselves not be required to provide an explanation. As an alternative, students may complete the *Individual Homework* in the library during the class session.

Activities

1. Warm up

Display warm up as bell work

Question: Why is it important for young men to work to end sexual violence? (2–3 sentences)

2. Explain purpose of lesson and set the tone

In the last two lessons, we've talked about gender stereotypes and healthy relationships. During these lessons, we discussed many of the pressures put on boys and girls about how to act as individuals and how to treat one another. We talked about how some of these gender stereotypes and expectations can lead to unhealthy relationships, and can contribute to dating violence and sexual assault. Today we're going to continue the conversation about sexual health and healthy relationships, and discuss coercion and consent. These topics are part of sexual violence prevention.

I want to acknowledge that this is a sensitive topic. Most people in this room have either experienced sexual violence or know someone who has. Let's remember that and be thoughtful of one another when talking today. Let's keep our ground rules in mind, and people should feel free to take a break if they need to or to talk to me after class.

3. Share survey results

Display the results from the *Sexual Attitudes Survey* administered at the close of Lesson 5. Review several items from the survey, noting students' responses as well as the responses they thought their peers would give. Point out any discrepancies between what students expected of their peers versus what the survey results actually show. The script provided assumes that students answered at least a few statements favorably, and that they showed a bias that was less favorable of their peers. This is likely what your results will show as well. Display only the results that follow this pattern, since the purpose of this section is to re-establish social norms that are not supportive of sexual violence.

- *Does anyone notice any patterns in the results?*
- *Is anyone surprised by these results? Would anyone be willing to share what surprised you?*
- *What do you think this survey says about you and your peers?*

What we see from these results is that most of you agreed with the statements. Most of you feel it's important to get consent and respect partners' boundaries. For example, sometimes people say, "I was so turned on I couldn't help myself," or "We've had sex before, so I know my partner's OK with it." Most of you wouldn't agree with these sorts of statements. You understand that people have the right to say no to sexual activity at any point.

I noticed that, although you agreed with the statements on the survey, you weren't as sure your peers would. In almost every case, you thought your peers would feel less strongly than you did about the issues. That's interesting, because, of course, your peers also answered the survey, and you all are thinking the same things for the most part.

This is important, because sometimes we make decisions based on what we think our peers are doing. For instance, research shows that people sometimes feel pressured to have sex because they think that's what their peers are doing, when, in fact, the majority of teens aren't having any type of sex. I am glad you all had a chance to see that your peers' feelings about sexual responsibility and sexual violence are not that different from yours.

4. Define sexual assault, coercion and consent

Begin with an open ended question about why people always have the right to refuse sexual contact. Then, lead a class discussion to generate definitions of sexual assault, coercion and consent. Summarize students' comments to create the following final definitions/statements, and be sure to address the questions listed under each one.

Why people have the right to refuse sexual contact: People have the right to refuse sexual contact because no one, under any circumstances, is required to have any type of sex if they don't want to.

Sexual assault: Coercing or forcing another person into sexual contact.

- What are some types of sexual assault?

Coercion: The use of manipulation to persuade people to do something they may not want to do, such as being sexual or performing certain sexual acts.

- What are tactics someone might use to coerce another person into doing something that person may not normally want to do?
- Why is it wrong to coerce someone into sexual activity?

Consent: Permission or agreement to engage in sexual activity.

- Why should people always make sure they have consent before engaging in sexual activity?

Could someone tell me why people always have the right to refuse sexual contact? Why don't people have to have any type of sex if they don't want to?

Good. As we work through this lesson, always remember that people have the right to refuse sexual contact, because no one, under any circumstances, is required to have any type of sex unless they want to.

What is the definition of sexual assault?
Coercing or forcing another person into sexual contact.

*What are some types of sexual assault? (*Make sure examples include both touching and non-touching offenses, and at the minimum include the items listed below.)

- Rape
- Incest
- Sexual harassment
- Child sexual abuse

What is coercion?
The use of manipulation to persuade people to do something they may not want to do –

such as being sexual or performing certain sexual acts.

What are tactics someone might use to coerce another person into doing something that person may not normally want to do?
Examples include:

- Manipulation
- Abusing a position of power
- Older person taking advantage of a younger person
- Alcohol and other drugs

Unlike what many people believe, sexual assault, including rape, doesn't usually involve extreme physical force or injury. Often emotional manipulation, coercion, or alcohol and other drugs are used as tools to assault.

Why is it wrong to coerce someone into sexual activity?
If someone is coerced that is not consent.

What is consent?
Permission or agreement to engage in sexual activity.

Why should people always make sure they have consent before sexual activity?
Using force or coercion to make someone have any type of sex, or having any type of sex with someone without that person's consent, is sexual assault.

5. Review sexual assault laws

Review your state laws, especially noting how consent and coercion are handled, and whether forced oral, anal and vaginal sex as well as other types of sexual activity can all be considered sexual assault. Also specifically note at what ages it is illegal for two people to have sex. In some states, there is simply an age of consent. In other states, specific age differences are spelled out. Hand out the *State Laws & Resources* handout.

Note: Adapt the script to fit your state laws.

Washington State law says: "'consent' means that at the time of the act of sexual intercourse or sexual contact, there are actual words or conduct indicating freely given agreement to have sexual intercourse or sexual contact."

What does this mean? If someone forces someone else to have any type of sex, that is rape. If someone has any type of sex with a person who says no or shows they don't want to have sex, that is also rape. The law says "actual words or conduct," so consent can be verbal or nonverbal.

Consent is important. Washington State law also specifies that certain people cannot give consent. Who do you think is not legally able to consent?

Anyone who is mentally incapacitated due to alcohol or other drugs cannot give consent. Anyone who is physically helpless, unconscious or asleep cannot give consent. So, if someone has any type of sex with a person in these situations, it is also rape.

A couple of final points about consent: just because someone consents to one type of sexual activity does not mean that person has consented to other types of sexual activity. Also, just because someone has agreed to a sexual act in the past, does not mean that person will always agree to it.

Sex is also legal or illegal depending on the age of the two people having sex. Even if there is consent, sex or sexual touching is illegal if either person is under a certain age. In other words, an older person may not have any type of sex with someone who is much younger. Washington calls these laws "rape of a child." In some other states it is called "statutory rape," which basically means the same thing.

Here are the age differences in Washington State: (Read handout.)

6. Discuss power imbalance and age differences

(*Note:* Pay close attention to time—you will need 20 minutes to complete the Scenarios Activity. You may need to abbreviate the following discussion or skip to the small group activity if the students have had a lot of questions.)

After discussing the specific age difference in your state, lead a discussion with students about why it might be a bad idea, or why they think it is illegal, for a person to have sex with someone several years younger or older.

So, just as an example, it is illegal for a 20 year old to have any type of sex with a 15 year old. Although most people would agree that a 30 year old should not have sex with a 15 year old, sometimes people believe that when the age difference is a little closer the law may be unfair. In that situation, they ask questions such as, "What if the two people are really in love, or have been going out a long time? What if the 15 year old's parents know and approve of the relationship?" But, even in these situations, it is still illegal for several reasons. What do you think those reasons are? Why might it be a bad idea for a much older person to be in a sexual relationship with a much younger person?

Make sure discussion raises the following points, even if you have to add them yourself:

- An older person probably knows more, and can use that knowledge to influence or take advantage of a younger person.
- The younger person may assume that the older person knows more, whether or not that is true. The younger person is likely to believe what the older person says, which gives the older person a lot of opportunity to manipulate or lie to the younger person.
- The older person has access to things the younger person doesn't, such as a car, an apartment, a job, alcohol, etc. This can make the older person seem very attractive as a dating partner, and may cause the younger person to overlook serious concerns about the older person.
- Because the older person has more independence (perhaps an apartment or car, or no curfew if still living at home), it makes it easier to involve the younger person in a risky situation, such as being alone together in an apartment, being around alcohol or drugs, being out late, etc.

For all of these reasons and more, teens who have dating partners who are much older than they are more likely to get an STD ,[11] to become pregnant, or get someone pregnant while still a teen.[12]

7. Facilitate scenarios activity

(*Note:* Allow 20 minutes for this activity. If you are short on time, you can choose only a few scenarios.)

Divide the class into 6 groups. Hand out a *Coercion and Consent Scenarios* worksheet to each group and assign each group 1 of the scenarios to discuss. Allow small groups to discuss for 5-6 minutes. When finished, take turns asking the small groups to read their scenario and report to the class. Debrief points for each scenario can be found in the script.

Scenario 1:

- *Naomi is highly intoxicated and therefore cannot consent. Even if her words ("uh-huh") indicate yes, the fact that she is drunk means that she cannot consent.*
- *If they were both intoxicated, neither person can legally consent to sex. Technically, it is possible that either could be charged with rape. However, the one who initiates the sexual contact or who gives the other person alcohol may be more likely to be held responsible for rape. Also, people who are intoxicated are less likely to protect themselves against STDs, including HIV, and pregnancy.*
- *Ideally, a friend would step in and help intervene. Some ways to do this include: distracting them, staying by Naomi's side, pretending they need to come help someone who is sick, telling Jackson that it's not a good idea to hook up because Naomi is drunk.*

Scenario 2:

- *Jamal really wants to have sex (he asks twice), but he is respectful when Leila communicates her boundaries (with words and later with body language).*
- Note: Students may indicate that this appears to be a healthy relationship because Jamal and Leila have honest and clear communication.

Scenario 3:

- *There are several cues that indicate that Elena is not consenting, including: she shrugs her shoulders when he first touches her, she "hisses" and tells him to cut it out, she tries to push him away.*

Scenario 4:

- *This scenario is similar to Scenario 3, but important details are different. In this scenario, it appears that both people are consenting. We know this due to several factors: he touches her shoulders, she grins when he first touches her, she indicates that they could be doing something else, he pulls her close, she laughs, they both giggle, they kiss.*
- *She does say "cut it out," which means no. So, it is not entirely clear what she wants because in this moment, her body language says yes, and her words say no. It would be clearer if they were to ask each other directly, "Can I kiss you?"*
- *He assumes consent in this case because her "yes" cues far outweigh her "no" cues*

Scenario 5:

- *There is consent for the kiss.*
- *There are several cues: Tyra gave a hug, Monica gave a quick kiss, Tyra asked if they could kiss again, Monica laughed and they kissed again.*
- *There is no consent to do anything further at this point, therefore Tyra should ask. She could say, "Do you want to go further?" or "What do you want to do next?" or "Can I take*

your shirt off?"

Scenario 6

- *Consent is not possible in this scenario because of the age difference and because of Ciera's position of power (she is in a supervisory position as a coach).*
- *Even if the boy wanted to have sex and consented, Washington State law says that technically he cannot consent if she is in a position of power and he is more than 5 years younger. (Note: State laws may vary. Tailor the discussion to reflect the laws in your state.)*
- *Even if the law isn't broken, Ciera is still breaking ethical rules for coaches and is risking her job.*
- *Ideally, Taylor or other students who heard these rumors would report to a trusted adult or to police. It may be very difficult to report because there may be a lot of peer pressure to stay quiet about it*

8. Summarize

Summarize the lesson and answer any questions students still have about sexual violence.

Today we discussed sexual assault, coercion and consent. It was helpful to work through some scenarios to show that we all do know what consent looks like even in different situations. This information is useful to keep us safe and also keep us from hurting other people.

9. Assign homework

Allow students to choose between the individual or family homework and explain the assignments as needed.

Individual Homework: Being a Resource and Finding Resources

Family Homework: Talking about Sexual Violence Prevention, available in multiple languages on the FLASH website

10. Exit ticket

Hand out the *Lesson 7 Exit Ticket.*

Prompt: List 1 or 2 things someone can do to ensure there is consent for a kiss.

Possible answers:

- Ask if it is OK to kiss and wait for the other person to say yes.
- Initiate a short kiss, and wait to see if the other person initiates a second kiss.
- Read the other person's nonverbal cues. For example, a person can show consent physically by leaning in, embracing the other person or returning the kiss. Physical signs of non-consent include turning away, pushing the other person away, stiffening up and keeping arms crossed in front of the body.

Warm Up

Answer the following question in 2 or 3 sentences:

Why is it important for young men to work to end sexual violence?

Washington Laws and Resources Handout

What is sexual assault?

Sexual assault is a crime. Sexual contact is always illegal when force is used or when a person cannot give consent. It is always illegal if there is any type of sex with a close relative. "Sexual assault" refers to many different crimes. A good definition is "coercing or forcing another person into sexual contact."

Different kinds of sexual assault

Rape: This is any kind of sexual penetration by force or when the person can't consent. Sometimes physical force is used or threatened. Other times the victim is helpless or under the influence of alcohol or other drugs and can't consent. Sometimes the offender is a stranger. More often the offender is someone the victim knows.

Child sexual abuse: This is when an adult sexually touches or has any type of sex with a child or teen. The offender might use force, manipulation, bribery, pressure, or take advantage of a situation.

Incest: This is when a close relative such as a parent or step-parent sexually touches or has any type of sex with a child. It is always illegal, no matter how old the victim is.

Rape of a Child (also called statutory rape): In Washington State, any type of sex is illegal even when there is no force if:

- The younger person is under age 12, and the older person is more than 2 years older.
- The younger person is age 12 or 13, and the older person is more than 3 years older.
- The younger person is age 14 or 15, and the older person is more than 4 years older.

Sexual Misconduct: In Washington State, it is also illegal for a person in a position of power or authority to have a sexual relationship with any youth they supervise. This would apply to two situations:

- The younger person is age16 or 17, and the older person is more than 5 years older and is in a position of authority over the younger person.
- Any school employee has a sexual relationship with any enrolled student under age 21.

Where to Get Help

Find a local sexual assault center in Washington State: www.wcsap.org/help.htm

Find help outside of Washington State: www.nsvrc.org/organizations

Coercion and Consent Scenarios

1. Desiree and Naomi are best friends and are at a party together. Desiree notices that Naomi is drinking a lot and starting to slur her words. Jackson, a cute guy at the party, approaches Naomi, who is totally drunk. Jackson asks Naomi if she wants to hook up. Naomi nods her head and is led upstairs by Jackson. Desiree can see that Naomi is stumbling up the stairs.

   - What do you think about this situation?
   - Is consent possible in this situation? Why or why not?
   - Would it be different if both Jackson and Naomi were intoxicated?
   - What could Desiree do to help her friend? What could one of Jackson's friends do?

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2. Jamal and Leila have been dating for 6 months. Jamal feels he is ready to have sex. Jamal invites Leila over to his house one weekend night when his parents are out of town. Alone in the house, Jamal talks with Leila about wanting to have sex and Leila tells him she's not ready. A little later while making out in Jamal's room, he asks her again about having sex. Leila shakes her head no and looks away. Jamal is disappointed but goes no further.

   - Was there consent in this scenario? What did the person say or do to let you know?
   - What do you think about Leila and Jamal's relationship?

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3. Rob and Elena are in the library, working on a school report. At the computer station, Rob begins to give Elena a backrub. "This research is boring," he says. Elena shrugs her shoulders under his hands. Rob puts his arms around her from behind and pulls her close to him. Elena leans forward and hisses, "Cut it out, you're going to get us in trouble." Rob pulls her into the corner. As Elena puts her hands on his chest and tries to push him away, he pulls her to him and kisses her.

   - Was there consent in this scenario? What did the person say or do to let you know?
   - If you have time, read and discuss Scenario 4.

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4. Rob and Elena are in the library, working on a school report. At the computer station, Rob begins to give Elena a backrub. "This research is boring," he says. Elena turns around and grins at him. "Yeah, it is, compared to what we could be doing," she says. Rob puts his arms around her and pulls her close to him. Elena puts her arms around his neck and laughs, "Cut it out, you're going to get us in trouble." Rob pulls her into the corner. Giggling, they kiss.

   - Was there consent in this scenario? What did the person say or do to let you know?
   - If you have time, read and discuss Scenario 3.

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5. Tyra walked Monica home after they saw a movie together Friday night. When they got to Monica's house, they stood talking for a while. When Tyra gave Monica a hug goodnight, Monica responded with a quick kiss on the lips. Tyra smiled and said, "Can we do that again?" Monica laughed, and they kissed for a long time. They went inside and kept kissing. Tyra wanted to go further but couldn't really tell what Monica wanted by her body language.

   - Was there consent for the kiss? What did the person say or do to let you know?
   - Was there consent to do anything further sexually?
   - What should Tyra do in this situation?

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6. Ciera is 23 years old. She is a teacher and the girls' basketball coach at Lake High School. She has been coaching the boys' basketball team lately because the boys' coach has been out sick. Some of the girls notice that Ciera is kind of flirtatious with some of the guys on the boys' team. She has also been offering a few of the boys private coaching sessions, but tells them to keep it a secret, so the girls don't get jealous. A member of the boys' team tells his friend Taylor that he and Ciera hooked up last weekend.

   - What do you think about this situation?
   - Is consent possible in this situation? Why or why not?
   - What would you do if you were Taylor?

Individual Homework: Being a Resource and Finding Resources

Name _____ **Period** _____

Describe 3 ways that you could talk to or intervene with a friend who you have seen touch someone in an inappropriately sexual way in the hall at school.

1.

2.

3.

Family Homework: Talking about Coercion and Consent

All Family Homework is optional. Students may complete Individual Homework instead.

Purpose: Family Homework is a chance to share your beliefs about sexuality and relationships, and the beliefs of your family, culture or religion.

Directions: Student will do the homework with a family member or trusted adult who is like family. Find a quiet place where the two of you can talk privately for 5-10 minutes. Please follow these guidelines:

- It is okay for either of you to skip a question.
- What you discuss will not be shared with anyone else, unless you give one another permission to share it.
- Take turns asking questions. When it is your turn to listen, try to understand the other person's response.

For each scenario ask the adult: (1) What would you like me to do in this situation? (2) How could I ask for your help?

Ask each other: Are there certain rules or agreements that we both should follow?

I'm hanging out with friends and they start doing things that make me feel unsafe. This could include things such as drinking, going to a party I don't want to go to, acting sexually in a way that makes me feel uncomfortable, etc.

I'm hanging out at a friend's house and my friend's parents or guardians go out for the evening. I start to feel uncomfortable.

My boss at work is 23. This boss is cute and has been pretty friendly with me. I've enjoyed the attention until now. Recently, I've started feeling uncomfortable with the sexual innuendos that have been made. I'm often alone with my boss at work and am feeling more uncomfortable.

Family Homework Confirmation Slip: Talking about Coercion and Consent

Due: _____

We have completed the family homework.

_____ _____

Date Signature of family member or trusted adult

_____ _____

Student's name Signature of student

Exit Ticket

List 1 or 2 things someone can do to ensure there is consent for a kiss.

Lesson 7: Assessment Questions

1. In class we read a scenario about someone who was about to have sex with another person who was too drunk to consent. What are two things you could do in a situation like that to keep your friend and the other person safe?

2. Define sexual consent.

3. Why do alcohol and other drugs make it harder for someone to give or get consent?

4. Sexual assault is never the fault of the victim. It is always the fault of the person who committed the act of sexual violence. Explain why.

5. Look back at your *State Laws and Resources* handout. List one organization that someone could contact if they felt their relationship was unsafe, or if they had been sexually assaulted.

6. The *Sexual Attitudes Survey* we reviewed in class showed that most students agreed it's important to get consent and respect other people's boundaries in a sexual situation, but didn't think this was what their peers believed. What can you infer from these results?

7. Match the following terms with the definitions.

1. Rape	A. Coercing or forcing another person into sexual contact
2. Child sexual abuse	B. An adult sexually touches or has any type of sex with a child or teenager
3. Incest	C. A close relative such as a parent or stepparent sexually touches or has any type of sex with a child.
4. Sexual assault	D. Any kind of sexual penetration by force or when the person can't consent.

8. Why is it wrong to coerce someone into sexual activity?

9. Explain why it is illegal for a much older person to be in a sexual or dating relationship with a much younger person.

10. What are some things a person might do to try to coerce someone else to have sex? What do these techniques have in common?

11. Why is it important for a person to make sure there is consent before engaging in sexual activity with another person?

12. Summarize why people have the right to refuse sexual contact.

13. The results of the *Sexual Attitudes Survey* we reviewed in class showed that most students agreed that it's important to get consent and respect other people's boundaries in a sexual situation, but didn't think this was what their peers believed. Imagine you are creating an ad campaign for teens to encourage them to always get consent and respect other people's boundaries in sexual situations. Based on the survey results, what would be a key message of your campaign?

Lesson 7: Assessment Key and Standards Alignment

Question	Answer	Standards
1. In class we read a scenario about someone who was about to have sex with another person who was too drunk to consent. What are two things you could do in a situation like that to keep your friend and the other person safe?	• Distract either of them • Stay with your friend, don't let them be alone together • Make an excuse to get your friend to leave (e.g., someone is sick and needs help), • Tell the person who is about to have sex without consent that it's a bad idea because the other person is too drunk	NSES: ID.12.SM.1
2. Define sexual consent.	Permission or agreement to engage in sexual activity.	NSES: HR.12.CC.3
3. Why do alcohol and other drugs make it harder for someone to give or get consent?	When people are drunk or high they cannot legally consent. When people are drunk or high they may misunderstand someone else's actions.	NSES: HR.12.INF.2 NHES: SH1.12.13
4. Sexual assault is never the fault of the victim. It is always the fault of the person who committed the act of sexual violence. Explain why.	Possible correct answers include: • Because everyone has the right to say who touches his/her body and how. • Because having sex without the other person's consent is illegal • Because people have the right to stop sexual activity at any point. • Because no one, under any circumstances, is required to have sex if they don't want to	NSES: PS.12.CC.4
5. Look back at your *State Laws and Resources* handout. List one organization that someone could contact if they felt their relationship was unsafe, or if they had been sexually assaulted.	Resources listed on handout	NSES: HR.12.AI.1 PS.12.AI.1 PS.12.AI.2 NHES: SH1.12.13
6. The *Sexual Attitudes Survey* we reviewed in class showed that most students agreed it's important to get consent and respect other people's boundaries in a sexual situation, but didn't think this was what their peers believed. What can you infer from these results?	Possible answers include: • Ideas about what other people think about sex and consent aren't necessarily correct. • People may sometimes act in ways they don't think are right, because they believe their friends think something different. • Messages from society about consent and sexual violence are different from what people actually think.	NSES: PS.12.INF.2
7. Match the following terms with		NSES:

their definitions: 1. Rape 2. Child sexual abuse 3. Incest 4. Sexual assault A. Coercing or forcing another person into sexual contact B. An adult sexually touches or has any type of sex with a child or teenager C. A close relative such as a parent or stepparent sexually touches or has any type of sex with a child. D. Any kind of sexual penetration by force or when the person can't consent.	1. Rape (D) 2. Child sexual abuse (B) 3. Incest (C) 4. Sexual assault (A)	PS.12.CC.1
8. Why is it wrong to coerce someone into sexual activity?	If someone is coerced into sexual activity, that is not consent. Any type of sex without consent is sexual assault.	NSES: PS.12.CC.3 NHES: SH1.12.32
9. Explain why it is illegal for a much older person to be in a sexual or dating relationship with a much younger person.	Possible answers include: • Older person probably knows more, and can use that knowledge to influence or take advantage. • Younger person may assume the older person knows more, even when that isn't true, and be more likely to believe what the older person says. Older person can manipulate or lie to the younger person. • Older person has access to things the younger person doesn't (car, apartment, job, alcohol, etc.). This can make the older person seem very attractive as a dating partner, and may cause the younger person to overlook serious concerns. • Because the older person has more independence (an apartment or car, no curfew if still living at home), it makes it easier to involve a younger person in a risky situation, such as being alone together in an apartment, being around alcohol or drugs, being out late, etc.	NSES: PS.12.INF.1 NHES: SH2.12.3 SH2.12.4 SH2.12.5 SH2.12.7

10. What are some things a person might do to try to coerce someone else to have sex? What do these techniques have in common?	Possible tactics include: • Manipulation • Abusing a position of power • Older person taking advantage of a younger person • Drugs and alcohol • Pressure • Threats What they have in common: • They all involve ignoring the other person's boundaries. • They all involve overpowering the other person. • None of them involve consent.	NHES: SH1.12.29
11. Why is it important for a person to make sure there is consent before engaging in sexual activity with another person?	Possible answers include: • If you have any type of sex with someone without consent, that is rape • You might think you have consent but be wrong. • It's never the fault of the person who was sexually assaulted. The other person needs to be responsible for obtaining consent.	NHES: SH1.12.30
12. Summarize why people have the right to refuse sexual contact.	People have the right to refuse sexual contact because no one, under any circumstances, is required to have any type of sex unless they want to.	NHES: SH1.12.31
13. The results of the *Sexual Attitudes Survey* we reviewed in class showed that most students agreed that it's important to get consent and respect other people's boundaries in a sexual situation, but didn't think this was what their peers believed. Imagine you are creating an ad campaign for teens to encourage them to always get consent and respect other people's boundaries in sexual situations. Based on the survey results, what would be a key message of your campaign?	The message should use norms, and should persuade others not to commit sexual assault. Any message that shows that getting consent is normal, expected, cool or "the thing that everyone is doing" is acceptable. Also acceptable, messages that point out that your peers don't think what you think they do, or that you should not make decisions based on what you think others are thinking.	NHES: SH8.12.1 SH8.12.2

Family Homework		NSES: PS.12.AI.2 NHES: SH1.12.1
Individual Homework		NSES: ID.12.SM.1 HR.12.AI.1 PS.12.AI.1 PS.12.AI.2 NHES: SH.7.12.3
Exit Ticket: List 1 or 2 things someone can do to ensure there is consent for a kiss.	Possible answers: • Ask if it is OK to kiss and wait for the other person to say yes. • Initiate a short kiss, and wait to see if the other person initiates a second kiss. • Read the other person's nonverbal cues. For example, a person can show consent physically by leaning in, embracing the other person or returning the kiss. Physical signs of non-consent include turning away, pushing the other person away, stiffening up and keeping arms crossed in front of the body.	NSES: HR.12.CC.3

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Online Safety: Sexual Violence Prevention

Grades 9-12, Lesson 8

Summary

Students brainstorm online and digital technology resources used by teens, and what those resources are used for. They evaluate their brainstorm to determine the potentially positive and negative roles of technology and social media. The teacher leads a discussion about sexual violence, specifically as it relates to technology, and then students use a research-based list of "online behaviors to avoid" to identify risky behaviors in a series of scenarios involving online communication.

Student Learning Objectives

The student will be able to …

1. Evaluate the potentially positive and negative roles of technology and social media in relationships.
2. Describe strategies to use social media safely, legally and respectfully.
3. Analyze the effect of technology on personal and community sexual health practices and behaviors.

Lesson Timing

Warm up	Bell work + 2 minutes
Introduce lesson / technology brainstorm	5 minutes
Evaluate brainstorm	7 minutes
Discuss sexual violence	8 minutes
Scenarios activity	25 minutes
Assign homework	
Exit ticket	3 minutes
Total	50 minutes

FLASH Key Concepts

Everyone has the right to say who touches their body and how.

It is never okay to touch someone else if they don't want you to, or to make them touch you.

There are laws about sex that everyone must follow.

Permission or agreement is required to engage in all sexual activity.

Rigid ideas about how men and women should act are harmful and limit how people can express themselves.

Standards

National Health Education Standards (SHECAT)

Standard 1	Students will comprehend concepts related to health promotion and disease prevention.
SH1.12.6	Evaluate the negative consequences of sending sexually explicit pictures or messages by e-mail or cell phone or posting sexually explicit pictures on social media sites (e.g., chat groups, e-mail, texting, websites, phone and tablet applications).
Standard 2	Students will analyze the influence of family, peers, culture, media, technology and other factors on health behaviors.
SH2.12.8	Analyze the effect of media and technology on personal, family, and community sexual health practices, behaviors, and relationships.
Standard 4	Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.
SH4.12.2	Demonstrate how to manage personal information in electronic communications and when using social media (e.g., chat groups, e-mail, texting, websites, phone and tablet applications) to protect the personal sexual health of oneself and others
Standard 7	Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.
SH7.12.2	Evaluate personal practices and behaviors that reduce or prevent sexual risk behaviors.
SH7.12.3	Demonstrate practices and behaviors to improve the sexual health of oneself and others.

National Sexuality Education Standards

ID.12.SM.1	Explain how to promote safety, respect, awareness and acceptance.
PR .12.INF.1	Analyze influences that may have an impact on deciding whether or when to engage in sexual behaviors.
HR.12.CC.4	Evaluate the potentially positive and negative roles of technology and social media in relationships.
HR.12.SM.2	Describe strategies to use social media safely, legally and respectfully.
PS.12.CC.1	Compare and contrast situations and behaviors that may constitute bullying, sexual harassment, sexual abuse, sexual assault, incest, rape and dating violence.
PS.12.IC.1	Demonstrate effective ways to communicate with trusted adults about bullying, harassment, abuse or assault.
PS.12.INF.1	Describe potential impacts of power differences (e.g., age, status or position) within sexual relationships.

Rationale

Theoretical Basis for Sexual Violence Prevention Lessons

The prevention of sexual violence is both a behavioral goal of FLASH in its own right, and an important strategy for preventing teen pregnancy and STDs. Sexual violence is correlated with a host of acute and chronic health problems - amplified by high rates of victimization in the U.S.[1] Sexual violence is also strongly linked to teen pregnancy and STDs. Pregnant teens have higher rate of previous sexual assault, as do teens who begin having intercourse at a young age, increasing their risk of teen pregnancy and STDs.[2 3 4 5] Moreover, young teens with much older male partners have greatly increased risk of pregnancy.[6 7] Clearly, effective sexual violence prevention can reduce suffering and improve outcomes across many domains of health.

Sexual violence prevention programs have not been evaluated to the same extent as programs that reduce teen pregnancy and STDs. In the fields of public health and sexual violence prevention, the recommended approach to reduce sexual violence is to address "upstream" risk factors for perpetration.[8] FLASH's sexual violence prevention lessons address the risk factors for perpetration identified by the CDC[9] that are amenable to change through a school-based curriculum:

- Hostility towards women
- Hypermasculinity (exaggerated adherence to traits stereotypically attributed to men)
- General tolerance of sexual violence within the community
- Societal norms that support male superiority and sexual entitlement
- Societal norms that maintain women's inferiority and sexual submissiveness.

Significantly, strategies to prevent victimization (e.g. how women can avoid risky situations for sexual assault) and to increase empathy for victims of sexual violence have had mixed results.[8] These approaches were also shown to have the unintended consequence of strengthening participants' beliefs in rape myths (e.g. women are responsible for being raped).[8] This further underscores the need to focus prevention efforts on reducing perpetration.

The CDC risk factors are specific to male-on-female violence. Importantly, research links these same risk factors to same-sex sexual harassment and sexual violence targeted at LGBT young people.[10] While the majority of sexual violence is perpetrated by men against women, there is much more to be learned about the risk factors for sexual violence perpetrated by women against men, and sexual violence perpetrated against someone of the same gender.

Online Safety

The *Online Safety* lesson reinforces the anti-perpetration messages and norm resetting that takes place in the previous three lessons. It focuses on preventing perpetration of sexual assault and online bullying, and educating students about behaviors that may put them at greater risk for perpetration and victimization.

This lesson centers students as experts in the realm of online communication, and allows them to come up with strategies to prevent perpetration of online and in-person violence. Teens today are digital natives,[11] people who have grown up with digital communication and media, and who are highly knowledgeable about these forms of media. Additionally, research shows that not all youth are equally at risk for sexual violence committed or initiated online.[12] This lesson focuses on helping youth avoid specific online behaviors that are most amenable to change and have been identified by research as increasing the risk for perpetration or victimization (e.g.

requesting or posting nude pictures, visiting porn sites, using sexy sounding screen names, etc.)[12]

This is the fourth of a four-part series of lessons which includes *Undoing Gender Stereotypes, Healthy Relationships*, *Coercion and Consent* and *Online Safety*. All of the lessons are designed to prevent the perpetration of sexual violence.

Materials Needed

Student Materials

- *Online Behaviors to Avoid*
- *Communication Scenarios*
- *Handout for Parents and Guardians: Online Safety*
- *Individual Homework: Online Communication and Safety*
- *Family Homework: Talking About Online Safety*, available in multiple languages on the FLASH website
- *Lesson 8 Exit Ticket*

Classroom Materials

- *Lesson 8 Warm Up*

Teacher Preparation

Review your state's statutory rape laws. Specific age differences in Washington State law can be found in Lesson 7. Elsewhere in the U.S., look up your state's statutory rape law here: http://aspe.hhs.gov/hsp/08/SR/StateLaws/index.shtml.

Activities

1. Warm up

Display warm up as bell work.

Prompt: The following tips are about risky behaviors that should be avoided when talking with others online or over text. Choose the one you think is most important and write 1 or 2 sentences about why you agree with it.

1. Avoid using the Internet to make rude or nasty comments to other people.
2. Avoid communicating online with people who are older or younger (more than a couple years) about sex.
3. It is best to not ask anyone to send you nude pictures or videos.
4. Meeting people in real life who you met online can be risky, especially if the person is older.
5. Looking at pornography online can be a bad idea, especially for teens. There are sometimes extreme and disturbing things that can't be "unseen."

2. Introduce lesson and lead technology brainstorm

Explain that this lesson will cover how teens can keep themselves safe online, especially from sexual assault. Let them know that the information shared in this lesson has been shown through research to be effective.

Lead the brainstorm by asking students to list the online spaces or digital tools they use to communicate, and what they use them for. Record answers on the board. A sample list is provided in the script.

In previous lessons you've learned lots of different ways to keep yourself healthy and safe. Today we're going to talk about the ways we use technology to communicate with friends and meet new people. We are also going to discuss how teens can stay safe online so that they are less likely to get hurt or to hurt others sexually.

This lesson may sound different than lessons you have had in the past about online safety, or what adults may have told you about being safe online. That's because sometimes what people think will keep teens safe online isn't true. Today we will focus on behaviors that research tells us put young people at risk for sexual violence and sexual bullying online, and how we can prevent teens from sexually hurting or assaulting others.
First, I want to hear from you. You all certainly know more than I do about online communication, so you tell me: What types of online spaces or digital tools are teens using to communicate with each other? As you list the type of technology, also tell me if there are certain things teens usually use it for – such as making plans, meeting new friends, etc.

Some possible answers for these lists include:

Technology	**Possible Communication Uses**
• Internet	• Meet people; find out information about people (i.e. Google them)
• Social networking sites (Facebook, Instagram, Snapchat, etc.)	• Meet new friends or people to date; keep in

• Texting • Tweeting (Twitter) • Video or blogging sites (YouTube, Tumblr, etc.)	touch with current friends and family; chat with friends online; flirt; share information quickly with a group of people • Keep in touch with friends and family; flirt; make plans • Share information quickly with a group of people; gossip • Share information and fun stuff with people you know and strangers; educate people; be creative; meet new friends or people to date; keep in touch with current friends and family

3. Evaluate brainstorm

Help students evaluate their brainstorm to determine the potentially positive and negative roles of technology and social media in relationships.

Once the list has been created, ask students how online or text interactions are similar or dissimilar to in person interactions. Then ask students what are the positive things that online or text interactions can offer, and what are the negative things. Record their answers in two columns on the board labeled "Good" and "Not So Good." A sample list is provided in the script. After creating the lists, transition by pointing out that there are many positive things that come from these online interactions, and there are also clearly some risks.

Let's think about the things we just brainstormed.

- How are your interactions online or over text or chat similar to the interactions that you have in person with people?
- How are they different?

Great, now let's think about the good and not so good things that can happen in these interactions.

- What do you see as the "good stuff," the positives or pros that online interactions can offer?
- What do you see as some of the "not so good stuff," the risks or cons about online interactions?

Some possible answers for these lists include:

Good	**Not So Good**
• Privacy • Anonymity • Fewer inhibitions • Meet new people you would never have met otherwise • Easily ignore people you don't want to talk to • Freedom to say whatever you want • Stay connected with friends and family • Share information quickly and easily	• Can't control forwarding or reposting of your personal information or pictures • Can have misunderstandings in communication • Rumors spread very quickly • Get hit on by people you're not interested in • Information that has been posted can often be retrieved even after deleting it • Sometimes wind up in situations that feel uncomfortable A private conversation can

- Learn new information
- Easier to flirt or start a conversation with someone you like
- Meet others from a community you belong to, such as other LGBTQ youth, others who share your religion, etc.

be shared with others
- Bullying and harassment is easier and more public
- Can end up at sites you don't want to be at
- It's risky to post or share nude or sexy photos online or over text

The Internet and other phone technology–such as texting and sharing photos–have some great advantages. They can help you meet new people, stay connected with friends and family, share information and learn new information. However, as we discussed, there are some risks involved with these technologies too. Most of the risks are the same things that exist off line, but we know that things can escalate much quicker online, even hurtful things that we do to others. There are also disturbing photos and videos that can't be unseen once they've been watched.

4. Discuss sexual violence

Facilitate a discussion about the risks of sexual violence and their connections to technology.

Remind students that many of the risks of communicating online are sexual risks. Cover the following main points:

- People may receive unwanted and even offensive sexual attention online.
- Sometimes people meet online and develop relationships, and then make the risky decision to meet in person and have sex. This can lead to sexual assault.
- People may develop relationships with people who are much younger or older than they are. If these relationships are sexual, they may be against the law.

Lead a discussion about why dating an older person may be appealing, and what the risks might be. Examples are listed in the script.

One of the risks of communicating online is that people may receive unwanted sexual attention, or have people say offensive or scary sexual things to them. Some people may even be sexually assaulted in real life by a person they first met online. Sometimes people are scared or hurt by people they don't know at all - strangers or people who pretend to be someone they are not. However, just like with other types of sexual assault, it is much more common for people to be hurt by someone they know, even if they don't know the person well.

We mentioned earlier that one good thing about the Internet is how easy it is to meet people online who have similar interests. These may be people you would never have met in real life. They may live in another location, be friends with a different group of people, or be a different age. One risk in online interactions, which we also see in real life, is that people sometimes initiate sexual relationships with people who are much older or much younger than they are. The Internet can make it easy for people who are much older or younger than each other to meet. Occasionally, they develop a relationship online and then make plans to meet in person and have sex.

As we discussed in our previous lesson about coercion and consent, having any type of sex

with someone who is much older or younger is against the law, even when both people agree to have sex. It may also be dangerous for the younger person. These laws about age differences for a sexual relationship are the same whether people meet online or off line, and the older person is always the one who gets in trouble.

Ask students the following questions:

- *What could be interesting or appealing about dating someone older?*
- *What could be some of the risks?*

Some possible answers for these lists include:

Interesting/Appealing

- Older person knows more
- Younger person assumes the older person knows more/is smarter
- Older person has access to things younger person doesn't: money, car, apartment, job, alcohol, etc.
- Older person has more independence (a car, no curfew, etc.)
- For LGTBQ youth, the older person may be the only other LGBTQ person they know

Risks

- Could use knowledge to influence or take advantage of younger person
- Older person could manipulate younger person
- Could make older person seem attractive, younger person might overlook serious concerns about that person
- Risky situations where young person is alone in an apartment with someone, around alcohol/drugs, out late, etc.

Make sure the following points are made:

- Older people can use their experience or knowledge to influence or take advantage of a younger person.
- Older people have access to things that younger people don't, such as a car, an apartment, a job, alcohol, etc. This can make the older person seem very attractive as a dating partner, and may cause the younger person to overlook serious concerns they have about that person.
- Because the older person has more independence (perhaps an apartment or car, maybe no curfew if still living at home), a younger person is more likely to end up in risky situations with an older person than with a person of the same age. The risky situations may involve being alone in an apartment with someone, being around alcohol or drugs, being out late, etc.

5. Small groups identify online risky behaviors

Distribute the *Online Behaviors to Avoid* handout. Ask students to take turns reading the behaviors aloud, until all have been read. Next, distribute the *Communication Scenarios* worksheet and divide students into pairs or small groups. Assign each group a number from 1 to 5. Instruct students to read the scenario that corresponds with their number, discuss the scenario together, and fill in the questions at the end of their scenario, using the *Online Behaviors to Avoid* handout to assist them.

The Online Behaviors to Avoid *handout lists behaviors that research has found makes people more vulnerable to being hurt sexually and hurting others sexually. You might be surprised at some of the things on this list. They may be different than what you have been taught in the past about online safety. They are based in research and are important for us*

to know when we're thinking about how we treat others online and how we want others to treat us online.

Let's work in groups now to think about how this information might apply in some real life situations. I will ask you to share your answers with the class when you are done.

Use the *Communication Scenarios Key* to debrief the activity, asking each group to state their responses to the questions from their scenario. Write groups' suggestions for "safer choices" on the board, to create a list of safer options for the entire class.

Make sure the list on the board includes:

- Do not ask people for nude pictures, and, if you are sent a nude picture, delete it right away and do not show or send it to others.
- If you are going to meet someone in person who you met online, meet in a public place with other people present, and never meet just to have sex.
- Do not talk about sex with people you don't know online.
- Only send pictures and videos you would be OK with sharing with others.

Close with a summary of the main points of the lesson.

We talked today about how online communication can be fun and convenient, especially over social media. There are lots of benefits to online communication, and there are risks, too. There are also certain behaviors that can increase your risk online, making it easier for you to hurt others or be hurt. This makes it important to think about how we want to treat others online and via text. We worked with scenarios to figure out some good ways to not hurt other people, online or in real life, and figured out small changes we can make to keep ourselves safer online.

You all have lots of knowledge about social media and online communication, and I appreciate you sharing your knowledge today. I hope that we can use the skills we learned in this lesson to help keep our online communication the most positive it can be.

6. Assign homework

Allow students to choose between the individual or family homework and explain the assignments as needed. In order to complete the *Family Homework* students will take home 2 pages.

Individual Homework: Digital Communication & Safety

Family Homework: Online Safety AND *Handout for Parents and Guardians: Online Safety*, available in multiple languages on the FLASH website

7. Exit ticket

Hand out the *Lesson 8 Exit Ticket.*

Prompt: What is one thing you can do when communicating online or by text to make sure you are keeping yourself and others safe?

Possible answers:

- Do not ask people for nude pictures.
- If you are sent a nude picture, delete it right away and do not show or send it to others.
- Don't agree to meet people you don't know in real life.
- Don't agree to meet people you don't know in real life just to have sex.
- If you are going to meet someone in person whom you met online, meet in a public place with other people present.
- Do not talk about sex with people you don't know online.
- Only send pictures and videos you would be OK with sharing with others.
- Don't make rude or nasty comments to other people.
- Don't communicate with people who are much older or younger than you about sex.
- Don't use file sharing or free download programs.
- Don't look at pornography.

Warm Up

The following tips are about risky behaviors that should be avoided when talking with others online or over text. Choose the one you think is most important and write 1 or 2 sentences about why you agree with it.

1. Avoid using the Internet to make rude or nasty comments to other people.

2. Avoid communicating online with people who are older or younger (more than a couple years) about sex.

3. It is best to not ask anyone to send you nude pictures or videos.

4. Meeting people in real life who you met online can be risky, especially if the person is older.

5. Looking at pornography online can be a bad idea, especially for teens. There are sometimes extreme and disturbing things that can't be "unseen."

Online Behaviors to Avoid

The truth is that sexual assault and sexual harassment are never the victim's fault. Research does show, however, that certain online behaviors put young people at a greater risk of being approached by people who want to hurt them. These behaviors can also make it easier to hurt others sexually.

1. Avoid using the Internet to make rude or nasty comments to other people, or joining in against your better judgment when friends are harassing others online. Even if it feels harmless at the time, it can spread quickly and endanger other people. Think before you post.

2. Avoid communicating about sex online with people who are more than a couple years older or younger than you. Also avoid visiting porn sites and creating sexy-sounding screen names for yourself. All of these behaviors can put you at risk. It is illegal for older people to talk with young people about sex online, even if it seems fun, harmless or romantic.

3. It is best to not ask for anyone to send you nude pictures or videos, and, if you are sent these kinds of pictures, delete them right away and never share them with anyone. Nude pictures can get you in trouble with the law, and photos of people under age 18 may be considered child pornography.

4. Meeting people in real life who you met online can be risky, especially if the person is older. You may think you know them well, but they may fool you. If you do choose to meet, it is safer to meet in a public place, and go with a friend. Make sure you have your cell phone and an exit plan. It is also a good idea to tell your parent or a trusted adult about the meeting.

5. Free downloads and file-sharing can put unwanted pornography on your computer or phone that can be hard to get rid of. Any pornography that shows children or teens under age 18 is illegal and can get you in big trouble. It is also important to be careful what you look at online, even for a laugh. There are extreme and disturbing things that can't be "unseen."

Adapted from Crimes Against Children Research Center's "Internet Tips for Teens"
http://www.unh.edu/ccrc/internet-crimes/safety_ed.html.

Communication Scenarios

1. Jaz and Joey are both 15 and have been dating for 2 months. They like being flirty with each other over text. The other night while they were texting things got heated and they sent some very sexy messages to each other. Joey asked for a picture, and Jaz sent a picture of herself without a shirt on. A few weeks later Jaz broke up with Joey because she met a new guy that she liked. Joey was angry and sent some of Jaz's texts and the picture to his friends with some rude comments about her. He also decided to send them to Jaz's new boyfriend.

   What did Joey do that hurt Jaz?

   What are two things Joey could have done (or not done) to prevent hurting Jaz?

2. Sashi is worried about her best friend Jenna's relationship. So far Jenna and her boyfriend Trevor have only met online and their communication includes sexting and sending sexy photos. However, they are planning on meeting on Friday for dinner and then staying over at a motel. Jenna says that Trevor is so romantic and really understands her, and he's even sent flowers to her at school. But Sashi thinks it's weird that Trevor is 22 and is interested in a high school sophomore. Plus, Jenna is keeping her relationship secret from her parents and wants Sashi to lie and say that Jenna is spending the night at Sashi's house.

   What could Sashi do to help her friend?

   What is Trevor doing that is wrong?

   Even if Jenna knows it's not a good idea, what should she do to help remain safe in this situation?

3. Louisa's friend Veronica sent her a link a few weeks ago to a porn site. Louisa opened the link when she was at her dad's house, because she knew he wouldn't keep track of what sites she visits. She hadn't ever been to a porn site before, and looked at it for only a few minutes until she closed the screen in embarrassment. A few weeks later, Louisa was thinking about the site again, and opened the link. She explored the site, looking at pictures and videos, and noticed that there was an option to chat within the site. She signed up for a screen name, "SexxyChick17" and started chatting with people about a video she thought was really hot. A few people saw her profile picture and said she should post a video of herself on the site.

   What are some of the unsafe online behaviors that are happening?

   What could Louisa do to decrease risk in this situation?

4. Manuel is still friends with a few people from his old middle school, even though he goes to a different high school than they do. One of his friends, Bob, isn't very popular. Manuel is online and sees that his other friends from his old school have posted comments on Bob's page saying that he has a girl's chest and taunting him. They also posted a video they made of Bob changing in the locker room. Manuel thinks it's kind of funny, and before thinking about it, shares the video on his page and types a mean comment about Bob.

   What did Manuel do that could be hurtful to Bob?

   Afterward, Manuel thinks about what he did and regrets it. What could Manuel do then?

Communication Scenarios Key

1. Jaz and Joey are both 15 and have been dating for 2 months. They like being flirty with each other over text. The other night while they were texting things got heated and they sent some very sexy messages to each other. Joey asked for a picture, and Jaz sent a picture of herself without a shirt on. A few weeks later Jaz broke up with Joey because she met a new guy that she liked. Joey was angry and sent some of Jaz's texts and the picture to his friends with some rude comments about her. He also decided to send them to Jaz's new boyfriend.

   What did Joey do that hurt Jaz?
   - Shared texts and picture
   - Made rude comments about her
   - Sent the texts and picture to Jaz's new boyfriend (If students blame Jaz for sending a photo, reframe that Joey is the only one to blame for sharing Jaz's photo.)

   What are two things Joey could have done (or not done) to prevent hurting Jaz?
   - Not asked for a photo
   - Deleted the photo
   - Not shared their communication

2. Sashi is worried about her best friend Jenna's relationship. So far Jenna and her boyfriend Trevor have only met online and their communication includes sexting and sending sexy photos. However, they are planning on meeting on Friday for dinner and then staying over at a motel. Jenna says that Trevor is so romantic and really understands her, and he's even sent flowers to her at school. But Sashi thinks it's weird that Trevor is 22 and is interested in a high school sophomore. Plus, Jenna is keeping her relationship secret from her parents and wants Sashi to lie and say that Jenna is spending the night at Sashi's house.

   What could Sashi do to help her friend?
   - Encourage Sashi to tell her parents about the relationship;
   - Refuse to lie for Sashi
   - Tell a trusted adult about her concerns
   - Ask an adult for help

   What is Trevor doing that is wrong?
   - Being in a relationship with someone so much younger
   - Communicating about sex with Jenna
   - Asking Jenna to go to a motel

   Even if Jenna knows it's not a good idea, what should she do to help remain safe in this situation?
   - Tell her parents about the relationship
   - Meet in a public place and bring a friend
   - Make a plan with friends to get out of the situation in case things don't go well with Trevor
   - Make a plan to keep in touch with friends in case things don't go well with Trevor

3. Louisa's friend Veronica sent her a link a few weeks ago to a porn site. Louisa opened the link when she was at her dad's house, because she knew he wouldn't keep track of what sites she visits. She hadn't ever been to a porn site before, and looked at it for only a few minutes until she closed the screen in embarrassment. A few weeks later, Louisa was thinking about the site again, and opened the link. She explored the site, looking at pictures and videos, and noticed that there was an option to chat within the site. She signed up for a screen name, "SexxyChick17" and started chatting with people about a video she thought was really hot. A few people saw her profile picture and said she should post a video of herself on the site.

   What are some of the unsafe online behaviors that are happening?
   - Louisa is talking about sex online and using a sexy-sounding screen name
   - Other people are asking her to post a video

   What could Louisa do to decrease risk in this situation?
   - Not use the chat option on the site
   - Not post a video
   - Not download any videos
   - Change her screen name

4. Manuel is still friends with a few people from his old middle school, even though he goes to a different high school than they do. One of his friends, Bob, isn't very popular. Manuel is online and sees that his other friends from his old school have posted comments on Bob's page saying that he has a girl's chest and taunting him. They also posted a video they made of Bob changing in the locker room. Manuel thinks it's kind of funny, and before thinking about it, shares the video on his page and types a mean comment about Bob.

   What did Manuel do that could be hurtful to Bob?
   - Making mean comments about Bob
   - Sharing the video on his page

   Afterward, Manuel thinks about what he did and regrets it. What could Manuel do then?
   - Apologize to Bob
   - Take the video and comments off his page
   - Encourage his friends to take the video down
   - Apologize to Bob on the site (publicly)

Individual Homework:
Online Communication and Safety

Name: _____ **Period:** _____

1. List 2 new things that you've learned from this lesson that you can do to keep yourself from sexually hurting others.

2. List 2 examples of when you should get help from a parent/guardian or trusted adult for things that could happen online.

Family Homework: Talking about Online Safety

All Family Homework is optional. Students may complete Individual Homework instead.

Purpose: Family Homework is a chance to share your beliefs about sexuality and relationships, and the beliefs of your family, culture or religion.

Directions: Student will do the homework with a family member or trusted adult who is like family. Find a quiet place where the two of you can talk privately for 5-10 minutes. Please follow these guidelines:

- It is okay for either of you to skip a question.
- What you discuss will not be shared with anyone else, unless you give one another permission to share it.
- When it is your turn to listen, try to understand the other person's response.

1. Both read the *Handout for Parents and Guardians: Online Safety.*
2. Discuss the things you already do to keep yourself safe online.
3. Tell your parent/guardian what you've learned from this lesson about how to keep yourself safe online.
4. Discuss how the parent/guardian can help you stay safe online.

Family Homework Confirmation Slip: Talking about Online Safety

Due: _____

We have completed the family homework.

_____ _____
Date Signature of family member or trusted adult

_____ _____
Student's name Signature of student

Handout for Parents and Guardians: Online Safety

High School FLASH Lesson 8 discusses online technology in relation to safety.

For you to be familiar with what your child has learned, here is a list of behaviors that were covered in class. These are behaviors that could increase your child's risk for harassment or sexual exploitation:

- visiting x-rated sites on purpose
- interacting online with people they don't know in real life
- using cell phones or the Internet to harass or make rude/nasty comments to others
- using file-sharing programs to download files (videos, music, etc)

The way to decrease these risks isn't to stop using technology. Instead, we need to increase family awareness and communication. Developmentally, it's normal for teens to be interested in romance, adventure, sex and independence.[1] But teens need support from adults in their lives as they explore these interests. Without support and supervision from their parents and guardians, they may be at increased risk for exploitation online.

So how can adults help decrease risk? Here are some ideas:

- If you have access to a computer, use social networking sites *with* your teens. They can help teach you how to set up an account, and you can be their "friend" on the site. Social networking sites can be a fun way to communicate with each other!

- If you can, be open to talking about subjects such as sex and relationships, bullying and sexual orientation. If you are a safe person to talk to, your teen is less likely to seek out support from other potentially unsafe sources.

- Create a family Internet & technology use contract together. By working together, you will create opportunities for positive growth and communication for your teen.

  Sample family contract: https://www.connectsafely.org/contracts/

[1] 2008. Wolak J, Finkelhor D, Mitchell K, et al. "Online 'predators' and their victims: Myths, realities and implications for prevention and treatment." *American Psychologist*. 63

Exit Ticket

What is one thing you can do when communicating online or by text to make sure you are keeping yourself and others safe?

Lesson 8: Assessment Questions

1. Communicating with friends online or by text is different than talking in person. There are ways that it is helpful, and ways that it can cause problems. List one way it's helpful, and one way it can cause problems.

2. List at least one thing that could be risky about dating someone who is older than you.

3. When people take sexy pictures and post or text them, they are usually just trying to have fun. Unfortunately, sometimes these pictures can cause real problems for the person who sent them and the people who receive them. What is at least one problem they can cause?

Lesson 8: Assessment Key and Standards Alignment

Question	Answer	Standards
1. Communicating with friends online or by text is different than talking in person. There are ways that it is helpful, and ways that it can cause problems. List one way it's helpful, and one way it can cause problems.	*Helpful:* • Privacy • Anonymity • Fewer inhibitions • Meet new people • Easily ignore people • Freedom to say whatever you want • Stay connected with friends and family • Learn new information • Share information quickly and easily *Possible problems:* • Can't control forwarding or reposting of personal information or pictures • Misunderstandings in communication • Rumors spread quickly • Information that has been posted can often be retrieved even after deleting it • Private conversations can be shared • End up at sites you don't want to be at • Get hit on by people you're not interested in • Bullying/harassment is easier and more public • You might find yourself in uncomfortable situations • Nude photos can be shared without permission	NSES: HR.12.CC.4 NHES: SH2.12.8
2. List at least one thing that could be risky about dating someone who is older than you.	• Older person can influence or take advantage of a younger person. • Older person could manipulate younger person. • The younger person may overlook serious concerns because the older person has access to things such as a car, an apartment, a job, alcohol, etc. • Because the older person has more independence, a younger person is more likely to end up in risky situation. • The younger person is more likely to be put in risky situations, such as being alone in an apartment with someone, being around alcohol or drugs, being out late, etc.	NSES: PS.12.INF.1 PR.12.INF.1

3. When people take sexy pictures and post or text them, they are usually just trying to have fun. Unfortunately, sometimes these pictures can cause real problems for the person who sent them and the people who receive them. What is at least one problem they can cause?	• If the person is under age 18, the pictures can be considered child pornography, which is illegal. • Pictures can be sent to others without the original person's permission. • Pictures can be seen by parents, teachers, employers, etc. • The person who posted the picture could receive unwanted sexual attention.	NHES: SH1.12.6
Family Homework		NSES: PS.12.IC.1
Exit Ticket: What is one thing you can do when communicating online or by text to make sure you are keeping yourself and others safe?	• Do not ask people for nude pictures. • If you are sent a nude picture, delete it right away and do not show or send it to others. • Don't agree to meet people you don't know in real life. • Don't agree to meet people you don't know in real life just to have sex. • If you are going to meet someone in person whom you met online, meet in a public place with other people present. • Do not talk about sex with people you don't know online. • Only send pictures and videos you would be OK with sharing with others. • Don't make rude or nasty comments to other people. • Don't communicate with people who are much older or younger than you about sex. • Don't use file sharing or free download programs. • Don't look at pornography.	NSES: ID.12.SM.1 HR.12.SM.2 NHES: SH7.12.2. SH7.12.3

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Abstinence

Grades 9-12, Lesson 9

Summary

Students define abstinence and learn the steps to refusing effectively. In small groups, they practice using refusal skills and observe their peers modeling effective refusal skills.

Student Learning Objectives

The student will be able to …
1. Define abstinence.
2. Demonstrate effective use of refusal skills.
3. Analyze influences that may have an impact on deciding to be abstinent.

Lesson Timing

Warm up	Bell work + 2 minutes
Definition of abstinence	3 minutes
Refusal skills	12 minutes
Refusal skills scenarios – large group	10 minutes
Refusal skills scenarios – small group	20 minutes
Assign homework	
Exit ticket	3 minutes
Total	50 minutes

FLASH Key Concepts

Abstinence is choosing not to have oral, anal and vaginal sex.

Most high school students are abstinent.

Abstaining from oral, anal and vaginal sex means a person does not have to worry about pregnancy or STDs.

People of every sexual orientation and gender identity choose abstinence.

People can choose abstinence at any point in their life, whether or not they have had sex before.

Standards

National Health Education Standards (SHECAT)

Standard 1	Students will comprehend concepts related to health promotion and disease prevention.
SH1.12.7	Justify why abstinence from sex and drugs are the safest, most effective risk avoidance methods of protection from HIV, other STDs, and pregnancy.
SH1.12.8	Analyze the factors that contribute to engaging in sexual risk behaviors.
SH1.12.9	Analyze the factors that protect one against engaging in sexual risk behaviors.
SH1.12.10	Summarize ways to prevent pregnancy and the sexual transmission of HIV and other common STDs.
SH1.12.11	Summarize the importance of setting personal limits to avoid risky sexual behavior.
SH1.12.13	Analyze the relationship between using alcohol and other drugs and sexual risk behaviors.
SH1.12.28	Analyze situations that could lead to being pressured to having sex.
Standard 4	Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.
SH4.12.1	Demonstrate effective communication skills to promote sexual health and healthy relationships.
SH4.12.3	Demonstrate effective peer resistance, negotiation, and collaboration skills to avoid engaging in sexual risk behaviors.
SH4.12.4	Demonstrate effective communication strategies to prevent, manage, or resolve interpersonal conflicts.
Standard 7	Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.
SH7.12.3	Demonstrate practices and behaviors to improve the sexual health of oneself and others.

National Sexuality Education Standards

PR.12.IC.1	Demonstrate ways to communicate decisions about whether or when to engage in sexual behaviors.
SH.12.CC.2	Evaluate the effectiveness of abstinence, condoms, and other safer sex methods in preventing the spread of STDs, including HIV.
HR.12.IC.2	Demonstrate effective ways to communicate personal boundaries as they relate to intimacy and sexual behavior.
PS.12.CC.4	Explain why a person who has been raped or sexually assaulted is not at fault.

Rationale

Supporting young people to be abstinent is an important component of teen pregnancy and STD prevention. The FLASH curriculum's approach to abstinence has benefited greatly from recent research on abstinence education. The FLASH curriculum encourages positive attitudes and positive peer norms about abstinence, builds confidence to remain abstinent, teaches refusal skills, avoids denigrating condoms and birth control, and avoids putting down students who are sexually active.[1 2 3]

Research has shown that most abstinence-only programs are ineffective and can have negative effects on teens' sexual health and behavior. These programs do not delay sexual initiation, reduce the number of sexual partners, or increase abstinence.[4] Some actually decrease contraception and condom use when teens do have sex, and decrease the likelihood of STD testing and treatment.[5 6 7] The FLASH curriculum seeks to avoid these unintended outcomes by employing a different approach, relying heavily on recent research about abstinence programs with positive outcomes.[1]

Gender stereotypes are intentionally avoided throughout the abstinence lesson in an effort to support the sexual violence prevention goals of the curriculum.

Materials Needed

Student Materials

- *Refusal Skills Checklist*
- *Refusal Skills Scenarios*
  - *Scenario B: Jonathan and Amber (partially scripted)*
  - *Scenario C: Amara and Son*
  - *Scenario D: Rosibel and Anthony*
  - *Scenario E: Stacia and Grace*
- *Individual Homework: Beliefs About Abstinence in the U.S.*
- *Family Homework: Talking About Abstinence,* available in multiple languages on the FLASH website
- *Lesson 9 Exit Ticket*

Classroom Materials

- *Lesson 9 Warm Up*
- *Refusal Skills Visual*
- *Scenario A: Jonathon and Amber (fully scripted)*, 2 copies for demonstration

Teacher Preparation

- *Prepare Refusal Skills Visual* for document camera or projector.

Activities

1. Warm up

Display warm up as bell work.

Question: The majority of high school students are abstinent. When people have sexual feelings, they can still make the choice not to have oral, anal or vaginal sex. If people have already had sex before, they can still make the choice not to have sex in the future.

List at least 2 benefits of not having oral, anal or vaginal sex.

Possible answers: Not getting pregnant, not getting an STD, not having to worry about being pregnant, not having to worry about getting an STD, not adding pressure to the relationship.

2. Define abstinence and explain purpose of lesson

Define abstinence, emphasizing the sexual behaviors that need to be avoided in order to prevent pregnancy and STDs - oral, anal and vaginal sex. Explain that abstinence is very common, and reinforce that it is a decision people make throughout their lives.

Today we are going to discuss abstinence. Can someone define abstinence for me? (Allow students to give their own definitions of abstinence and validate their ideas.)

People have a lot of personal definitions of abstinence. The definition we are going to use in this class is that abstinence means not having oral, anal or vaginal sex. Oral sex is when one person's mouth goes on another person's genitals; anal sex is when a penis goes in someone's anus or butt; and vaginal sex is when a penis goes in someone's vagina.

*Why do you think it's important to know that most high school students are abstinent? (*Allow students time to respond.)

If someone thought that every student in this school was having sex, how would that feel? (Allow students time to respond.)

It's important to know that most high school students are not having any type of sex, so that you don't feel pressured to have sex.

Abstinence is something that teens and adults choose at different times in their lives. People of every sexual orientation and gender identity choose abstinence, including gay, lesbian, bisexual and straight people, and people who are transgender and cisgender. And adults and teens can choose abstinence at any point in their lives, even if they've already had sex.

The purpose of today's lesson is to learn and practice the important steps that can help someone say NO to sex that they don't want to have.

3. Teach refusal skills

Tell students they will be learning about how to say no in a variety of situations. Brainstorm ways to be clear when saying no. Show students the *Refusal Skills Visual* and read through it as a class, giving a brief explanation of each step. Discuss that forcing or pressuring someone to have sex is always wrong.

Once people make the decision to not have sex or participate in a certain sexual activity, it's important to be able to communicate their decision to whoever they are with. What are some things that a person could do to make it clear they mean NO? (Be sure to include the following points: saying NO, clear voice, match what's being said with body language.)

I want to be really clear that people always have to listen when another person says no, no matter how they say it. It is never OK to force or pressure someone into having sex or into any kind of sexual touch. It is always the fault of the person who forced or pressured them, and it is always wrong.

For the purposes of this lesson, let's assume that you like the person you are saying NO to and want to continue hanging out, but you do not *want to have sex. We are going to practice it this way because those are the times when it will feel harder to say no.*

1. ***Say NO.*** *Clearly state that you do not want to have sex.*

2. ***Explain why.*** *For example: "I don't want to get pregnant," or "I'm not ready to have sex."*

3. ***Suggest an alternative.*** *Offer something else that you can do together instead. For example, "I think we should go outside now."*

4. ***Leave if you need or want to.*** *Like we discussed earlier, sometimes the other person doesn't respect your no. At that point you might need to get out of the situation or get help from someone else.*

4. Refusal skills scenarios – large group

Introduce scenarios and do a large group demonstration of refusal skills by having two volunteers read Scenario A.

Then have all students practice refusal skills by writing new lines for Jonathan in Scenario B. Remind students that Jonathan likes Amber and wants to continue going out with her, but doesn't want to have sex with her.

Have one volunteer read Amber's lines and invite several students to share their lines for Jonathan with the whole class as you are reading through the scenario.

Now let's practice the refusal skills through a series of scenarios. The first scenario we will do as a class. It is scripted and I will need two volunteers to read the script.

Thanks! Now we will all have a chance to make up some lines for Jonathan.

5. Refusal skills scenarios – small group

Introduce the small-group scenario practice. Pass out and review the *Refusal Skills*

Checklist.

Break the class into small groups with three people per group. Give 10 minutes for every student to fill in the refusal lines for all three scenarios (Scenarios C, D and E). Remind the class that the person playing the refuser likes the asker and wants to continue hanging out with them, even though they want to say no to them.

When students are done writing, each small group reads Scenarios C, D and E aloud. Small group members take turns being the asker, the refuser and the observer, who fills out the *Refusal Skills Checklist* while they observe. After reading a scenario out loud with the new lines written by the refuser, everyone will switch roles and do another scenario, so that each person gets the opportunity to be in each role. The purpose is for everyone to practice refusal skills and to hear good refusal skills.

Debrief as a large group after all groups have finished, discussing the scenarios one at a time. Ask volunteers from a few of the groups to give examples of the refusal skills that they came up with or observed. Validate all of the refusal language. Conclude the lesson by praising the students' effort and skill.

Conclude the refusal skills practice.

Great job! You were all so clear and said NO really well. Saying NO is such an important skill to learn. It's great to know how to do this every day, not just for refusing to have sex. The more you practice the easier it gets. It's also an important skill to know throughout your life so that you can remain abstinent when you want to.

6. Assign homework

Allow students to choose between the individual or family homework and explain the assignments as needed.

Individual Homework: Beliefs About Abstinence in the U.S.

Family Homework: Talking About Abstinence, available in multiple languages on the FLASH website

7. Exit ticket

Hand out the *Lesson 9 Exit Ticket.*

Question: What are three things people could do if they are being pressured by someone to do something sexually that they don't want?

Possible answers: Use refusal skills, say NO, explain why, suggest alternative, leave, ask a friend or adult for help.

Warm Up

The majority of high school students are abstinent. When people have sexual feelings, they can still make the choice not to have oral, anal or vaginal sex. If people have already had sex before, they can still make the choice not to have sex in the future.

List at least 2 benefits of not having oral, anal or vaginal sex.

1. _____

2. _____

Refusal Skills Visual

1. Say NO
2. Explain why
3. Suggest an alternative
4. Leave if you need or want to

Refusal Skills Checklist

Directions: For each scenario, check off the refusal skills you see the actors using.

	Scenario B Jonathan and Amber	**Scenario C** Amara and Son	**Scenario D** Rosibel and Anthony	**Scenario E** Stacia and Grace
Says NO (or states that they don't want to have sexual activity).	_____	_____	_____	_____
Is clear.	_____	_____	_____	_____
Explains why.	_____	_____	_____	_____
Suggests an alternative.	_____	_____	_____	_____

Refusal Skills Scenario A

Fully Scripted (for Class Demonstration)

Jonathan and Amber have been dating for 2 weeks. They talked last week and decided they were not going to have sex. Jonathan is not ready to have sex and is really scared by the idea of getting someone pregnant.

Today they are going to Amber's house after school to study. Amber's mom is running late at work and won't be home for an hour. Jonathan and Amber have the house to themselves. They decide to skip studying and kiss on the couch.

Amber: I really like you and think you're so hot. I know we said we weren't going to have sex, but I didn't think we'd ever get the chance to be alone together. Now that we're alone, I really think we should have sex.

Jonathan: I like you, too. It's cool hanging out, and I want to kiss you. But I don't want to have sex.

Amber: But don't you like me? If you liked me, you'd want to have sex with me.

Jonathan: Amber, I don't want to have sex. I'm not ready to have sex and I don't want to get you pregnant.

Amber: But when are we going to get the chance to be alone like this again? I really want you.

Jonathan: The answer is NO. I like you too, and I'm not ready to have sex. I think we should go outside to hang out so we don't get more tempted.

Refusal Skills Scenario B

Partially Scripted (for Large-Group Practice)

Jonathan and Amber have been dating for 2 weeks. They talked last week and decided they were not going to have sex. Jonathan is not ready to have sex and is really scared by the idea of getting someone pregnant.

Today they are going to Amber's house after school to study. Amber's mom is running late at work and won't be home for an hour. Jonathan and Amber have the house to themselves. They decide to skip studying and kiss on the couch.

Amber: I really like you and think you're so hot. I know we said we weren't going to have sex, but I didn't think we'd ever get the chance to be alone together. Now that we're alone, I really think we should have sex.

Jonathan: _____

_____

_____

Amber: But don't you like me? If you liked me, you'd want to have sex with me.

Jonathan: _____

_____

_____

Amber: But when are we going to get the chance to be alone like this again? I really want you.

Jonathan: _____

_____

_____

Amber: OK. You're right. I respect that.

Refusal Skills Scenario C

Small-Group Practice

Amara is at a party with a group of her friends. At the party, she runs into Son. Amara is trans, and recently started attending the GSA at school, where she met Son. She has a crush on Son, but has never had a chance to hang out with him. Son seems to be very interested in Amara. He's been talking to her for a while and tells her how pretty she looks tonight. Son has been drinking and offers Amara a beer. Amara really likes Son and wants to keep talking to him, but she doesn't want to drink.

Son: Hey Amara. It's nice to see you outside of school. Fun party, huh? Can I get you a beer?

Amara: _____

_____

_____

Son: Oh come on, don't tell me you don't drink. I'll get you a beer.

Amara: _____

_____

_____

Son: Really? It's just beer.

Amara: _____

_____

_____

Son: OK. You're right. I respect that.

Refusal Skills Scenario D

Small-Group Practice

Rosibel, a tenth grader is hanging out at the mall after school with her friends. Anthony, a 20 year old, just stopped by with some of his friends. Rosibel thinks that Anthony is really cute and is very flattered when Anthony starts talking to her. Rosibel's parents only let her hang out with friends around her own age. She knows her parents would definitely not be OK with her dating a 20 year old.

Anthony: It's been so fun hanging out with you. We should hang out again sometime. Want to hang out after school on Friday?

Rosibel: _____

_____

_____

Anthony: Oh come on, it's not like you have to tell your parents that we're hanging out. We could just meet up at the mall again.

Rosibel: _____

_____

_____

Anthony: That's really a shame. I like you and would like to get to know you better. What do you say? Meet me here on Friday?

Rosibel: _____

_____

_____

Anthony: OK. You're right. I respect that.

Refusal Skills Scenario E

Small-Group Practice

Stacia and Grace are juniors in high school and have been best friends since the fifth grade. Grace has been with her girlfriend, Brooklyn, for 3 months and is in love. Grace doesn't want to have sex with Brooklyn. She thinks that she's too young to have sex and doesn't feel ready. Stacia started having sex with her boyfriend 2 months ago and is pressuring Grace to also have sex.

(Be sure that in Grace's responses to Stacia, she does not put Stacia down or call her any names for having made the decision to have sex.)

Stacia: I can't believe that you haven't had sex with Brooklyn yet. I don't know why you're waiting. You should just do it.

Grace: _____

_____

_____

Stacia: You better rethink that before she finds someone else. You should have sex with her.

Grace: _____

_____

_____

Stacia: Oh come on. You keep saying that you're in love with her!

Grace: _____

_____

_____

Stacia: OK. I'm sorry. You're right. I respect your decision not to have sex.

Individual Homework:
Beliefs About Abstinence in the U.S.

Name: _____ **Period:** _____

Research beliefs about abstinence that exist in the United States.

Some possible areas to research:

- What are some different beliefs about abstinence in the U.S.? For example, do beliefs about abstinence vary according to people's age, their relationship status, or if they are married?
- How do the beliefs about abstinence change across cultures and religions?

Try an Internet search using the term "abstinence beliefs in the U.S." A librarian can also help you find good sources of information, in books or online.

Write one paragraph about your research findings.

Family Homework: Talking about Abstinence

All Family Homework is optional. Students may complete Individual Homework instead.

Purpose: Family Homework is a chance to share your beliefs about sexuality and relationships, and the beliefs of your family, culture or religion.

Directions: Student will do the homework with a family member or trusted adult who is like family. Find a quiet place where the two of you can talk privately for 5-10 minutes. Please follow these guidelines:

- It is okay for either of you to skip a question.
- What you discuss will not be shared with anyone else, unless you give one another permission to share it.
- Take turns asking questions. When it is your turn to listen, try to understand the other person's response.

Ask the student: What do you think about teens dating or agreeing to be a couple? What are the advantages and disadvantages?

Ask the adult: Have you ever fallen in love? When? What was it like? How did you know it was love?

Ask the student: Do you think you'll ever be in a committed, life-long relationship? If so, what kind of person would you want it to be with? If not, why not?

Ask the adult: When do you think a person is ready to have sex?

Ask the student: When do you think a person is ready to have sex?

Family Homework Confirmation Slip: Talking about Abstinence

Due: _____

We have completed the family homework.

_____ _____

Date Signature of family member or trusted adult

_____ _____

Student's name Signature of student

Exit Ticket

What are three things people could do if they are being pressured by someone to do something sexually that they don't want?

1.

2.

3.

Lesson 9: Assessment Questions

1. List two of the refusal steps.

2. What is the most effective way to not get pregnant or get an STD?

3. Circle any situations that could make it harder to remain abstinent once someone has decided not to have sex.
   A. Being drunk or high
   B. Being home alone with a boyfriend or girlfriend
   C. Not telling boyfriend/girlfriend about the decision to be abstinent
   D. Spending time with other teens who are abstinent

4. Which of the following communication skills help make it clear that a person means NO?
   A. Says NO.
   B. Says "I'm not sure."
   C. Says "Maybe later."
   D. Uses a clear, firm voice.
   E. Matches body language with what's being said.

Lesson 9: Assessment Key and Standards Alignment

Question	Answer	Standards
1. List two of the refusal steps.	Possible correct answers: 1. Say NO. 2. Explain why. 3. Suggest an alternative. 4. Leave if you need or want to.	NHES: PR.12.IC.1 HR.12.IC.2 NSES: SH4.12.1 SH4.12.3 SH4.12.4
2. What is the most effective way to not get pregnant or get an STD?	Possible correct answers: Abstinence. Don't have oral, anal or vaginal sex	NHES: SH.12.CC.2 NSES: SH1.12.10 SH7.12.3
3. Circle any situations that could make it harder to remain abstinent once someone has decided not to have sex. A. Being drunk or high B. Being home alone with a boyfriend or girlfriend C. Not telling boyfriend/girlfriend about the decision to be abstinent D. Spending time with other teens who are abstinent	Correct answers: A, B, C	NSES: SH1.12.8
4. Which of the following communication skills help make it clear that a person means NO? A. Says NO. B. Says "I'm not sure." C. Says "Maybe later." D. Uses a clear, firm voice. E. Matches body language with what's being said.	Correct answers: A, D, E	NSES: SH1.12.9
Exit Ticket: What are three things people can do if they are being pressured to do something sexually that they don't want?	Possible correct answers: Use refusal skills, say NO, explain why, suggest an alternative, leave, ask a friend or adult for help.	NSES: SH4.12.1 SH4.12.3 SH4.12.4

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Birth Control Methods

Grade 9-12, Lesson 10

Summary

Small groups are each assigned to write a commercial for a different method of birth control, using *Birth Control Fact Sheets* for reference. The small groups take turns performing their 2-minute commercial for the class, while observers identify two important points about each method on the *Commercial Watchers Worksheet*. The class summarizes main points after each commercial. The lesson concludes by having students evaluate the "best method," justifying their conclusions with accurate medical information.

Student Learning Objectives

The student will be able to …

1. Summarize how to prevent pregnancy and STDs.
2. Summarize the importance of using birth control and condoms correctly and consistently.
3. Explain the value of using condoms at the same time as another form of birth control.
4. Explain the importance of contraceptive counseling and services if having vaginal sex.
5. Define emergency contraception and how it works.
6. Identify the laws related to getting birth control and STD services.
7. Know how to access medically-accurate information about birth control and condoms.
8. Evaluate the effectiveness of using condoms and birth control in preventing pregnancy and the spread of STDs and HIV.

Lesson Timing

Warm up	Bell work + 2 minutes
Purpose of lesson	2 minutes
Birth control effectiveness exercise	3 minutes
Birth control commercials and wrap-up	40 minutes
Assign homework	
Exit ticket	3 minutes
Total	50 minutes

FLASH Key Concepts

Birth control and condoms are excellent at preventing pregnancy.

Condoms are excellent at preventing pregnancy and STDs, including HIV.

Many teens successfully use birth control and condoms.

Birth control is very safe.

In this community, teens can get a pregnancy test, STD test or birth control at [insert local clinic].

Teens of every sexual orientation and gender identity need to learn about birth control and STD prevention, for themselves or to help a friend.

Standards

National Health Education Standards (SHECAT)

Standard 1	Students will comprehend concepts related to health promotion and disease prevention.
SH1.12.10	Summarize ways to prevent pregnancy and the sexual transmission of HIV and other common STDs.
SH1.12.22	Summarize the importance of proper adherence to contraceptive methods to reduce the risk of pregnancy.
SH1.12.23	Summarize the importance of using condoms consistently and correctly to reduce risk of pregnancy and infection of HIV and common STDs.
SH1.12.24	Explain the value of using a condom at the same time as using another form of contraceptive to reduce the risk of infection of HIV and common STDs and reduce the risk of pregnancy.
SH1.12.33	Explain the importance of contraceptive counseling and services if sexually active.
Standard 3	Students will demonstrate the ability to access valid information and products and services to enhance health.
SH3.12.2	Evaluate the validity and reliability of sexual healthcare products.
Standard 4	Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.
SH4.12.1	Demonstrate effective communication skills to promote sexual health and healthy relationships.
Standard 8	Students will demonstrate the ability to advocate for personal, family, and community health.
SH8.12.2	Persuade and support others to avoid or reduce risky sexual behaviors.
SH8.12.4	Collaborate with others to advocate for improving personal, family, and community sexual health.
SH8.12.6	Adapt health messages and communication techniques to reach a specific target audience.

National Sexuality Education Standards

PR .12.CC.2	Define emergency contraception and describe its mechanism of action
PR .12.CC.3	Identify the laws related to reproductive and sexual health care services (i.e., contraception, pregnancy options, safe surrender policies, prenatal care)
PR .12. AI.1	Access medically-accurate information about contraceptive methods, including abstinence and condoms
PR .12. AI.2	Access medically-accurate information and resources about emergency contraception
SH.12.CC.2	Evaluate the effectiveness of abstinence, condoms, and other safer sex methods in preventing the spread of STDs, including HIV

Rationale

The FLASH curriculum includes birth control methods and abstinence in full lessons of their own, based on the effectiveness of both approaches[1]. Research has repeatedly shown that sexual health education, including teaching about birth control, does not cause teens to have sex sooner or more often.[1 2 3 4 5 6] Its only impact is preventative.

In this lesson, birth control is framed positively. Multiple teen pregnancy prevention studies demonstrate that having "more positive attitudes towards contraception, including condoms" and "perceiving more benefits of using contraception" are important protective factors against teen pregnancy.[7] Hence, in this lesson, students develop commercials to emphasize the positive aspects of birth control using medically accurate information. Students are not expected to memorize effectiveness rates, how each method of birth control works, or contraindications. If students should be interested in a prescription method at some point in their life, their medical providers will cover this information.

Selection of methods in the lesson
This lesson focuses on a subset of birth control methods, rather than every method, in order to achieve sufficient depth in one class period and to achieve teen pregnancy prevention goals. The nine methods focused on in this lesson were based on King County and national data on teen contraceptive use.[8 9] The type of condom that is worn in the vagina or anus (sometimes called a female condom) is addressed in STD and HIV prevention lessons.

Teachers are encouraged to have information, samples or reference material about all methods of birth control, including those that the lesson doesn't directly address, so they can answer questions that may arise. Medically updated websites are suggested in teacher preparation section of this lesson and in the Sexual Health Resources student handout and the, for teacher background and for students who wish to learn more in-depth information about all FDA approved methods.

Inclusion of IUD
IUDs are now known to be safe and appropriate birth control for teens. They have been redesigned from IUDs used in the past. They are safe and effective for people who have been pregnant and those who haven't, including teens. Not only are they extremely safe, IUDs are among the most effective methods of birth control available; the hormonal ones are more effective than sterilization. They do not impair future fertility, and they do not increase the risk of STDs or HIV.[10 11 12]

Inclusion of withdrawal
Despite the physical challenges inherent in using withdrawal effectively, we include it because withdrawal is more effective than previously thought and withdrawal is common among teens, free,and always available. In fact, when withdrawal is used correctly for vaginal sex, experts calculate that only 4% of couples are likely to get pregnant in a year. Taking typical human error into account, 22% would get pregnant, which is comparable to the diaphragm, sponge and other spermicides.[13]

In contrast, over three times as many couples (85%) would get pregnant using no method for a year, making withdrawal *significantly* more effective than using nothing. It should also be noted that withdrawal reduces the risk of sexually transmitted diseases (STD) and the human

immunodeficiency virus (HIV) by about half,[13] which is better than most other methods of birth control, excluding condoms.

In contrast to previous assumptions, research shows that most pre-ejaculate fluid contains no sperm. Some men have a small amount of sperm in their pre-ejaculate fluid,[14] which may account for the 4% pregnancy rate in perfect use.

Materials Needed

Student Materials

- *Sexual Health Resources - King County, National,* or develop a local resource sheet
- *Commercial Watchers Worksheet*
- *Individual Homework: Cultural Perspectives on Birth Control*
- *Family Homework: Talking about Birth Control Methods*, available in multiple languages on the FLASH website
- *Lesson 10 Exit Ticket*

Classroom Materials

- *Lesson 10 Warm Up*
- Nine brown paper lunch bags
- Four copies of each *Birth Control Fact Sheet*
- Optional: Samples of the birth control pill, Depo shot, emergency contraception, implant, penis condom, hormonal or copper IUD, patch and vaginal ring.
- Optional: Samples of the birth control methods not covered in class, in case questions arise: diaphragm, vagina condom, Cycle Beads and spermicide (gel, foam, film, sponge). Methods that do not need samples include tubal ligation, vasectomy and withdrawal.

Teacher Materials

- *Developing a Local Sexual Health Resources List: Teacher Guide* for those developing a local resource sheet

Teacher Preparation

1. Obtain a birth control kit, if possible.
   - If you teach in King County, WA contact your local Public Health educator for a loaner kit. Go to: www.kingcounty.gov/health/FLASH (click on "find out about training here")
   - Elsewhere, a very complete "deluxe birth control teaching kit" is available for $220 Canadian from Sexuality Education Resource Centre Manitoba. Go to: http://www.serc.mb.ca/SERC/content/dload/PrintableResourceOrderForm/file/at_download
   - Contact your local public health family planning clinic or Planned Parenthood (www.plannedparenthood.org) to see if they have kits for loan or for sale.
   - If you borrow or purchase a birth control teaching kit, use the written materials in this lesson plan, not those in the kit.

2. Review the *Birth Control Fact Sheets* used in this lesson. For background information, see these medically accurate sources.
   - Public Health – Seattle & King County. They are downloadable at http://www.kingcounty.gov/healthservices/health/personal/famplan/birthcontrol/brochures.aspx.
   - Association of Reproductive Health Professionals: http://www.arhp.org/Publications-and-Resources/Patient-Resources.
   - Medline Plus, a service of the U.S. National Library of Medicine: http://www.nlm.nih.gov/medlineplus/birthcontrol.html.

3. Assemble bags with birth control information:
   - Label each of the 9 brown paper bags with the name of a birth control method: pill, patch, shot, penis condom, emergency contraception, IUD, ring, implant and pulling out.
   - Make 4 copies of the entire set of *Birth Control Fact Sheets*.
   - Put 4 copies of a particular *Fact Sheet* into each labeled brown paper bag, along with a sample of that birth control method, if you have one. For example, the brown paper bag labeled "condom" would have 4 copies of the *Condom Fact Sheet*, along with a sample condom.

4. Create a local Sexual Health Resource Sheet for students, following the instructions in *Developing a Local Sexual Health Resources List: Teacher Guide*. For teachers outside of Washington State: Visit http://sexetc.org/action-center/sex-in-the-states/ to learn about laws for birth control confidentiality in your state.

Activities

1. Warm up

Display warm up as bell work.

Prompt: Birth control is used by people who have vaginal sex in order to prevent getting pregnant or starting a pregnancy. There are many different types of birth control to choose from. Select the top 3 things you think a person might want to think about when choosing a birth control method:

- Easy to use
- Very effective
- Safe
- Inexpensive
- Easy to get
- Good side effects
- Partner likes it
- Protects against STDs, including HIV
- Fits with personal beliefs
- Good for health
- Heard good things about it from family and friends

2. Explain purpose of lesson

The purpose of the lesson is for students to learn that birth control is excellent at preventing pregnancy, regardless of whether they need to prevent pregnancy right now.

Hand out the *Sexual Health Resources* (*King County, National*, or the local one you developed). Give information about where teens can get birth control in your community, including whether it is confidential and free.

We are learning about birth control because birth control is great at preventing pregnancy. I want to point out that this lesson is for everybody—people who are having vaginal sex now or who will in the future, and teens of all sexual orientations and genders. Even if someone won't ever need birth control, learning about it now will help them act as health educators for their friends and families on this important topic.

For teachers in Washington State: Depending on your location, distribute *Sexual Health Resources (King County or National)* or create your own list using *Developing a Local Sexual Health Resources List: Teacher Guide.*

It's important to know that here in Washington State, the laws says that birth control is completely confidential for all people, including teens. The clinic staff are not allowed to tell anyone, including parents, without the teen's permission. At many of the clinics, teens can sign up for free Washington State birth control insurance.

Give the names and locations of nearby clinics. Point out if services are free or low cost.

For teachers in other states: Distribute *Sexual Health Resources in the U.S.*, or create your own list using *Developing a Local Sexual Health Resources List: Teacher Guide.* Point out if services are free or low cost.

3. Lead birth control effectiveness exercise

Explain that for the purposes of this activity, each student in the class will represent a couple who has been having vaginal sex over the course of a year. First, show the number of pregnancies that would result if no one uses birth control for a year (85%, or 26 out of 30 students stand up). Next, show the number of pregnancies that would result with everyone using birth control correctly for a year (under 1%, or 1 out of 30 students at most stand up). Point out that birth control is excellent at preventing pregnancy.

We're going to do a quick group activity to learn how much birth control helps prevent pregnancy.

Let's imagine that each person in class represents a couple who has had vaginal sex several times a month over the course of a year. (It doesn't mean anything about the people here in class. It's just to help us count.) If every couple, represented by the people in our class, had unprotected vaginal sex for one year, how many pregnancies do you think would result? (26 out of 30). *Look around at all the people standing. I want you to take in how many pregnancies result from a year of vaginal sex without birth control. Almost all of the couples became pregnant.*

Have students be seated.

This time we're going to imagine that each student represents a couple who are using a highly effective method of birth control, and are being careful to use it correctly, all year long.

Ask only 1 person to stand up. (Be sure it's not someone who will feel sensitive about being singled out. You can check with this student before class.)

What do you notice about the effectiveness of birth control? What changed?

If students don't observe it themselves, point out that only one person (at most) is standing compared to nearly the whole class.

Birth control is excellent at preventing pregnancy when used correctly.

4. Small groups study a method of birth control and create a commercial for it

Separate the class into 9 small groups. Assign each small group a method of birth control by handing them a labeled brown paper bag. Instruct groups to study their assigned method of birth control using the materials in the bag, and then write a 2-minute commercial.

Review the purpose of commercials. Explain that the commercials must use accurate information, be respectful, be appropriate for school, and not put down any other methods of birth control. Each group should get ready to perform their commercial for the class.

While students are preparing, visit the groups to see if they need help understanding their method.

We're going to create birth control commercials today. What's the purpose of a commercial? Excellent, to encourage people to buy something. What are the qualities of a good commercial? (Shows advantages of a product, sticks in your head, makes you think your life would be better.)

Each small group will be assigned a birth control method. You'll receive a fact sheet so you can learn about your method. Once you've learned the most important facts about the method, each group is going to perform a 2-minute commercial. You can be as creative as you want. There are a few rules. The commercials must have accurate information, they must not put down any people or any other methods, and they should be PG-13 or below. I'll be available to help you. Have fun! I can't wait to see your commercials.

5. Small groups perform their commercials for the class

Distribute the *Commercial Watchers Worksheet,* and explain that the watchers should record two important points for each birth control method from the commercials.

Have groups take turns presenting their 2-minute commercials, while observers record important points. Remind the watchers to write down two important facts for each birth control method.

When you watch the commercials, pay close attention. You'll need to write down two important points about each birth control method. You might write something like, "Very effective" or "Prevents pregnancy for 3 years" or "Makes periods better", depending on the method of birth control. If you're not sure, raise your hand after the commercial.

If students ask why abstinence was not included in the commercials, let them know that abstinence is important enough to need an entire lesson to itself.

Debrief after each commercial by emphasizing key points about the birth control method. You will also want to correct any misinformation, answer students' questions, and help students see the method, if samples are available.

Note: Research indicates that it's important to create a positive perception of birth control methods.[15] Information about contraindications or specific health risks will be covered by medical providers, in the event that a student seeks out a particular method of birth control. The focus of this lesson is on the *advantages* of each method.

As you debrief the commercials, emphasize the FLASH key concepts listed at the beginning of the lesson.

6. Conclude lesson

Wrap up with the opinion question: *Based on what you learned today, what do you think is the best method of birth control for a couple that doesn't want to get pregnant or get an STD and is having vaginal sex?*

Discuss the "best method" as a class, encouraging students to support their views. There will be different opinions. Make sure students defend their answers with medically accurate information. If it doesn't come up, point out that condoms PLUS another reliable method is an excellent way to prevent pregnancy *and* STDs.

Thank the class for their creativity in teaching each other about birth control, and point out that using any one of these methods is much more effective than having vaginal sex without any protection.

7. Assign homework.

Allow students to choose between the individual or family homework and explain the assignments as needed.

Individual Homework: Cultural Perspectives on Birth Control

Family Homework: Talking about Birth Control Methods, available in multiple languages on the FLASH website

8. Exit ticket

Hand out the *Lesson 10 Exit Ticket*.

Question: What is the benefit of using a condom at the same time as another method of birth control for a couple having vaginal sex?

Answer: Prevents pregnancy, STDs and HIV.

Warm Up

Birth control is used by people who have vaginal sex in order to prevent getting pregnant or starting a pregnancy. There are many different types of birth control to choose from.

Select the top 3 things you think a person might want to think about when choosing a birth control method:

Easy to use

Very effective

Safe

Inexpensive

Easy to get

Good side effects

Partner likes it

Protects against STDs, including HIV

Fits with personal beliefs

Good for health

Heard good things about it from family and friends

Sexual Health Resources
In King County

Student Handout

Confidential
Teens of any age can get all the services listed on this handout confidentially in Washington State. Confidential services include birth control, condoms, emergency contraception, pregnancy tests, STD and HIV tests, prenatal care, abortion and adoption.

Birth Control and STD Clinics
These clinics have birth control, condoms, emergency contraception, pregnancy tests, STD tests and HIV tests. Services are confidential. Teens in Washington State can sign up for free birth control insurance, called Take Charge, at Public Health and Planned Parenthood.

Public Health – Seattle & King County
Free or low cost teen clinics
206-263-1505
www.teenclinic.com

Planned Parenthood Great Northwest
1-800-769-0045
www.plannedparenthood.org

- Birth control method information (World Health Organization): Scroll down to see chart. http://www.who.int/mediacentre/factsheets/fs351/en/
- STD information (Centers for Disease Control): http://www.cdc.gov/std/
- HPV vaccine information (Centers for Disease Control): http://www.cdc.gov/vaccines/vpd-vac/hpv/

Help Finding a Clinic and Other Services
Community Health Access Program
(CHAP Line)
206-284-0331 or 1-800-756-5437
Also helps people apply for health insurance
chap@kingcounty.gov

Teen Link
1-866-833-6546
www.866teenlink.org

Prenatal Care
Public Health – Seattle & King County
Maternity Support Clinics and WIC
206-263-1505
www.kingcounty.gov/healthservices/health/personal/MSS.aspx

Abortion Clinics
Cedar River Clinics
(425) 255-0471
www.cedarriverclinics.org

Planned Parenthood
1-800-769-0045
http://www.plannedparenthood.org/planned-parenthood-great-northwest

Adoption Agencies
Amara
(206) 260-1700
http://amaraparenting.org

Open Adoption & Family Services
1-800-772-1115
http://www.openadopt.org/

Sexual Health Resources in the U.S.

Student Handout

Confidential
Click on the map to find out if sexual health services are confidential in your state.
http://sexetc.org/action-center/sex-in-the-states/

Birth Control and STD Clinics
There are many websites and phone numbers to help teens find birth control, condoms, emergency contraception, pregnancy tests, STD tests and HIV tests.

- Enter your zip code or call to find the nearest Planned Parenthood clinic.
  www.plannedparenthood.org 1-800-230-PLAN
- Enter your zip code to find the nearest birth control clinic that is free or low cost.
  http://www.hhs.gov/opa/
- Enter your zip code to find a clinic for HIV tests, birth control, counseling and other services.
  www.aids.gov
- Enter your zip code to find the nearest place to get emergency contraception.
  www.not-2-late.com
- Call your local public health department to get information about local birth control and STD clinics.
- Birth control method information (World Health Organization): Scroll down to see chart.
  http://www.who.int/mediacentre/factsheets/fs351/en/
- STD Information (Centers for Disease Control): http://www.cdc.gov/std/
- HPV Vaccine Information (Centers for Disease Control): http://www.cdc.gov/vaccines/vpd-vac/hpv/

Help Finding a Clinic and Other Services

- Enter your address to find the nearest health clinics that are free or low cost. These clinics are for all health issues, not just sexual health.
  http://findahealthcenter.hrsa.gov/

Prenatal Care

- Scroll to your state to find the phone number for the Women, Infants, Children (WIC) Program.
  http://www.fns.usda.gov/wic/toll-free-numbers-wic-state-agencies
- WIC is a nutrition program that helps pregnant women, new mothers, and young children eat well, learn about nutrition and stay healthy. They also give information about where to get prenatal care.

Abortion Clinics

- Click on the map to see a list of abortion clinics in your state.
  http://prochoice.org/think-youre-pregnant/find-a-provider/
- Call 1-877-257-0012 to find the nearest abortion clinic.
- Call 1-800-772-9100 to get more information about abortion and where to get financial help.

Adoption Agencies

- Call 1-800-772-1115 to talk with an adoption counselor at Open Adoption and Family Services.
- The phone line is open 24 hours a day.

Developing a Local Sexual Health Resources List

Teacher Guide

In order to ensure that students have access to the health care services they need, it is important for teachers to develop a sexual health resource sheet specific to their geographic area. FLASH provides a resource sheet for King County, Washington, as an example that can be used as a template. If you are not familiar with the resources in your area, the following national resources will help you in compiling a local resource sheet. If, for some reason, you cannot develop a local resource sheet, a national resource sheet has been provided for you.

FLASH recommends referring young people to clinics and agencies that are teen and LGBT friendly, culturally competent, supportive of all pregnancy options, and that consider the teen to be their primary client. When creating your local resource sheet, keep these criteria in mind.

Confidential
Individual state policies on teens accessing reproductive health care are provided by Sex, etc., a project of Rutgers University. http://sexetc.org/action-center/sex-in-the-states/

Birth Control and STD Clinics
To find local birth control and STD clinics, call your local health department. If you need further assistance finding clinics that offer a full array of services, the following links may be of help.

- www.plannedparenthood.org to find a local Planned Parenthood clinic
- http://www.hhs.gov/opa/ to find a local Title X clinic
- www.not-2-late to find locations for accessing emergency contraception
- http://locator.aids.gov/ to find HIV testing locations

Help Finding a Clinic and Other Services
The U.S. Department of Health and Human Services, Health Resources and Services Administration maintains a list of sliding scale or free clinics across the United States.
http://findahealthcenter.hrsa.gov/

Prenatal Care
To find prenatal care providers who serve teens, call your local WIC provider. The link below provides a State number, that can direct you to a local provider.
www.fns.usda.gov/wic/toll-free-numbers-wic-state-agencies

Abortion Clinics
The National Abortion Federation maintains a list of abortion providers by state.
http://prochoice.org/think-youre-pregnant/find-a-provider/

Adoption Agencies
Open Adoption and Family Services works with clients from across the nation. Should a client prefer a local resource, they will work with her to identify a local provider.
http://www.openadopt.org/

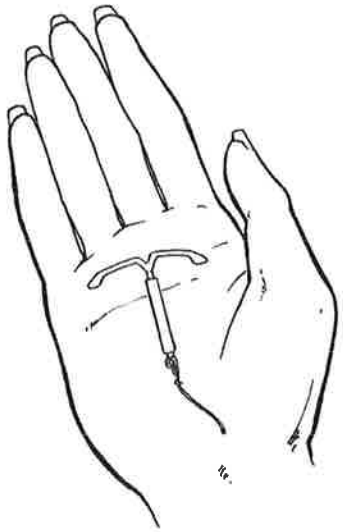
IUD
Fact Sheet

Main points:

- Extremely effective.
- Very convenient. Prevents pregnancy for 3 - 12 years, depending on the type of IUD.

More information:

- The IUD is a small T-shaped object that goes inside the uterus. It is very safe.
- There are 2 types of IUDs, made with either hormones or copper. The hormone is similar to one that occurs naturally in the body. The hormone is slowly released out of the IUD and into the body.
- The IUD is one of the most effective methods of birth control.
- A person can get pregnant as soon as they have the IUD taken out.
- It does not protect against STDs or HIV.
- The IUD prevents pregnancy mainly by slowing down the sperm (copper) or making it hard for sperm to get into the uterus (hormone)
- The IUD is very safe.
- A doctor puts the IUD in the uterus and takes it out. It goes in through the vagina, through a small tube. The sides of the "T" collapse into a skinny straight line when it goes into the body, so it doesn't poke the vagina or uterus.



Source: *Contraceptive Technology, 20th revised edition*, 2011.

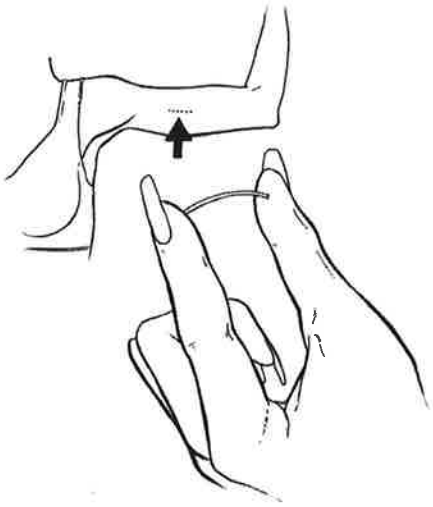
Implant
Fact Sheet

Main points:

- The most effective method of birth control!
- Very convenient. Prevents pregnancy for up to 3 years.

More information:

- The implant is a soft tube that goes under the skin in the upper arm. It is very safe.
- It is used by people who have a uterus and ovaries.
- It is made of a hormone, similar to one that occurs naturally in the body. The hormone is slowly released out of the tube and into the body.
- The implant is the most effective method of birth control.
- A person can get pregnant as soon as they have the implant taken out.
- The implant does not protect against STDs or HIV.
- The implant prevents pregnancy mainly by making it hard for sperm to get into the the uterus and by stopping the ovaries from releasing an egg each month.
- The implant is very safe.
- It only takes a few minutes for a doctor to insert or remove the implant, and there are no stitches.



Source: *Contraceptive Technology, 20th revised edition*, 2011.

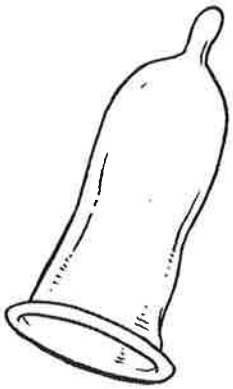
Condom Fact Sheet

Main points:

- Very good at preventing pregnancy, STDs, and HIV!
- One of the easiest birth control methods to get.

More information:

- Condoms are like very thin, very strong gloves, worn over the penis to catch semen.
- The condom is used by unrolling it over an erect penis.
- The tip of the condom should be squeezed to push out any air, so there is room for semen when the ejaculation happens.
- Some people use lubricant (watery, slippery gel) on the outside and inside of the condom to make it feel better during sex.
- When a person takes their penis out of their partner's body, they must hold the condom at the base of the penis, so it won't slip off and spill semen.
- The condom is used only once, and then thrown away.
- Condoms are very good at preventing pregnancy, STDs, and HIV when used correctly.
- Using a condom together with another birth control method gives even more protection against pregnancy, in case the condom breaks.
- Condoms come in vinyl or polyurethane if a person is allergic to latex.
- There is no age requirement to buy condoms.



Source: *Contraceptive Technology, 20th revised edition*, 2011.

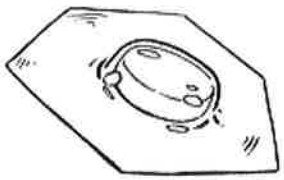
EC (Emergency Contraception) Fact Sheet

Main points:

- The only way to prevent pregnancy after unprotected vaginal sex!
- Good to have on hand, just in case.

More information:

- EC is a pill to prevent pregnancy after sex.
- It is used by people who have a uterus and ovaries.
- The most common brands of EC are Plan B and Ella. EC is also known as the "morning after pill" and "emergency contraception."
- EC is much more effective the sooner it is taken. It can prevent pregnancy if taken up to 5 days after vaginal sex.
- It prevents pregnancy by delaying or stopping the ovaries from releasing an egg.
- It does not cause an abortion. If EC doesn't work, it will not harm the pregnancy.
- All brands of EC, except Ella, can be bought by men or women of any age at the drug store without a doctor's prescription.
  - For more information about getting EC, go to www.not-2-late.com.
- EC is very safe.
- It does not protect against STDs or HIV.



Source: *Contraceptive Technology, 20th revised edition*, 2011.

Depo Shot Fact Sheet

Main points:

- Very effective when used correctly.
- Convenient – only need to get a shot four times per year.

More information:

- The Depo shot, also known as Depo-Provera, is given into the arm or hip every 3 months.
- It is used by people who have a uterus and ovaries.
- It is made of a hormone, similar to one that occurs naturally in the body.
- The shot is very effective when used correctly.
- The shot does not protect against STDs or HIV.
- The shot prevents pregnancy mainly by stopping the ovaries from releasing an egg each month.
- The shot is very safe.
- A person needs to go to a doctor to get the shot.

Source: *Contraceptive Technology, 20th revised edition*, 2011.

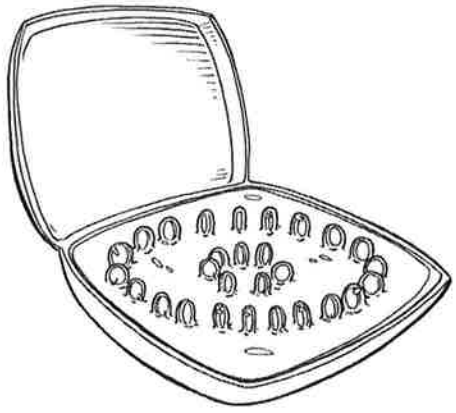
Birth Control Pill
Fact Sheet

Main points:

- Very effective when used correctly.
- Makes period cramps better.
- Good for your health – for example, it helps prevent cancer of the ovaries and uterus, it makes bones stronger, and it helps acne.

More information:

- A person takes the pill once a day to prevent pregnancy.
- The pill is used by people who have a uterus and ovaries.
- It is made of hormones just like the ones that occur naturally in a the body.
- Birth control pills are very effective when used correctly.
- They are best for people who can remember to take a pill every day.
- They do not protect against STDs or HIV.
- The pill prevents pregnancy mainly by stopping the ovaries from releasing an egg each month.
- The pill is very safe.
- A person needs to go to a doctor to get started on the pill.



Source: *Contraceptive Technology, 20th revised edition*, 2011.

Patch
Fact Sheet

Main points:

- Very effective when used correctly.
- Convenient – only need to do something once per week.

More information:

- The patch is a small, thin, beige-colored patch that sticks to the skin.
- It is used by people who have a uterus and ovaries.
- It has hormones just like the ones that occur naturally in the body. The hormones are released into the body through the skin.
- A new patch is put on once a week, for 3 weeks in a row, and then the person goes 1 week without a patch.
- The patch is very effective when used correctly.
- A person wearing the patch can still take showers, swim, play sports, and go in hot tubs with the patch.
- The patch does not protect against STDs or HIV.
- The patch prevents pregnancy mainly by stopping the ovaries from releasing an egg each month.
- The patch is very safe.
- A person needs to go to a doctor to get started on the patch.

Source: *Contraceptive Technology, 20th revised edition*, 2011.

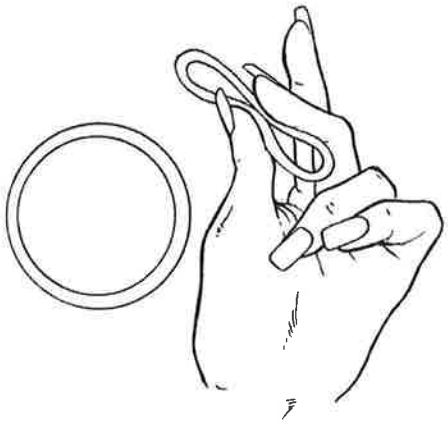
Vaginal Ring
Fact Sheet

Main points:

- Very effective when used correctly.
- Convenient – only need to do something once per month.
- Very helpful for people with heavy or painful periods.

More information:

- The ring, also known as the NuvaRing, is a soft, plastic, flexible ring that's about 2 inches wide.
- The ring goes inside the vagina, and it stays there for 3 weeks. It does not hurt and the person using it should not be able to feel it.
- The ring has hormones inside similar to the ones that occur naturally in the body.
- The ring is very effective when used correctly.
- It does not protect against STDs or HIV.
- The ring prevents pregnancy mainly by stopping the ovaries from releasing an egg each month.
- The ring is very safe.
- A person needs to go to a doctor to get started on the ring.



Source: *Contraceptive Technology, 20th revised edition*, 2011.

Pulling Out (Withdrawal) Fact Sheet

Main points:

- Free and always available.
- More effective than most people think, when used correctly.

More information:

- To use the pull-out method, a person pulls their penis out of their partner's body before ejaculation, making sure not to get semen near the other person's genitals.
- Withdrawal is another word for pulling out.
- Pulling out is very effective for people who can tell when they're about to ejaculate. It takes experience and a lot of self-control to be able to pull out completely in time.
- Pre-cum is the fluid on the tip of the penis before the ejaculation happens. It's also called pre-ejaculate. Studies show that only some pre-cum contains a small amount of sperm.
- Pulling out lowers the chance of getting HIV and some STDs, but it does not fully protect against these infections.

Source: *Contraceptive Technology, 20th revised edition*, 2011.

Commercial Watchers Worksheet

Instructions: As you watch each commercial, write down two important points for each birth control method.

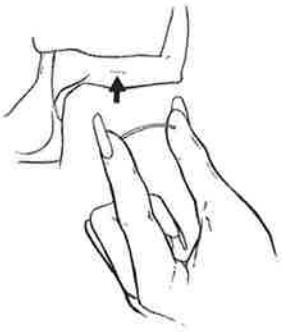
IUD

Important Points:

1.

2.

Implant



Important Points:

1.

2.

Condom

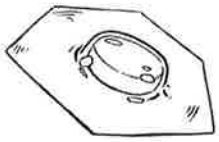
Important Points:

1.

2.

EC

(Emergency Contraception)



Important Points:

1.

2.

Depo Shot

Important Points:

1.

2.

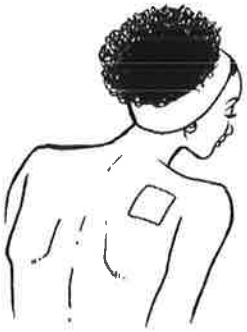
Birth Control Pill

Important Points:

1.

2.

Patch

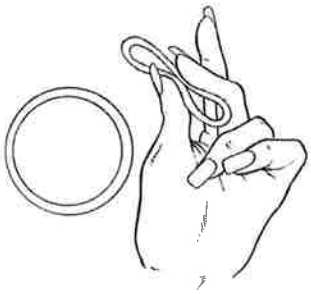


Important Points:

1.

2.

Vaginal Ring



Important Points:

1.

2.

Pulling Out (Withdrawal)

Important Points:

1.

2.

Individual Homework: Cultural Perspectives on Birth Control

Name: _____ **Period:** _____

Research birth control beliefs in the United States.

Here are possible questions you could research: What are some different beliefs about birth control in the U.S.? For example, do beliefs vary if people are married, if they are using birth control for health reasons, or according to age of the person using birth control? How do the beliefs about birth control change across cultures and religions?

Search the Internet. Use the term "birth control beliefs in the U.S." Write one parapgraph about what your find during your research.

Family Homework: Talking about Birth Control Methods

All Family Homework is optional. Students may complete Individual Homework instead.

Purpose: Family Homework is a chance to share your beliefs about sexuality and relationships, and the beliefs of your family, culture or religion.

Directions: Student will do the homework with a family member or trusted adult who is like family. Find a quiet place where the two of you can talk privately for 5-10 minutes. Please follow these guidelines:

- It is okay for either of you to skip a question.
- What you discuss will not be shared with anyone else, unless you give one another permission to share it.
- Take turns asking questions. When it is your turn to listen, try to understand the other person's response.

Ask the adult: Tell me about our family's, culture's or religion's beliefs about birth control.

Ask each other: How do you personally feel about people using birth control to prevent pregnancy?

Family Homework Confirmation Slip: Talking about Birth Control Methods

Due: _____

We have completed the family homework.

_____ _____

Date Signature of family member or trusted adult

_____ _____

Student's name Signature of student

Exit Ticket

What is the benefit of using a condom at the same time as another method of birth control for a couple having vaginal sex?

Lesson 10: Assessment Questions

1. What are two reasons a person should go to a clinic if they are having vaginal sex?

2. How does emergency contraception prevent pregnancy? Circle the correct answer.

   A. It prevents or delays the ovaries from releasing an egg.
   B. It causes an abortion.
   C. It prevents the testicles from making sperm.
   D. It confuses the egg and sperm into traveling in the wrong direction.

3. Where could a person get medically accurate information about birth control, condoms, and emergency contraception in our community?

4. True or False. In Washington State, the law says that teens can get birth control confidentially.

5. Answer this advice column, being sure to summarize the best ways to prevent pregnancy, HIV and STDs for someone who has vaginal sex.

   I am in my second year of college. My boyfriend and I want to have sex, but I don't want to get pregnant or get an STD. I've heard a lot of different advice, but I'm not sure what to do.

Lesson 10: Assessment Key and Standards Alignment

Question	Answer	Standards
1. What are two reasons a person should go to a clinic if they are having vaginal sex?	Possible correct answers: • Learn about birth control methods • Get help selecting a method • Get condoms • Get tested for STDs and HIV • Get a pregnancy test • Get emergency contraception	NHES: SH1.12.33
2. How does emergency contraception prevent pregnancy? Circle the correct answer. A. It prevents or delays the ovaries from releasing an egg. B. It causes an abortion. C. It prevents the testicles from making sperm. D. It confuses the egg and sperm into traveling in the wrong direction.	A	NSES: PR.12.CC.2
3. Where could a person get medically accurate information about birth control, condoms, and emergency contraception in our community?	Possible correct answers: The local clinic listed on your resource sheet, or whatever resource you shared with students (e.g. school-based health center, school nurse, etc.)	NSES: PR.12.AI.1 PR.12.AI.2
4. True or False. In Washington State, the law says that teens can get birth control confidentially. (*Note:* Edit the question as needed based on your state laws.)	True	NSES: PR.12.CC.3
5. Answer this advice column, being sure to summarize the best ways to prevent pregnancy, HIV and STDs for someone who has vaginal sex. *I am in my second year of college. My boyfriend and I want to have sex, but I don't want to get pregnant or get an STD. I've heard a lot of different advice, but I'm not sure what to do.*	Possible correct answers: • Use a reliable birth control method and a condom every time. • Go to the clinic to get a method and to get condoms. • Use emergency contraception if you have unprotected sex. • Don't have sex.	NHES: SH1.12.10 SH1.12.22 SH1.12.23 SH1.12.33
Exit Ticket: What is the benefit of using a condom at the same time as another method of birth control for a couple having vaginal sex?	Prevents pregnancy, STDs and HIV.	NHES: SH1.12.24

Integrated Learning Activities

CONSUMER SCIENCE: Which Method Is the Best Deal?
Put students into small groups and have them rank the birth control methods in two ways: cost per year without insurance and effectiveness against pregnancy. For this exercise, students can use the "perfect rate" (the rate that reflects correct and consistent use) or the "typical rate" (the rate that reflects typical human error), as long as they use the same rate for all methods. This activity will involve Internet research to find the birth control costs.

Ask each group to determine which method they think is the best deal. There will be differences among groups based on how highly they prioritize effectiveness. The goal is for them to articulate their conclusions based on accurate information and logical reasoning.

For teachers in Washington State: Remind students that all methods are available for free in Washington State for people who qualify, including many teens.

Suggested Resources:

- *Effectiveness rates:* Scroll to the bottom of this website by the Family Planning Program of Public Health – Seattle & King County, http://www.kingcounty.gov/healthservices/health/personal/famplan/birthcontrol.aspx. Click on "A Comparison of All Birth Control Method Effectiveness Rates" for a downloadable fact sheet.
- *Birth control method costs:* The average costs of the birth control methods can be found on the websites of the Association of Reproductive Health Professionals website (http://www.arhp.org/methodmatch/) and Planned Parenthood (http://www.plannedparenthood.org/health-topics/birth-control-4211.htm). On both websites, click on the individual method to find the cost.

ART: Magazine Ads
This activity can follow the student-created birth control commercials. Have the same small groups develop magazine ads on poster paper that visually convey the main point of their commercial.

Encourage creativity. You may want to have a stack of magazine ads available for students to look at. Remind students that the ads can be geared to different age groups of adults (not just teens) and that they should not depict sexual activity.

Display the ads around the classroom and give students an opportunity to view them. The goal of this exercise is to further reinforce the positive aspects of birth control, particularly for visual learners.

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Preventing HIV and Other STDs

Grades 9-12, Lesson 11

Summary

Students complete sentence stems on graffiti sheets to learn key concepts about STDs, including transmission, consequences and prevention. The teacher leads a condom demonstration exercise so students can learn the steps to using a condom correctly. The lesson concludes with students setting personal goals that will help them avoid getting or giving an STD.

Student Learning Objectives

The student will be able to …

1. Describe common symptoms of and treatments for STDs, including HIV.
2. Explain the importance of STD and HIV testing and counseling if sexually active.
3. Describe the steps to using a condom correctly.
4. Develop a plan to attain a personal goal to avoid or reduce the risk of contracting an STD.
5. Make a commitment to practice healthy sexual behaviors.

Lesson Timing

Warm up	Bell work + 2 minutes
Purpose of lesson	1 minute
Graffiti sheet activity	25 minutes
Condom demonstration	9 minutes
Journaling activity	10 minutes
Assign homework	
Exit ticket	3 minutes
Total	50 minutes

FLASH Key Concepts

People can prevent getting HIV and other STDs by not having sex, by using condoms if they do have vaginal or anal sex, and by not sharing needles.

Condoms are easy to get and easy to use.

Many teens successfully use condoms.

Abstaining from oral, anal and vaginal sex means a person does not have to worry about pregnancy or STDs.

Most high school students are abstinent.

The only way to know if you have HIV or other STDs is to get tested.

In this community, teens can get a pregnancy test, STD test or birth control at [insert local clinic].

People of all sexual orientations and gender identities need to protect themselves from HIV and other STDs.

Standards

National Health Education Standards (SHECAT)

Standard 1	Students will comprehend concepts related to health promotion and disease prevention to enhance health.
SH1.12.10	Summarize ways to prevent pregnancy and the sexual transmission of HIV and other common STDs.
SH1.12.15	Summarize how common STDs are transmitted.
SH1.12.16	Summarize how HIV is transmitted.
SH1.12.17	Summarize the signs and symptoms of common STDs.
SH1.12.19	Summarize the problems associated with asymptomatic STDs and HIV.
SH1.12.20	Summarize the short- and long-term consequences of common STDs.
SH1.12.21	Summarize the short- and long-term consequences of HIV.
SH.1.12.27	Describe the increased risks associated with having multiple sexual partners including serial monogamy.
SH1.12.35	Explain the importance of STDs and HIV testing and counseling if sexually active.
Standard 6	Students will demonstrate the ability to use goal-setting skills to enhance health.
SH6.12.1	Assess personal practices and behaviors related to sexual health.
SH6.12.2	Set a realistic personal goal to avoid or reduce the risk of pregnancy and transmission of HIV and other STDs.
SH6.12.3	Assess the barriers to achieving a personal goal to avoid or reduce the risk of pregnancy and transmission of HIV and other STDs.
SH6.12.4	Develop a plan to attain a personal goal to avoid or reduce the risk of pregnancy and transmission of HIV and other STDs.
SH6.12.5	Implement strategies, including self-monitoring, to achieve a personal goal to avoid or reduce the risk of pregnancy and transmission of HIV and other STDs.
SH6.12.6	Use strategies to overcome barriers to achieving a personal goal to avoid or reduce the risk of pregnancy and transmission of HIV and other STDs.
SH6.12.7	Formulate an effective long-term personal plan to achieve a goal to avoid or reduce the risk of pregnancy and transmission of HIV and other STDs.
Standard 7	Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.
SH7.12.1	Analyze the role of individual responsibility for sexual health.
SH7.12.2	Evaluate personal practices and behaviors that reduce or prevent sexual risk behaviors.
SH7.12.4	Make a commitment to practice healthy sexual behaviors.

National Sexuality Education Standards

PR.12.SM.1	Describe the steps to using a condom correctly
SH.12.SM.2	Describe the steps to using a condom correctly
SH.12.CC.1	Describe common symptoms of and treatments for STDs, including HIV
SH.12.CC.2	Evaluate the effectiveness of abstinence, condoms, and other safer sex methods in preventing the spread of STDs, including HIV
SH.12.CC.3	Describe the laws related to sexual health care services, including STD and HIV testing and treatment
SH.12. AI.1	Explain how to access local STD and HIV testing and treatment services
SH.12.GS.1	Develop a plan to eliminate or reduce risk for STDs, including HIV
SH.12.SM.1	Analyze individual responsibility about testing for and informing partners about STDs and HIV status

Rationale

This lesson focuses on big-picture concepts related to STD prevention—transmission, testing and condom use. As such, it does not contain detailed information about individual STDs. Health behavior change research shows that focusing on skills, attitudes and behaviors is more effective at improving health outcomes than memorizing facts.[1] Therefore, FLASH deemphasizes memorizing details related to specific STDs.

FLASH does not use graphic images of genitals infected with STDs. These images produce visceral, negative reactions in students and falsely lead them to believe that end-stage or worst-case scenario symptoms are the sign of sexually transmitted infection.[2] End-stage pictures of STDs may also discourage young people from getting tested if they do not have these same symptoms. Given that the majority of STDs are asymptomatic, many students with STDs may falsely believe that they are not infected after viewing these kinds of pictures. It's very important for students to understand that they can get STDs, that a test at a clinic is the only sure way to know if they have an STD, and that completing treatment is imperative if a person is diagnosed with an STD.

Sexually transmitted diseases are referred to as STDs in this lesson, as opposed to the also acceptable term sexually transmitted infection (STI). Both terms can be used interchangeably and are medically accurate. This lesson follows the guidance of the CDC in choosing to use STD.

FLASH focuses on abstinence and the use of condoms for vaginal and anal sex to prevent STDs. This is because unprotected vaginal and anal sex are the most common way that STDs including HIV are transmitted. There is very little risk of getting or transmitting HIV from oral sex.[3]

STDs that are spread through oral sex mostly cause infections of the throat. Oral infections do not have the same negative consequences as infections in the reproductive system. Other modes of transmission include genital skin-to-skin contact (HPV and herpes) and cold sore on the mouth to genitals (herpes). Using condoms during anal or vaginal sex substantially decreases the risk of spreading STDs, although they do not completely eliminate the risk. Based on current information about STD transmission, FLASH stresses the importance of condom use for couples having vaginal or anal sex, and abstaining from oral, anal and vaginal sex.

Materials Needed

Student Materials

- *STD Graffiti Stations Worksheet*
- *Sexual Health Resources - King County, National, or develop a local resource sheet*
- *My Plan for Avoiding STDs*
- *Individual Homework: Sexually Transmitted Diseases (STDs) Cartooning Activity*
- *Family Homework: Talking about HIV & Other STDs,* available in multiple languages on the FLASH website
- *Cartoon 1: The Couple*
- *Cartoon 2: The Clinic*
- *Lesson 11 Exit Ticket*

Classroom Materials

- *Lesson 11 Warm Up*
- Condom for teacher to use during demonstration (one per class period)

Teacher Materials

- *Developing a Local Sexual Health Resources List: Teacher Guide* for those developing a local resource sheet

Teacher Preparation

Write each of the following five statements at the top of a large sheet of newsprint or on the white board, and place the sheets in five places around the classroom:

- Why would someone want to avoid getting an STD?
- People can get an STD by…
- People might think they have an STD if…
- If people think they might have an STD, they should…
- People can reduce their risk of giving or getting an STD by…

Activities

1. Warm up

Display warm up as bell work.

Prompt: The best way to avoid getting or giving an STD is not to have sex. For people who are having vaginal or anal sex, the best way to avoid getting or giving an STD is to use a condom every time. Choose one of the following statements and write 1 or 2 sentences about why you agree with it.

- One great thing about condoms is that they prevent both pregnancy and STDs.
- If I have vaginal or anal sex, I will use condoms.
- Abstinence—not having sex—is a great choice for people who don't want to worry about pregnancy or STDs.
- I will choose not to have vaginal or anal sex unless I have a plan to protect myself from getting or giving an STD.
- People of all sexual orientations and gender identities need to protect themselves from HIV and other STDs.

2. Explain purpose of lesson

The purpose of the lesson is to learn important basic information about STDs: how they are transmitted, the ways they can hurt people's bodies, and how to protect against getting or giving an STD.

Sexually transmitted diseases (STDs) are infections that people can catch by having oral, anal or vaginal sex, or skin-to-skin sexual contact, with a person who has one. STDs are transmitted either through the infected person's blood, semen or vaginal fluids or—for some STDs—by skin-to-skin touching when the genitals touch.

However, there are important things people can do to prevent getting or giving an STD, which is what we will learn about today.

3. Lead graffiti sheet exercise

This activity addresses STD facts, attitudes and myths. Students will walk around the room answering the question or completing the sentence stem on each sheet. Students should write on at least 3 sheets.

1. Why would someone want to avoid getting an STD?
2. People can get an STD by…
3. People might think they have an STD if…
4. If people think they might have an STD, they should…
5. People can reduce their risk of giving or getting an STD by…

Around the room you'll notice 5 learning stations. Please walk around and write your answers on at least 3 sheets. You can also write comments, facts or even questions. If someone has written something you agree with, place a check mark next to it. If someone has written something you think may not be right, put a question mark next to it. You will

have 5 minutes to complete this activity. Then we'll discuss what you wrote.

4. Debrief graffiti sheets

Debrief the graffiti sheets by discussing them one at a time, correcting misinformation and pointing out correct information. Group comments by theme when discussing them whenever possible (i.e., all comments related to condoms, or about testing). Have students fill out the *STD Graffiti Stations Worksheet* as you review the activity.

Be sure to include the points in the script, if students don't come up with them during the discussion.

Review Questions and Answers

1. Why would someone want to avoid getting an STD?

- *It can be hard for people to know that they have an STD, and if they have it for a long time it can damage the body. STDs can cause damage to organs such as the heart and brain, and can harm the reproductive system.*
- *Some STDs can be cured and some cannot.*
- *STDs are the leading cause of infertility and are especially dangerous if a person is pregnant. They can cause miscarriages and birth defects.*
- *Some STDs, such as HIV, can cause death.*
- *Some STDs are easy to get rid of. If a person gets tested and treated right away, the STD won't hurt the body.*
- *Finding out you have an STD can be emotionally difficult. It can be embarrassing and uncomfortable. Telling partners you may have gotten an STD from them, or given them an STD, can be a really hard conversation.*

2. People can get an STD by…

- *The most common way to get an STD is by having vaginal or anal sex without using a condom with someone who already has the STD.*
- *Some STDs, including HIV, can be spread by sharing needles.*
- *Some STDs, including HIV, can be spread from to a baby, through pregnancy, childbirth or breastfeeding if the pregnant person had HIV.*
- *Some can be spread through oral sex. STDs that are spread through oral sex mostly cause infections of the throat, and do not have the same negative consequences as infections in the reproductive system.*
- *Some STDs can be spread through genital skin-to-skin contact (HPV and herpes) and cold sore on the mouth to genitals (herpes).*
- *People cannot get HIV or other STDs from casual contact such as holding hands, sharing drinks or kissing.*
- *Having more sexual partners increases the chances that a person could catch an STD.*

3. People might think they have an STD if…

- *They have symptoms. STDs usually don't cause symptoms. But, if they do, these are the most common: sores; unusual discharge from the vagina, penis or anus; itching;*

pain when urinating; a rash, redness or swelling in the genital or anal areas.

- *A partner has an STD and tells them, or they learn from someone else that a previous partner has an STD.*
- *They have had unprotected sex with someone who has ever had unprotected sex with anyone else.*
- *The only way to know for sure is to get tested.*

4. If people think they might have an STD, they should…

- *Stop having sex with other people until the STD is cured. If the STD isn't curable—for example, HIV—they should use condoms every time they have sex.*
- *Go to the clinic for testing and treatment.*
- *Tell anyone they have had sex with to also get tested.*

5. People can reduce their risk of giving or getting an STD by…

- *Not having sex.*
- *Using a condom if they do have vaginal or anal sex.*
- *Not sharing needles.*
- *Getting tested for STDs regularly.*
- *You can't tell if people have HIV or other STDs by looking at them. There are many people who have HIV or other STDs but don't know it.*

5. Do condom demonstration

Demonstrate the correct steps to using a condom while students write the steps down in their notebooks or on a piece of notebook paper. Do not demonstrate with fruits or vegetables, as some people find this offensive or trivializing. A penis model is ideal for demonstrating condoms, if you can obtain one. If that is not an option, demonstrate by rolling a condom onto your fingers. Do not roll a condom onto someone else's fingers. You can use the following script as you demonstrate in front of the class with a condom.

The best ways to avoid getting or giving an STD are not to have sex, or to use a condom if a person does have vaginal or anal sex. If people choose to use condoms, it's important that they know the correct way to use one, so we're going to take a few moments now to learn the steps to proper condom use. While I'm going over these steps, please write them down on a piece of paper or in your notebook for this class.

I want to start by letting you know that many teens successfully use condoms. In fact, teens use condoms more often than adults! Condoms are easy to get at the health clinic or at many stores, and they are very easy to use. There are only a few steps to using them correctly.

Most condoms are made of latex. If someone is allergic to latex, there are condoms made of other kinds of material such as plastic and polyurethane.

Here are the steps:

1. *First, the person looks at the package to check the expiration date and make sure there aren't any holes.*

2. *Then they carefully open the package.*
3. *Before having sex, the condom is placed on the tip of the erect penis. It should look like a little hat, with the rolled side facing out.*
4. *Then the person pinches the tip of the condom and unrolls the rest of the condom all the way down to the base of the penis. Pinching the tip makes a space to catch the semen when the ejaculation happens.*
5. *Once the condom is on, the couple has sex.*
6. *After sex, before the penis gets soft, the condom is held in place while the penis is pulled out.*
7. *The condom is taken off and thrown away. Condoms can only be used once.*

To sum it up, the main steps are to pinch the tip of the condom and roll it down over the penis before having sex. With practice, people find condoms very easy to use. Tomorrow we will review the steps for using a condom and everyone will have a chance to practice.

6. Students plan how they will avoid STD (journaling activity)

Students will make a plan for themselves about how they will avoid getting or giving an STD. Hand out *My Plan for Avoiding STDs* and the *Sexual Health Resource Sheet* (King County, National, or the local one you developed) and instruct students to answer the questions. Explain that the *Resource Sheet* contains important legal information and clinical resources that they may need to know when making their plan. Assure them that no one else will see their answers.

Students will answer the following questions:

- What's one thing I'm already doing that helps protect me from giving or getting an STD?
- What's one more thing I will commit to do for the next 6 months to lower my chances of giving or getting an STD?
- What things could make it hard to stick to this commitment? What will I do if any of these things happen to make sure I can stick to my goal?
- Why is it important that I take steps to protect myself from STDs, instead of just letting my partner handle it?

Now that you've learned about STDs and how to protect yourselves from getting or giving one, let's take a moment and think about how this information applies to your own life. I'm going to pass out a worksheet where you will answer questions about how you can personally avoid STDs in your life. I am also going to pass out a resource sheet that lists places in our community that people can get sexual health services. This information may be an important part of your plan, so please read it carefully.

7. Assign homework

Allow students to choose between the individual or family homework and explain the assignments as needed. *(Note: Both assignments require a copy or copies of the two Cartoons.)*

Individual Homework: Sexually Transmitted Diseases (STDs) Cartooning Activity and 1 copy of each cartoon: *Cartoon 1: The Couple* and *Cartoon 2: The Clinic*

Family Homework: Talking about HIV & Other STDs and 2 copies of each cartoon: *Cartoon 1: The Couple* and *Cartoon 2: The Clinic*. Family homework is available in multiple languages on the FLASH website.

8. Exit ticket

Hand out the *Lesson 11 Exit Ticket*.

Question: What are the ways that someone can prevent getting or giving an STD?

Answers: Not having vaginal or anal sex; using a condom if having sex; not sharing needles; getting tested for STDs regularly.

Warm Up

The best way to avoid getting or giving an STD is not to have sex. For people who are having vaginal or anal sex, the best way to avoid getting or giving an STD is to use a condom.

Chose one of the following statements and write 1 or 2 sentences about why you agree with it.

One great thing about condoms is that they prevent both pregnancy and STDs.

If I have sex, I will use condoms.

Abstinence—not having sex—is a great choice for people who don't want to worry about pregnancy or STDs.

I will choose not to have vaginal or anal sex unless I have a plan to protect myself from getting or giving an STD.

People of all sexual orientations and gender identities need to protect themselves from HIV and other STDs.

STD Graffiti Stations Worksheet

1. Why would someone want to avoid getting an STD?

2. People can get an STD by…

3. People might think they have an STD if…

4. If people think they might have an STD, they should…

5. People can reduce their risk of giving or getting an STD by…

My Plan for Avoiding STDs

1. **What's one thing I'm already doing that helps protect me from giving or getting an STD?**

2. **What's one more thing I will commit to do for the next 6 months to lower my chances of giving or getting an STD?**

3. **What things could make it hard to stick to this commitment? What will I do if any of these things happen to make sure I can stick to my goal?**

4. **Why is it important that I take steps to protect myself from STDs, instead of just letting my partner handle it?**

Sexual Health Resources In King County

Student Handout

Confidential
Teens of any age can get all the services listed on this handout confidentially in Washington State. Confidential services include birth control, condoms, emergency contraception, pregnancy tests, STD and HIV tests, prenatal care, abortion and adoption.

Birth Control and STD Clinics
These clinics have birth control, condoms, emergency contraception, pregnancy tests, STD tests and HIV tests. Services are confidential. Teens in Washington State can sign up for free birth control insurance, called Take Charge, at Public Health and Planned Parenthood.

Public Health – Seattle & King County
Free or low cost teen clinics
206-263-1505
www.teenclinic.com

Planned Parenthood Great Northwest
1-800-769-0045
www.plannedparenthood.org

- Birth control method information (World Health Organization): Scroll down to see chart. http://www.who.int/mediacentre/factsheets/fs351/en/
- STD information (Centers for Disease Control): http://www.cdc.gov/std/
- HPV vaccine information (Centers for Disease Control): http://www.cdc.gov/vaccines/vpd-vac/hpv/

Help Finding a Clinic and Other Services
Community Health Access Program
(CHAP Line)
206-284-0331 or 1-800-756-5437
Also helps people apply for health insurance
chap@kingcounty.gov

Teen Link
1-866-833-6546
www.866teenlink.org

Prenatal Care
Public Health – Seattle & King County
Maternity Support Clinics and WIC
206-263-1505
www.kingcounty.gov/healthservices/health/personal/MSS.aspx

Abortion Clinics
Cedar River Clinics
(425) 255-0471
www.cedarriverclinics.org

Planned Parenthood
1-800-769-0045
http://www.plannedparenthood.org/planned-parenthood-great-northwest

Adoption Agencies
Amara
(206) 260-1700
http://amaraparenting.org

Open Adoption & Family Services
1-800-772-1115
http://www.openadopt.org/

Sexual Health Resources In the U.S.

Student Handout

Confidential
Click on the map to find out if sexual health services are confidential in your state.
http://sexetc.org/action-center/sex-in-the-states/

Birth Control and STD Clinics
There are many websites and phone numbers to help teens find birth control, condoms, emergency contraception, pregnancy tests, STD tests and HIV tests.

- Enter your zip code or call to find the nearest Planned Parenthood clinic.
  www.plannedparenthood.org 1-800-230-PLAN
- Enter your zip code to find the nearest birth control clinic that is free or low cost.
  http://www.hhs.gov/opa/
- Enter your zip code to find a clinic for HIV tests, birth control, counseling and other services.
  www.aids.gov
- Enter your zip code to find the nearest place to get emergency contraception.
  www.not-2-late.com
- Call your local public health department to get information about local birth control and STD clinics.
- Birth control method information (World Health Organization): Scroll down to see chart.
  http://www.who.int/mediacentre/factsheets/fs351/en/
- STD Information (Centers for Disease Control): http://www.cdc.gov/std/
- HPV Vaccine Information (Centers for Disease Control): http://www.cdc.gov/vaccines/vpd-vac/hpv/

Help Finding a Clinic and Other Services

- Enter your address to find the nearest health clinics that are free or low cost. These clinics are for all health issues, not just sexual health.
  http://findahealthcenter.hrsa.gov/

Prenatal Care

- Scroll to your state to find the phone number for the Women, Infants, Children (WIC) Program.
  http://www.fns.usda.gov/wic/toll-free-numbers-wic-state-agencies
- WIC is a nutrition program that helps pregnant women, new mothers, and young children eat well, learn about nutrition and stay healthy. They also give information about where to get prenatal care.

Abortion Clinics

- Click on the map to see a list of abortion clinics in your state.
  http://prochoice.org/think-youre-pregnant/find-a-provider/
- Call 1-877-257-0012 to find the nearest abortion clinic.
- Call 1-800-772-9100 to get more information about abortion and where to get financial help.

Adoption Agencies

- Call 1-800-772-1115 to talk with an adoption counselor at Open Adoption and Family Services.
- The phone line is open 24 hours a day.

Developing a Local Sexual Health Resources List

Teacher Guide

In order to ensure that students have access to the health care services they need, it is important for teachers to develop a sexual health resource sheet specific to their geographic area. FLASH provides a resource sheet for King County, Washington, as an example that can be used as a template. If you are not familiar with the resources in your area, the following national resources will help you in compiling a local resource sheet. If, for some reason, you cannot develop a local resource sheet, a national resource sheet has been provided for you.

FLASH recommends referring young people to clinics and agencies that are teen and LGBT friendly, culturally competent, supportive of all pregnancy options, and that consider the teen to be their primary client. When creating your local resource sheet, keep these criteria in mind.

Confidential
Individual state policies on teens accessing reproductive health care are provided by Sex, etc., a project of Rutgers University. http://sexetc.org/action-center/sex-in-the-states/

Birth Control and STD Clinics
To find local birth control and STD clinics, call your local health department. If you need further assistance finding clinics that offer a full array of services, the following links may be of help.

- www.plannedparenthood.org to find a local Planned Parenthood clinic
- http://www.hhs.gov/opa/ to find a local Title X clinic
- www.not-2-late to find locations for accessing emergency contraception
- http://locator.aids.gov/ to find HIV testing locations

Help Finding a Clinic and Other Services
The U.S. Department of Health and Human Services, Health Resources and Services Administration maintains a list of sliding scale or free clinics across the United States.
http://findahealthcenter.hrsa.gov/

Prenatal Care
To find prenatal care providers who serve teens, call your local WIC provider. The link below provides a State number, that can direct you to a local provider.
www.fns.usda.gov/wic/toll-free-numbers-wic-state-agencies

Abortion Clinics
The National Abortion Federation maintains a list of abortion providers by state.
http://prochoice.org/think-youre-pregnant/find-a-provider/

Adoption Agencies
Open Adoption and Family Services works with clients from across the nation. Should a client prefer a local resource, they will work with her to identify a local provider.
http://www.openadopt.org/

Individual Homework: Sexually Transmitted Diseases (STDs) Cartooning Activity

Name: _____ **Period:** _____

Choose one of the two cartoons: The Couple OR The Clinic. What are the people thinking? What are they saying? In the thought and speech bubbles, write or draw what ***you*** think they're thinking and saying. Be creative and use information you learned in today's class. Then write a one paragraph description of your cartoon on the back of the cartoon, with your name and the date. Turn it in for credit.

Family Homework: Talking about HIV & Other STDs

All Family Homework is optional. Students may complete Individual Homework instead.

Purpose: Family Homework is a chance to share your beliefs about sexuality and relationships, and the beliefs of your family, culture or religion.

Directions: Student will do the homework with a family member or trusted adult who is like family. Find a quiet place where the two of you can talk privately for 5-10 minutes. Please follow these guidelines:

- It is okay for either of you to skip a question.
- What you discuss will not be shared with anyone else, unless you give one another permission to share it.
- Take turns asking questions. When it is your turn to listen, try to understand the other person's response.

Ask the student: What did you learn from today's class about sexually transmitted diseases (STDs) that seemed important?

Complete the cartoons: Choose *The Couple* or *The Clinic* cartoon. In the thought and speech bubbles, each of you will write what the people in the cartoon might be thinking or saying.

Ask each other:

- What were your characters thinking or saying?
- Would they think or say something different if they had better communication skills?
- Would they think or say something different if they understood how STDs are passed from person to person?
- In real life, what might you want to talk over with a partner (someone you dated, boyfriend, girlfriend, husband, wife) about STDs?
- In real life, what might you say to a doctor or other health care provider about STDs?

Family Homework Confirmation Slip: Talking about HIV and Other STDs

Due: _____

We have completed the family homework.

_____ _____

Date Signature of family member or trusted adult

_____ _____

Student's name Signature of student

Cartoon 1: The Couple

Cartoon 2: The Clinic

Exit Ticket

What are the ways that someone can prevent getting or giving an STD?

Lesson 11: Assessment Questions

1. List 2 possible symptoms of STDs.

2. Why is it important for people who are sexually active to get an STD test? (Choose all that apply.)
   A. It's important for sexually active people to get an STD test, so they don't accidently spread STDs to others.
   B. If you have an STD, the STD test will tell who you got it from.
   C. An STD test is the only way to know if a person has an STD.
   D. STD tests are important so people can receive the medical treatment they need.

3. Place the following steps to using a condom in the correct order:
   __ Pinch the tip of the condom and roll the condom down to the base of the penis
   __ Check the expiration date and check for holes in package
   __ Put the condom on the tip of the erect penis
   __ Take the condom off and throw it away
   __ Carefully open the package
   __ Couple has vaginal or anal sex
   __ After sex, before the penis gets soft, hold the condom in place while the penis is pulled out

4. List at least 2 things someone could do to prevent getting or giving an STD.

5. Which of the following ways can STDs and HIV be transmitted? Choose all that apply.
   A. Kissing
   B. Vaginal sex
   C. Anal sex
   D. Masturbation

6. List at least one short-term and one long-term consequence of having an STD.

7. Do teenagers need a parent's permission to get birth control and STD services in this state?

Lesson 11: Assessment Key and Standards Alignment

Question	Answer	Standards
1. List 2 possible symptoms of STDs.	Possible correct answers: • Sores • Unusual discharge • Itching • Pain when urinating • Rash • Redness or swelling • No symptoms	NHES: SH1.12.17 NSES: SH.12.CC.1
2. Why is it important for people who are sexually active to get an STD test? (Choose all that apply.) A. It's important for sexually active people to get an STD test, so they don't accidently spread STDs to others. B. If you have an STD, the STD test will tell who you got it from. C. An STD test is the only way to know if a person has an STD. D. STD tests are important so people can receive the medical treatment they need. E. All are true except B	E	NHES: SH1.12.35 SH1.12.19
3. Place the following steps to using a condom in the correct order: — Pinch the tip of the condom and roll the condom down to the base of the penis. — Check the expiration date and check for holes in package — Put the condom on the tip of the erect penis — Take the condom off and throw it away. — Carefully open the package — Couple has vaginal or anal sex. — After sex, before the penis gets soft, hold the condom in place while the penis is pulled out.	4 Pinch the tip of the condom and roll the condom down to the base of the penis. 1 Check the expiration date and check for holes in package 3 Put the condom on the tip of the erect penis 7 Take the condom off and throw it away. 2 Carefully open the package 5 Couple has vaginal or anal sex. 6 After sex, before the penis gets soft, hold the condom in place while the penis is pulled out.	NSES: PR.12.SM.1 SH.12.SM.3

4. List at least 2 things someone could do to prevent getting or giving an STD.	Don't have sex Use a condom Only have sex with one uninfected person who also only has sex with you	NHES: SH1.12.10 SH.12.CC.2
5. Which of the following ways can STDs and HIV be transmitted? Choose all that apply A. Kissing B. Vaginal sex C. Anal sex D. Masturbation	B, C	NHES: SH1.12.15 SH1.12.16
6. List at least one short-term and one long-term consequence of having an STD.	Short term: can't have sex, embarrassment, any of the STD symptoms Long term: damage to organs, damage to the reproductive system, infertility, problems with pregnancy, death	NHES: SH1.12.20 SH1.12.21
7. Do teenagers need a parent's permission to get birth control and STD services in this state?	Answer depends on state.	NSES: SH.12.CC.3
My Plan for Avoiding STDs worksheet		NSES: SH.12.GS.1 SH.12.SM.1 NHES: SH6.12.1 SH6.12.2 SH6.12.3 SH6.12.4 SH7.12.1 SH7.12.2 SH7.12.4
Exit Ticket: What are the ways that someone can prevent getting or giving an STD?	Not having oral, anal or vaginal sex Using a condom if having vaginal or anal sex. Not sharing needles. Getting tested for STDs regularly.	NHES: SH1.12.10

Integrated Learning Activities

LANGUAGE ARTS or DRAMA: The Next Level
Write a story or skit about a couple who have been dating for a few months and are talking about taking their relationship to the next level by having oral, anal or vaginal sex. Script some conversations they have before having sex. Include facts learned from this lesson about STDs as part of the story or skit.

HISTORY: Tuskegee
Read about the Tuskegee Syphilis Study, either online or in books from a school or local library. Write a one-page summary about this study and the impact it had on future studies involving human subjects. Include one paragraph of subjective response (your feelings) about this historical event.

References

[1] Schaalma, H.P., Abraham, C., Gilmore, M.R., and Kok, G. (2004). Sex education as health promotion: What does it take? *Archives for Sexual Behaviour, 33,* 3, 259-269.

[2] Making clear messages: What works best? *AIDS Action, 40*, 1-2.

[3] CDC. Oral Sex and HIV Risk. http://www.cdc.gov/hiv/risk/oralsex.html

Condoms to Prevent Pregnancy, HIV and Other STDs

Grade 9-12, Lesson 12

Summary

This lesson begins with a brief overview of HIV and other STDs, focusing on prevention, transmission, symptoms and consequences. Students then brainstorm reasons someone might not use condoms, and solutions to those problems. They also brainstorm a list of the benefits of condoms. The teacher then demonstrates correct condom use to the class, and students have the opportunity to practice correct condom use skills.

Student Learning Objectives

The student will be able to …

1. Summarize how HIV is transmitted.
2. Summarize the importance of using condoms consistently and correctly to reduce the risk of pregnancy and HIV/STD infection.
3. Describe the steps to using a condom correctly.

Lesson Timing

Warm up	Bell work + 2 minutes
Purpose of lesson and HIV/STD overview	10 minutes
Brainstorm condom barriers, solutions and benefits	15 minutes
Discuss effectiveness of condoms	3 minutes
Demonstration and practice of condoms	16 minutes
Summarize	1 minute
Assign homework	
Exit ticket	3 minutes
Total	50 minutes

FLASH Key Concepts

People can prevent getting HIV and other STDs by not having sex, by using condoms if they do have vaginal or anal sex, and by not sharing needles.

Condoms are easy to get and easy to use.

Many teens successfully use condoms.

Abstaining from oral, anal and vaginal sex means a person does not have to worry about pregnancy or STDs.

Choosing abstinence means a person does not have to worry about pregnancy or STDs.

Most high school students are abstinent.

The only way to know if you have HIV or other STDs is to get tested.

In this community, teens can get a pregnancy test, STD test or birth control at [insert local clinic].

People of all sexual orientations and gender identities need to protect themselves from HIV and other STDs.

Standards

National Health Education Standards (SHECAT)

Standard 1	Students will comprehend concepts related to health promotion and disease prevention to enhance health.
SH1.12.10	Summarize ways to prevent pregnancy and the sexual transmission of HIV and other common STDs
SH1.12.16	Summarize how HIV is transmitted.
SH1.12.18	Summarize the signs and symptoms of HIV.
SH1.12.19	Summarize the problems associated with asymptomatic STDs and HIV.
SH1.12.21	Summarize the short- and long-term consequences of HIV.
SH1.12.23	Summarize the importance of using condoms consistently and correctly to reduce risk of pregnancy and infection of HIV and common STDs.
SH1.12.24	Explain the value of using a condom at the same time as using another form of contraceptive to reduce the risk of infection of HIV and common STDs and reduce the risk of pregnancy.
Standard 2	Students will analyze the influence of family, peers, culture, media, technology and other factors on health behaviors
SH2.12.3	Analyze how peers and perceptions of norms influence healthy and unhealthy sexual health practices, behaviors, and relationships.
SH2.12.5	Analyze how some health risk behaviors influence the likelihood of engaging in risky sexual behaviors (e.g., alcohol and other drug use).
Standard 3	Students will demonstrate the ability to access valid information and products and services to enhance health.
SH3.12.4	Determine the accessibility of valid and reliable sexual healthcare products.

Standard 5	Students will demonstrate the ability to use decision-making skills to enhance health.
SH5.12.1	Examine barriers to making a decision related to relationships or sexual health.
SH5.12.5	Generate alternatives when making a decision related to relationships or sexual health.
Standard 7	Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.
SH7.12.3	Demonstrate practices and behaviors to improve the sexual health of oneself and others.

National Sexuality Education Standards

PR.12.CC.1	Compare and contrast the advantages and disadvantages of abstinence and other contraceptive methods, including condoms.
PR .12. AI.1	Access medically-accurate information about contraceptive methods, including abstinence and condom.
PR.12.SM.1	Describe the steps to using a condom correctly.
SH.12.CC.2	Evaluate the effectiveness of abstinence, condoms, and other safer sex methods in preventing the spread of STDs, including HIV.
SH.12.INF.1	Analyze factors that may influence condom use and other safer sex decisions.
SH.12.SM.2	Describe the steps to using a condom correctly.

Rationale

Approximately half of all teens are sexually active,[1] making high school an important time to both support abstinence and to teach students condom skills. Condoms are the most effective technology to reduce the transmission of HIV and other STDs;[2] they are also effective barriers against unplanned pregnancy.[3]

Students who have had a chance to practice condom skills, especially before they are sexually active, are far more likely to use condoms correctly.[4 5] This is especially important since condoms are one of the most commonly used methods of birth control by teens.[6] A large body of research clearly shows that sexual health education, including condom skill practice, does not encourage earlier sexual activity among teens. Instead, these programs can actually help students to postpone sexual activity, decrease their number of sexual partners and increase their condom use. Studies also reveal that when youth have positive attitudes about condoms and the knowledge to use them correctly, they are more likely to use them consistently.[7 8 9]

This lesson purposefully avoids labeling condoms as "male condoms" or "female condoms," in order to be more inclusive of transgender and intersex individuals. Instead, the lesson describes condoms that are worn on the penis, and condoms that are worn in the vagina or anus. For ease they are also simply called a "penis condom" or a "vagina condom." Teachers may have also heard condoms referred to elsewhere as external condoms or internal condoms. Although accurate, these terms are potentially confusing. For the sake of both clarity and inclusivity, FLASH instead relies on plain language and definitions that are specific to the body parts the condoms were designed for.

FLASH focuses on abstinence and the use of condoms for vaginal and anal sex to prevent STDs. This is because unprotected vaginal and anal sex are the most common way that STDs including HIV are transmitted. There is very little risk of getting or transmitting HIV from oral sex.[10]

STDs that are spread through oral sex mostly cause infections of the throat. Oral infections do not have the same negative consequences as infections in the reproductive system. Other modes of transmission include genital skin-to-skin contact (HPV and herpes) and cold sore on the mouth to genitals (herpes). Using condoms during anal or vaginal sex substantially decreases the risk of spreading STDs, although they do not completely eliminate the risk. Based on current information about STD transmission, FLASH stresses the importance of condom use for couples having vaginal or anal sex, and abstaining from oral, anal and vaginal sex.

Materials Needed

Student Materials

- Penis condoms, 1 for each student
- *Individual Homework: Condoms*
- *Family Homework: Talking About Condoms,* available in multiple languages on the FLASH website
- *Lesson 12 Exit Ticket*

Classroom Materials

- *Lesson 12 Warm Up*
- *Visual 1: Condom Facts*
- *Visual 2: Condom Variety*
- *Visual 3: Vagina Condom*
- Wooden or plastic penis model
- Penis condom (one per class period)
- Vagina condom (one per class period)
- Water or silicone-based lubricant

For districts that don't allow teachers to teach with condoms:

- *Condom Line-Up Cards,* 1 to 6 sets, depending on whether the activity is done as a class or in small groups.

Teacher Preparation

1. If doing the condom demonstrations:
   - Obtain a wooden or plastic penis model, if possible. www.totalaccessgroup.com
   - Practice the condom demonstration to become comfortable doing it in front of the class.
   - Practice showing a vagina condom and how a person would insert it, forming a tube with your other hand.

2. If doing the Condom Line-Up activity, make set(s) of *Condom Line-Up Cards* and put them in random order.

3. Prepare Visuals for document camera or projector.

Activities

1. Warm up

Display warm up as bell work.

Question: Over 95% of teen couples who have ever had vaginal sex have used condoms. Why do you think condoms are such a popular method among teens?

2. Explain purpose of lesson and give brief HIV overview lecture

Explain that today's lesson will focus on condoms, and that condoms are highly effective at preventing pregnancy and STDs including HIV for people having vaginal and anal sex. Then transition to the HIV and STD overview lecture.

Today's lesson is going to focus on condoms. Condoms are very effective at preventing pregnancy as well as preventing STDs, including HIV. Because condoms are the only protection against HIV and other STDs available for people who are having vaginal or anal sex, let's start with a review of how HIV and other STDs are transmitted.

Review important facts about HIV.

- *People of all sexual orientations and gender identities need to learn how to protect themselves from HIV and other STDs. STDs are very common, and it's important for everyone to know how to stay healthy.*
- *HIV is the virus that causes AIDS. Many people with HIV will eventually get very sick, especially if they don't have the help of medicine and a doctor. When they have become very sick, it is called AIDS.*
- *HIV stands for human immunodeficiency virus. This means it is a virus that humans can get, and that it hurts your immune system. The immune system is what keeps the body healthy.*
- *AIDS stands for Acquired Immune Deficiency Syndrome. That means that after a person has had HIV for a while, sometimes a very long time, the immune system won't work well and the person can get very sick.*
- *HIV is a very serious illness that can cause death. There is no cure for HIV. However, people who have HIV can live for a very long time with the help of a doctor.*
- *HIV is a type of STD, which stands for sexually transmitted disease. An STD is an illness that people get from having sex with someone who already has it. There are many types of STDs besides HIV. STDs are very common among teenagers. Some can be cured, and some cannot.*
- *People usually get HIV and other STDs from having vaginal or anal sex with someone who already has the STD. HIV is also commonly passed by sharing needles for injecting drugs with someone who has HIV.*

- *There is very little risk of transmitting HIV through oral sex, although other STDs can sometime be spread through oral sex.*[11]
- *Sometimes babies can catch HIV. If a pregnant person has HIV, the baby can be born with HIV. If a breastfeeding person has HIV, the baby can get HIV from the breast milk. If the person with HIV is getting medical treatment, the chances of passing HIV to the baby are very low.*
- *When people have HIV, the HIV virus is in their blood, semen, vaginal fluids and breast milk. (Semen is the fluid with sperm in it that comes out of the penis. Vaginal fluids are the wetness in the vagina.) That's why people can get HIV from sex, sharing needles, or sometimes during childbirth or breastfeeding.*
- *HIV is NOT in other body fluids. It is not in tears, sweat, spit, pee or any other fluid. People cannot get HIV from being around someone who has it. They can't get it from hugging or kissing. They can't get it from a mosquito bite or from a toilet seat.*
- *Sometimes when people first catch HIV they feel sick, as if they have the flu. This could include symptoms such as a fever, sore throat, rash or headache. However, people often have no symptoms at all. This can be a problem because if people don't have symptoms, they may not realize they have HIV. Then, they might have sex with other people and pass on HIV without knowing it.*
- *Over time, HIV weakens the immune system so that it cannot fight off infections. A person with HIV can catch illnesses that a healthy person without HIV would not. Since the immune system cannot fight them off, these infections are what will eventually kill a person who has AIDS.*
- *People can prevent getting HIV and other STDs by not having vaginal or anal sex and by not sharing needles. They can also prevent HIV and other STDs by using a condom if they do have vaginal or anal sex A condom is a stretchy piece of rubber that fits over the penis like a glove and prevents germs passing between each person. Today we are going to learn more about how to use condoms correctly.*

3. Brainstorm barriers, solutions and benefits

Ask students what they have heard about why people sometimes don't use condoms. Write 5-7 responses on the board.

Then, go through the list one by one, and ask students how someone could overcome each of these barriers to condom use. For example, if someone doesn't like the way condoms feel, what could be done to improve the feeling? Or, if someone is concerned that using a condom demonstrates mistrust in a partner, what could that person say to reassure a partner? Record suggested solutions on the board.

Conclude with a brainstorm of all of the benefits or positive things students have heard about condoms. It's OK if they use humor or come up with far-fetched benefits. Sample responses are provided in the charts in the script.

Reason People Don't Use Condoms	Solutions to This Barrier
Don't have condoms with them.	• Always carry condoms, not just when you think you are going to have sex. • Maybe the other person has one. • Engage in a different sexual activity that doesn't require a condom (i.e. manual stimulation).
Don't want partner to think they don't trust them or that they are cheating.	• Partners can talk ahead of time about why condoms are important, for some people as back-up birth control, as well as for STD protection. • Let partner know that you always use condoms every time you have sex, no matter what.
Don't like the way condoms feel.	• Try different brands. • Try putting lube inside and/or outside condom. • Try to focus on the pleasurable sensation of having sex with a condom.
Think only guys should carry condoms.	• Partners can talk ahead of time about why condoms are important, and why it's important for both partners to be prepared with condoms. • Friends can reassure them that carrying condoms is an important way to take care of your health and your partner. • Friends can reassure them that people of all genders carry condoms.
Condoms are too expensive.	• List locations where teens can get condoms for free. • Buy condoms at drugstores instead of convenience stores. • Find a trusted adult who would buy condoms for them.
Kills the mood.	• Partners talk ahead of time about the importance of using condoms so no one is surprised. • Condom use gets easier with practice and is less likely to change the mood once it has happened several times and becomes a habit.
Other teens don't use condoms.	• This isn't true. Almost all teenagers use condoms at least some of the time.
Will make people think you have an STD.	• Partners can talk ahead of time about why condoms are important as back-up birth control as well as for STD protection.

Some Benefits of Using Condoms

- Reduce risk of HIV and other STDs
- Reduce risk of pregnancy
- Variety – colors, flavors, sizes
- Availability
- No side effects
- No prescription needed
- Cheap (free at some clinics)

- Easy to use
- Enhances responsibility and mutual respect between partners
- Can use with another birth control method for extra protection against pregnancy

4. Discuss effectiveness of condoms

Show *Visual 1: Condom Facts.* Read the facts from the visual to the class or have student volunteers read them aloud.

A condom is a thin stretchy cover that is worn over the penis. It can be used during anal or vaginal sex or oral sex with a penis. It greatly lowers the chance of giving or getting HIV or another STD.

FACTS:
- Condoms reduce the spread of HIV.[2]
- Latex condoms do NOT allow anything to pass through—not air, water, sperm, bacteria or viruses, such as HIV.[2]

Explain that this information comes from the Centers for Disease Control and Prevention (CDC) and is based on science.

Read or have student volunteers read the points about the Actual Research Example from the visual aloud.

ACTUAL RESEARCH EXAMPLE:
- There were 124 couples in a research study.
- In each couple, one person had HIV and the other person did not.
- The couples used condoms correctly every time they had vaginal or anal sex for 2 years.
- At the end of the study, none of the people with HIV had passed it to their partners.[12]

Explain that this study was published in the New England Journal of Medicine, one of the most respected medical journals in the world.

Stress the importance of correct condom use.

Of course, condoms work BEST when used correctly every time, because every time a couple has vaginal or anal sex without a condom, there is a chance they could get pregnant or get an STD. Condoms also only work well when used correctly. So that's what we are going to work on next—the correct steps for using a condom.

5. Demonstrate correct condom use and have students practice

Demonstrate the correct steps to using a condom, as a review from Lesson 11 and to prepare students for practice. Let students know you will be teaching them about the two different types of condoms – condoms that are worn on the penis, and condoms that are worn in the vagina or anus.

Do not demonstrate with fruits or vegetables, as some people find this offensive or trivializing. A penis model is ideal for demonstrating condoms, if you can obtain one. If that

is not an option, demonstrate by rolling a condom onto your fingers, as you describe the steps. If the school district doesn't allow teaching with condoms, verbally describe the steps to correct use.

I'm going to do another condom demonstration today because the skill of using a condom correctly is very important. Right now we will be learning about the condom that is worn on the penis. Later we will learn about the condom that is worn in the vagina or anus. Lots of people find that condoms are easy to use with practice. Here are the steps.

- *First, the person looks at the package to make sure there aren't any holes in it and to check the expiration date.*
- *Then they carefully open the package.*
- *Before having vaginal or anal sex, the condom is placed on the tip of the erect penis. It should look like a little hat, with the rolled side facing out.*
- *Then, the person pinches the tip of the condom and unrolls the rest of the condom all the way to the base of the penis. Pinching the tip makes a space to catch the semen when the man ejaculates.*

Ask the class: *Can you guess what might happen if there wasn't room at the tip? Exactly: if there's no place to catch the semen, there's a chance that the semen might leak out the bottom of the condom into their partner's body or even break the condom, although this is rare. Condoms work well and don't break very often, so this is an important point.*

- *Once the condom is on, the couple has vaginal or anal sex.*
- *After sex, before the penis gets soft, the condom is held in place while pulling out.*

Ask the class: *Why do you think it's important to pull out the penis before it gets soft? That's right: if the condom isn't snug on the penis any more, there's a chance that semen could leak out or that the condom could slip off.*

- *The condom is taken off and thrown away. Condoms can only be used once.*
- *Some people also like to use lubricant with condoms. Lubricant is a slippery gel. Some people put a little bit inside the condom, or on the outside, or both, depending on what feels good to them. Lubricants that work well with condoms are water-based and made for that purpose. They're usually sold in stores next to the condoms. Some of the lubricants that people find at home, such as cooking oil and lotion, are oil-based and can weaken the condom, sometimes causing it to break.*

To sum it up, the main steps are to pinch the tip of the condom and roll it down the penis. And that's how to use condoms correctly!

Finish by showing and reading *Visual 2: Condom Variety* and explaining that condoms come in slightly different shapes and sizes, and that non-latex condoms are available for those who have allergies. Remind students that condoms are easy to get at clinics or drugstores, and that they are easy to use.

There are lots of different brands of condoms made to be worn on the penis. Each brand is slightly different in shape and size to give people options. They all pass tests and work well. Drugstores and convenience stores sell them, and many clinics still provide them free of charge. For people who are allergic to latex, there are also plastic condoms, which are

made of polyurethane. Animal skin condoms reduce pregnancy risk but do not offer protection from HIV and other STDs.[13]

Some drugstores and clinics sell spermicide, a chemical that kills sperm. People sometimes put spermicide inside the vagina or onto a condom. Many experts have stopped recommending spermicide because it can cause irritation which can make it easier for HIV to get into a person's body if the other person has it.[14]

Condoms come in different sizes, shapes, thicknesses, materials, colors and flavors. All condoms sold in the United States at grocery stores and drug stores meet safety standards.

Reinforce the steps to correct condom use by having students practice. Give each student a condom and have students: (1) check the package to see what the condom is made of and when it expires, and (2) practice putting the condom on a penis model or their own fingers. Expect nervous giggles; let students have fun, but ask them to stay focused.

NOTE: Having students practice with condoms is the most effective way to teach condom skills. If the school district doesn't allow teaching with condoms, then conduct a Condom Line-Up activity one of two ways:

Alternative 1: Distribute the set of *Condom Line-Up Cards* to volunteers and ask them to arrange the steps for using a condom in the right order. They can tape the cards to the board or hold them up. Invite the rest of the class to give feedback until the steps are ordered correctly.

Correct order of *Condom Line-Up Cards*:
1. Check expiration date.
2. Carefully open package.
3. Pinch tip of condom.
4. Roll condom down erect penis.
5. Vaginal or anal sex with condom.
6. Ejaculation with condom.
7. Hold condom on penis while pulling out.
8. Take condom off penis.
9. Throw condom in the garbage.

Alternative 2: Divide the class into 6 small groups. Give each group a set of the 9 *Condom Line-Up* Cards in random order. Let them compete to put the steps in order the fastest. They can arrange the cards on the floor or on tables.

Demonstrate correct use of the vagina condom
Show the class a condom that is worn in the vagina or anus and demonstrate how a person would insert it, by squeezing the inner ring and inserting it in a tube formed by your other hand. Show *Visual 3: Vagina Condom* so students can see how the condom fits inside the vagina. If the school district doesn't allow teaching with condoms, just show *Visual 3* and explain how to use them verbally.

The condom that is worn in the vagina or anus is an alternative to the penis condom. Just like a condom that is worn on the penis fits snuggly over a penis, this condom was made to fit inside a vagina. It is only open on one end, which is where the penis goes in. It can also

be used during anal sex with the inner ring removed.

Show *Visual 3: Vagina Condom*

The *condom is inserted into the vagina or anus to protect against HIV, other STDs and pregnancy. The most important step for using this condom is to make sure the penis goes into the condom, instead of to the side of it* (demonstrate with your fingers). *These condoms are more expensive than penis condoms. They are made of polyurethane, a type of plastic—they are not made of latex. Some drugstores sell them and they are also available at some clinics. Like all condoms, they can only be used once.*

6. Summarize

Remind students that most teens successfully use condoms, and that they are easy to get and to use. Conclude by expressing your confidence in the class's ability to protect themselves from HIV, other STDs and pregnancy, now and in the future.

Let's do a quick review. Remind me, what's the very best way to prevent HIV and other STDs? Exactly: not having vaginal, anal or oral sex—also called "abstinence."

And what's the best way to prevent HIV and other STDs, for a person who has vaginal or anal sex? Right again: use a condom every time.

Remember, condoms are easy to get and easy to use. Almost all teens who have had vaginal sex have used a condom at some point. Condoms are very good at preventing pregnancy and STDs.

I was really impressed with all of you today, and I feel confident that you will be able to protect yourself from HIV, other STDs and pregnancy when you need to.

7. Assign homework

Allow students to choose between the individual or family homework and explain the assignments as needed. If condoms are not allowed in the classroom, be sure to assign only Option 1 in the individual homework.

Individual Homework: Condoms

Family Homework: Talking about Condoms, available in multiple languages on the FLASH website

8. Exit ticket

Hand out the *Lesson 12 Exit Ticket.*

Prompt: Name at least 3 benefits or positive things about condoms.

Answers: Any benefits listed in class are acceptable, including:

- Reduce risk of HIV and other STDs

- Reduce risk of pregnancy
- Variety – colors, flavors, sizes
- Availability
- No side effects
- No prescription needed
- Cheap (free at some clinics)
- Easy to use
- Enhances responsibility and mutual respect between partners
- Can use with another birth control method for extra protected against pregnancy

Warm Up

Over 95% of teen couples who have ever had vaginal sex have used condoms. Why do you think condoms are such a popular method among teens?

Visual 1

Condom Facts

Facts:

- Condoms reduce the spread of HIV.
- Latex condoms do NOT allow anything to pass through – not air, water, sperm, bacteria or viruses, such as HIV.

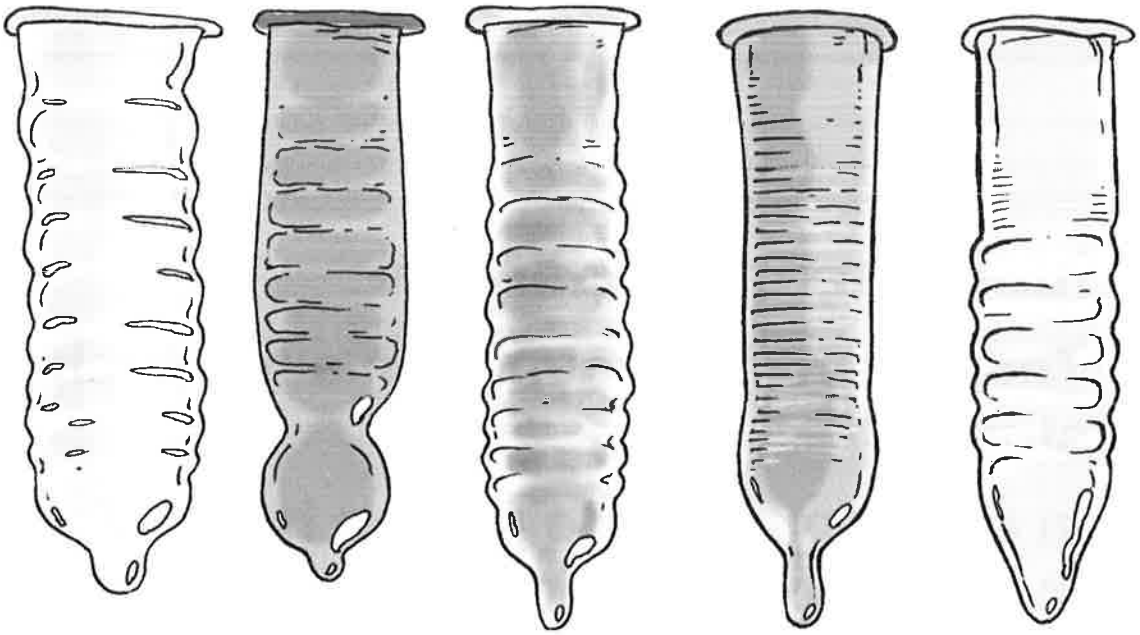
Actual research example:

- There were 124 couples in a research study.
- In each couple, one person had HIV and the other person did not.
- The couples used condoms correctly every time they had vaginal and anal sex for 2 years.
- At the end of the study, none of the people with HIV had passed it to their partners.

Visual 2

Condom Variety

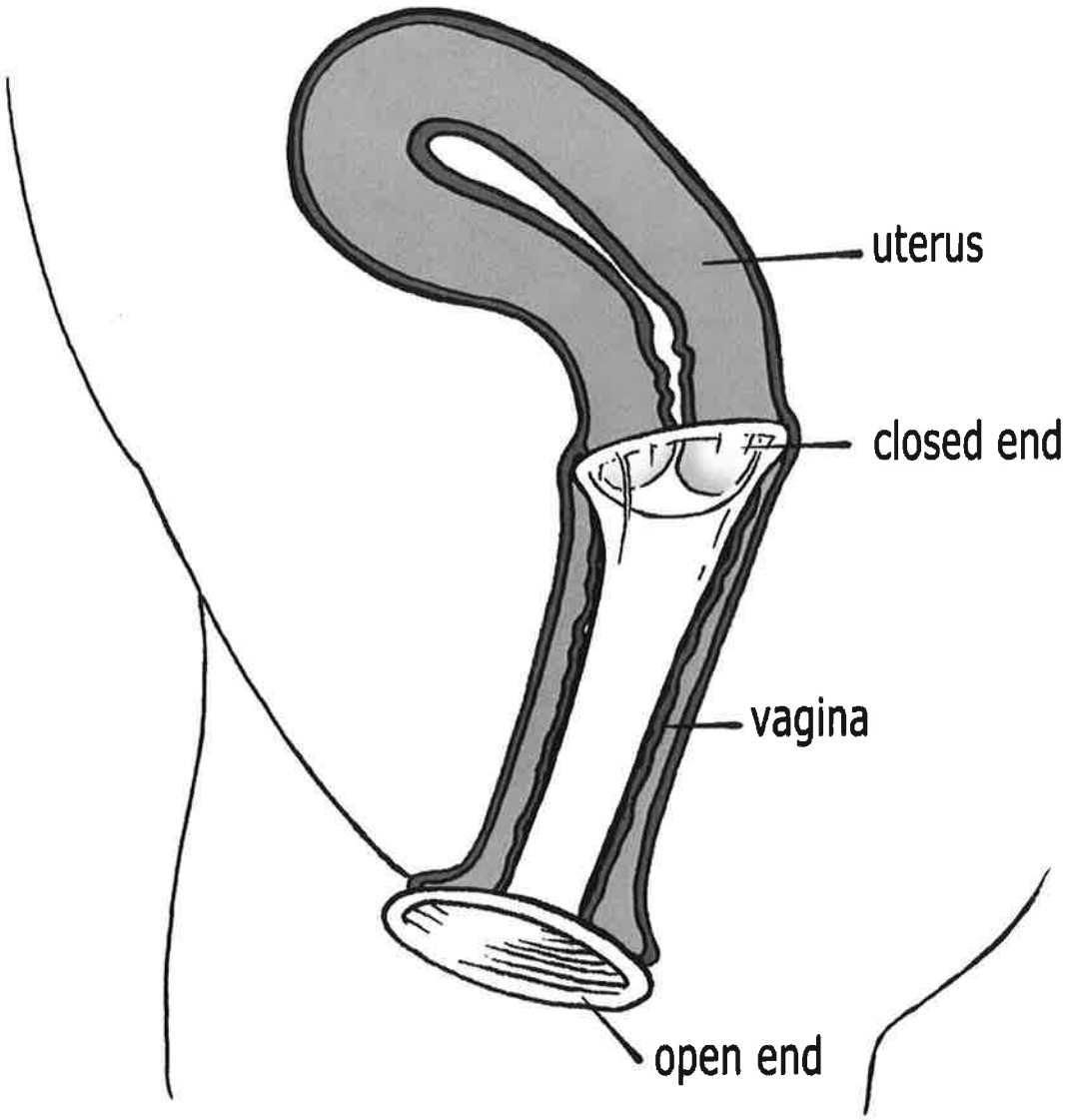
Condoms come in different sizes, shapes, thicknesses, materials, colors and flavors.



All condoms sold in the United States meet safety standards.

Visual 3

Vagina Condom



Condom Line-Up Cards

Check expiration date

Carefully open package

Condom Line-Up Cards

Pinch tip of condom

Roll condom down erect penis

Condom Line-Up Cards

Vaginal or anal sex with condom

Ejaculation with condom

Condom Line-Up Cards

Hold condom on penis while pulling out

Take condom off penis

Condom Line-Up Cards

Throw condom in garbage

Individual Homework: Condoms

Name: _____ **Period:** _____

DIRECTIONS: Please complete one of these two options.

Option 1: Being a Peer Educator

- Write an imaginary text message or email, encouraging a friend, brother or sister to use condoms.

- Describe what you think it would feel like to be a peer educator, educating others to keep themselves safe from HIV and other STDs.

Option 2: Obtaining condoms

- Obtain a condom and bring it to class to show that you obtained it.

  In King County, Washington, condoms are available free at Public Health Centers. Go to www.teenclinic.com for clinic locations.

  In most places in the United States, drug stores, supermarkets and clinics carry condoms.

  In some schools, a clinic offers free condoms.

  In some areas, HIV programs and needle exchange programs offer free condoms.

Family Homework: Talking about Condoms

All Family Homework is optional. Students may complete Individual Homework instead.

Purpose: Family Homework is a chance to share your beliefs about sexuality and relationships, and the beliefs of your family, culture or religion.

Directions: Student will do the homework with a family member or trusted adult who is like family. Find a quiet place where the two of you can talk privately for 5-10 minutes. Please follow these guidelines:

- It is okay for either of you to skip a question.
- What you discuss will not be shared with anyone else, unless you give one another permission to share it.
- Take turns asking questions. When it is your turn to listen, try to understand the other person's response.

Ask the student: Tell me two new things you learned about condoms today.

Ask the adult: What did you know about condoms when you were my age?

Ask each other: When do you think a person should use a condom?

Family Homework Confirmation Slip: Condoms

Due: _____

We have completed the family homework.

_____ _____

Date Signature of family member or trusted adult

_____ _____

Student's name Signature of student

Exit Ticket

Name at least 3 benefits or positive things about condoms.

Lesson 12: Assessment Questions

1. Place the steps to using a condom in the right order:
   - — Roll condom down erect penis.
   - — Check expiration date.
   - — Throw condom in the garbage.
   - — Pinch tip of condom.
   - — Vaginal or anal sex with condom.
   - — Hold condom onto penis while pulling out.
   - — Carefully open package
   - — Take condom off penis.
   - — Ejaculation with condom.

2. How can someone get HIV? Choose all that apply
   A. Using the same toilet as someone who has HIV
   B. Having vaginal or anal sex without a condom with someone who has HIV
   C. Sharing needles with someone who has HIV
   D. Hugging someone who has HIV
   E. Being born or breastfeeding from someone who has HIV
   F. Eating food prepared by someone who has HIV

3. What are the symptoms, if any, of HIV?

4. Most of the time when people have HIV or another STD, they don't have any symptoms. Name one problem that could cause for someone.

5. The two ways to avoid both pregnancy and STDs are to use condoms or to be abstinent (not have vaginal or anal sex). Name one benefit and one drawback to using condoms, and one benefit and one drawback to choosing abstinence. *(Note: Students must complete the Abstinence lesson AND the Condoms to Prevent Pregnancy, HIV and Other STDs lesson in order complete this assessment.)*

6. Explain why it is better to use condoms every time a couple has vaginal or anal sex, instead of just some of the time.

7. Thinking of our class discussion about condoms, name one reason why someone might not use a condom, and list at least one solution to that problem.

Lesson 12: Assessment Key and Standards Alignment

Question	Answer	Standards
1. Place the steps to using a condom in the right order: — Roll condom down erect penis. — Check expiration date. — Throw condom in the garbage. — Pinch tip of condom. — Vaginal or anal sex with condom. — Hold condom onto penis while pulling out. — Carefully open package — Take condom off penis. — Ejaculation with condom.	4. Roll condom down erect penis. 1. Check expiration date. 9. Throw condom in the garbage. 3. Pinch tip of condom. 5. Vaginal or anal sex with condom. 7. Hold condom onto penis while pulling out. 2. Carefully open package 8. Take condom off penis. 6. Ejaculation with condom.	NSES: PR.12.SM.1 SH.12.SM.2
2. How can someone get HIV? Choose all that apply A. Using the same toilet as someone who has HIV B. Having vaginal or anal sex without a condom with someone who has HIV C. Sharing needles with someone who has HIV D. Hugging someone who has HIV E. Being born or breastfeeding from someone who has HIV F. Eating food prepared by someone who has HIV	B, C and E	NHES: SH1.12.16
3. What are the symptoms, if any, of HIV?	Acceptable answers include: • No symptoms • Flu like symptoms • Fever • Sore throat • Rash • Headache	NHES: SH1.12.18
4. Most of the time when people have HIV or another STD, they don't have any symptoms. Name one problem that could cause for someone.	Acceptable answers include: • You might not know you have it, and could pass it to others. • You might not know you should get a test. • You wouldn't know you need treatment.	NHES: SH1.12.19

	• You could have it for a long time, and it could do more damage to your body.	
5. The two ways to avoid both pregnancy and STDs are to use condoms or to be abstinent (not have vaginal or anal sex). Name one benefit and one drawback to using condoms, and one benefit and one drawback to choosing abstinence. *Note: Students must complete the Abstinence lesson AND the Condoms to Prevent Pregnancy, HIV and Other STDs lesson in order complete this assessment*	Any of the following answers are acceptable: *Benefits of abstinence* • 100% effective against pregnancy and STDs • Align with values (religious or otherwise) • Saving yourself for love, marriage, graduation, etc. *Drawbacks of abstinence* • Not a good choice if you want to have sex. • If you slip up and have sex, you may not be prepared. In addition to any point made in class, the following answers are acceptable: *Benefits of condoms* • Protect against pregnancy and STDs. • Can be used by men. • Can be back-up birth control. *Drawbacks of condoms* • They can fail. • You might forget to use them. • Sometimes people don't like to use them. • If you don't get them free at the clinic, they could be expensive. • They can be found by others.	NSES: PR .12.CC.1 SH.12.CC.2 NHES: SH1.12.10
6. Explain why it is better to use condoms every time a couple has vaginal or anal sex, instead of just some of the time.	Every time people have vaginal sex without a condom, there is a chance they could get pregnant or an STD. Every time people have anal sex without a condom, there is a chance they could get an STD.	NHES: SH1.12.23
7. Thinking of our class discussion about condoms, name one reason why someone might not use a condom, and list at least one solution to that problem.	Any of the reasons and solutions generated in class are acceptable.	NSES: SH.12.INF.1
Exit Ticket: Name at least 3 benefits or positive things about condoms.	Any of the benefits generated in class are acceptable.	

Integrated Learning Activities

LANGUAGE ARTS: Condom Persuasion
Write a 5-paragraph persuasive essay about why a person should use condoms. Include a strong thesis statement, 3 supporting details, and a strong conclusion. Some important facts about condoms include: only birth control method that protects against pregnancy and STDs; only birth control method that most men can use; easy to get and easy to use; does not require a visit to the clinic; only STD protection available for people who are sexually active; used by most teens; can be used to back up another birth control method.

HISTORY: Condom Timeline
Research the history of condoms and create a timeline to show the significant developments over time, including the introduction of latex, polyurethane and nitrile condoms, and condoms designed for the vagina (search under "female condom").

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Testing for HIV & Other STDs

Grades 9-12, Lesson 13

Summary

In this lesson, students do Internet research to learn about testing for HIV and other STDs in their community. Based on their findings, they write advice to fictional students to help build skill and comfort in getting an STD test.

Student Learning Objectives

The student will be able to …

1. Access valid and reliable information about local STD and HIV testing and treatment services.
2. Explain the importance of testing for STDs, including HIV, if sexually active.
3. Advocate for sexually active youth to get testing and treatment for STDs including HIV.
4. Use strategies to overcome barriers to testing for STDs, including HIV.

Lesson Timing

Warm up	Bell work + 2 minutes
Purpose of lesson and HIV review quiz	10 minutes
Research local testing resources	25 minutes
Writing advice about STD testing	10 minutes
Assign homework	
Exit ticket	3 minutes
Total	50 minutes

FLASH Key Concepts

People can prevent getting HIV and other STDs by not having sex, by using condoms if they do have vaginal or anal sex, and by not sharing needles.

Condoms are easy to get and easy to use.

Many teens successfully use condoms.

Abstaining from oral, anal and vaginal sex means a person does not have to worry about pregnancy or STDs.

Most high school students are abstinent.

The only way to know if you have HIV or other STDs is to get tested.

In this community, teens can get a pregnancy test, STD test or birth control at [insert local clinic].

People of all sexual orientations and gender identities need to protect themselves from HIV and other STDs.

Standards

National Health Education Standards (SHECAT)

Standard 1	Students will comprehend concepts related to health promotion and disease prevention to enhance health.
SH1.12.16	Summarize how HIV is transmitted.
SH1.12.17	Summarize the signs and symptoms of common STDs.
SH1.12.23	Summarize the importance of using condoms consistently and correctly to reduce risk of pregnancy and infection of HIV and common STDs.
SH1.12.34	Explain why it important to know the STD/HIV status of oneself and of a potential sexual partner.
SH1.12.35	Explain the importance of STDs and HIV testing and counseling if sexually active.
Standard 2	Students will analyze the influence of family, peers, culture, media, technology and other factors on health behaviors.
SH2.12.1	Explain the influence of public health policies and state laws on sexual health practices, behaviors, and relationships.
SH2.12.6	Analyze how laws, rules and regulations influence behaviors related to sexual health
SH2.12.8	Analyze the effect of media and technology on personal, family, and community sexual health practices, behaviors, and relationships.
SH2.12.10	Analyze the factors that influence opportunities to obtain safe, accessible, equitable and affordable products and services that support sexual health for oneself and others.
Standard 3	Students will demonstrate the ability to access valid information and products and services to enhance health.
SH3.12.3	Evaluate the validity and reliability of sexual healthcare services.

SH3.12.5	Determine when professional sexual healthcare services may be required.
SH3.12.6	Determine the accessibility of valid and reliable sexual healthcare services.
SH3.12.7	Use resources that provide valid and reliable sexual health information.
SH3.12.9	Use valid and reliable sexual healthcare services.
Standard 4	Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks
SH4.12.5	Demonstrate how to effectively ask for assistance to improve and/or maintain sexual health.
Standard 5	Students will demonstrate the ability to use decision-making skills to enhance health.
SH5.12.1	Examine barriers to making a decision related to relationships or sexual health.
SH5.12.7	Choose a healthy alternative when making a sexual health-related decision.
Standard 7	Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.
SH7.12.1	Analyze the role of individual responsibility for sexual health.
SH7.12.3	Demonstrate practices and behaviors to improve the sexual health of oneself and others.
Standard 8	Students will demonstrate the ability to advocate for personal, family, and community health.
SH8.12.1	Use peer and societal norms, based on accurate health information, to formulate a health enhancing message about avoiding or reducing risky sexual behaviors.
SH8.12.2	Persuade and support others to avoid or reduce risky sexual behaviors.
SH8.12.4	Collaborate with others to advocate for improving personal, family, and community sexual health.

National Sexuality Education Standards

SH.12.CC.2	Evaluate the effectiveness of abstinence, condoms, and other safer sex methods in preventing the spread of STDs, including HIV.
SH.12. AI.1	Explain how to access local STD and HIV testing and treatment services.
SH.12.AI.2	Access medically accurate prevention information about STDs including HIV.
SH.12.SM.1	Analyze individual responsibility about testing for and informing partners about STDs and HIV status.
SH.12.ADV.1	Advocate for sexually active youth to get STD/HIV testing and treatment.

Rationale

The purpose of this lesson is the prevention of HIV and other STDs. From a public health perspective, testing for HIV and other STDs is a key strategy in reducing the spread of these infections. There is treatment for all STDs, including HIV; there is a cure for most STDs. In all cases, prompt identification and treatment for STDs, including HIV, not only improves the health and well-being of the person treated, but greatly reduces chances of transmission to others. Additionally, people who are tested for HIV and other STDs typically receive counseling in reducing their future risk of acquiring an infection and in preventing transmission.

From an educational perspective, increasing testing and treatment for STDs is a key behavioral goal toward STD reduction, along with increased condom use and abstinence. This lesson addresses the main protective factors that have been found to impact testing[1]:

- Knowledge of the availability of confidential and low-cost STD testing and treatment services
- Positive attitudes toward and comfort with being tested and treated for STDs
- Self-efficacy to know when to visit a clinic to be tested and treated
- Self-efficacy to visit a clinic and be tested and treated

The CDC Health Education Curriculum Analysis Tool (SHECAT) and the National Sexuality Education Standards include many standards related to the importance of testing for HIV and other STDs, as well as accessing sexual healthcare services, which are met by this lesson.

Materials Needed

Student Materials

- *HIV Review Quiz*
- *Where to Get Tested*
- *STD Testing Scenario*
- *Individual Homework: Ads for HIV Testing and Treatment*
- *Family Homework: Talking About HIV & STD Testing*, available in multiple languages on the FLASH website
- *Lesson 13 Exit Ticket*

Classroom Materials

- *Lesson 13 Warm Up*

Teacher Materials

- *HIV Review Quiz: Answer Key*

Teacher Preparation

1. Learn the laws in your state regarding minors testing for HIV and other STDs. http://sexetc.org/action-center/sex-in-the-states

2. Students need access to computers and Internet for this lesson. If this is not available in your classroom, schedule a visit to the computer lab or other part of your building that has these resources.

Activities

1. Warm up

Display warm up as bell work.

Question: When people have an STD, including HIV, they usually have no symptoms. Testing is the only way to know for sure if they have an STD. There are many good reasons to get tested for HIV and other STDs, if a person has had anal or vaginal sex without a condom.

Check the box next to the description that seems like an especially good reason to get tested. Explain why.

- ☐ Protect current partner: If people know they have an STD, they can tell their partner(s), so their partner(s) can get tested (and treated if needed).
- ☐ Prevent the spread of STDs: If people know they have an STD, they can take action to prevent it from spreading: take medicine, tell their partner(s), use condoms for vaginal or anal sex, or be abstinent.
- ☐ Protect one's own health: If people know they have an STD, they can get medicine right away, which cures most STDs. Treatment can also make other STDs, including HIV, less severe.
- ☐ Reassurance: If people learn they don't have HIV or other STDs, it can give them peace of mind. Then they can decide to use condoms for vaginal or anal sex, or be abstinent.

Answer: Any answer is acceptable.

2. Introduce the lesson

Introduce the topic of testing for HIV and other STDs. Remind students to talk respectfully about this topic. The goal is to help people seek testing and treatment.

> *Today we'll be focusing on where teens can get tested for HIV and other STDs in our community. We'll also work on how to help a friend who needs to get tested. As you know, the only way for people to know for sure that they have HIV or another STD is to get tested.*
>
> *I want to remind everyone of the importance of talking respectfully about having HIV and other STDs. This is a very common experience. Feeling embarrassed or judged makes it harder to get medical help.*

3. Complete HIV review quiz

Divide the class into small groups of 2 to 4 students. Give each student a copy of the *HIV Review Quiz* and allow time for them to complete it.

Correct the quiz as a class to review key facts, using the *HIV Review Quiz Answer Key*

Note: If this lesson is serving as a stand-alone HIV lesson, the teacher should present the brief HIV overview lecture (Lesson 12, Activity 3) instead of the review quiz.

4. Students research local clinics that offer testing

Conduct this exercise in a location with computer and Internet access. Explain that students will be researching local clinics that offer testing for HIV and other STDs and then will share their findings. Distribute the *Where to Get Tested Worksheet* and allow time for students to use the Internet to do research on local clinics that offer testing for HIV and other STDs. Have each student fill out the worksheet for one clinic. They may also use text, phone, school staff (e.g., school nurse, librarian), or clinic brochures, depending on the resources available, to complete the worksheet.

When worksheets have been completed, lead a class discussion about students' findings. The purpose is to build positive attitudes about getting tested and help students become more knowledgeable about local testing resources.

Ask the following questions:

- What clinics did you find that offer testing for HIV and other STDs? Did the clinics offer other sexual healthcare services, such as condoms or birth control methods?
- What did you learn about the clinic that would make it a helpful place for teens to go? (If needed, prompt with questions about low cost, confidentiality, close location, welcoming to all, OK to bring a friend, etc.)
- Was there any information you were unable to find? If so, do you have other ideas about how that information could be found?
- Did anyone look up the laws in our state about teens getting tested for HIV and other STDs? What did you find? (In advance, look up your state laws at http://sexetc.org/action-center/sex-in-the-states/.)
- Based on what you learned, does our community have many options for getting tested for HIV and other STDs? What seemed like some of the best options and why?

5. Students offer advice on testing

Lead an exercise in which the class helps a fictional student gain skill and comfort with going for an STD test.

Hand out the *STD Testing Scenario* and read it aloud. Then put students in pairs and have them follow the outline on the worksheet to write a script for talking with Lena about getting tested. Tell students to write as if they were talking directly to Lena, using the information they learned in today's lesson. Their goal is to help her feel more confident and comfortable about going to the clinic.

I'm going to read a very common scenario to you. Read the STD Testing Scenario aloud.

Now, working in pairs, I'd like you to imagine that Lena, the main character in the scenario, is a friend of yours. Your task is to figure out what you could say to Lena that would help her feel more comfortable and confident about going to the clinic for an STD test.

Follow the outline on the worksheet to come up with a script, as if you are talking directly to Lena. First, you'll say something supportive. Next, you'll share some helpful facts about getting tested. You learned a lot of information today, so you can select whatever you think would be especially helpful. Finally, you'll offer to help Lena. You can decide what kind of help might be useful.

Be sure not to use scare tactics. Also, be aware of your word choice, so that Lena doesn't feel judged or put down for possibly having an STD.

After students complete the scripts, have volunteers share their scripts aloud with the class. Students should give their answers as though they are talking directly to Lena. If they use scare tactics or judgment, redirect them to a more positive approach. Prompt for these topics:

- Transportation, directions
- Free and low cost
- Confidentiality
- Welcoming to people who are LGBTQ (Lena's sexual orientation and gender identity are not specified)
- Welcoming to teens
- Other positive features students learned about during their research project

Let's hear what you came up with. Remember to read what you have written as if you're talking directly to Lena.

Get several volunteers to read aloud. Provide positive feedback. If students use scare tactics or judgment, help them rephrase.

Good job, everyone. Lena would be lucky to have you as friends. I heard different ways to be supportive to a friend who needs STD testing, and lots of helpful information about getting tested. I feel confident that you'll be able to use what you learned today to help prevent the spread of STDs.

6. Assign homework

Allow students to choose between the individual or family homework and explain the assignments as needed.

Individual Homework: Ads for HIV Testing and Treatment

Family Homework: Talking About HIV & STD Testing, available in multiple languages on the FLASH website

7. Exit ticket

Hand out the *Lesson 13 Exit Ticket.*

Question: Based on today's research and class discussion, name a local clinic you think would help teens who need to be tested for HIV and other STDs.

Possible answers: Any clinic researched or discussed in class that offers testing.

Warm Up

When people have an STD, including HIV, they usually have no symptoms. Testing is the only way to know for sure. There are many good reasons to get tested for HIV and other STDs, if a person has had anal or vaginal sex without a condom.

Check the box next to the description below that seems like an especially good reason to get tested. Explain why.

☐ **Protect current partner:** If people know they have an STD, they can tell their partner(s), so their partner(s) can get tested (and treated if needed,).

☐ **Prevent the spread of STDs:** If people know they have an STD, they can take action to prevent it from spreading: take medicine, tell their partner(s), use condoms for vaginal or anal sex, or be abstinent.

☐ **Protect one's own health:** If people know they have an STD, they can get medicine right away, which cures most STDs. Treatment can make other STDs, including HIV, less severe.

☐ **Reassurance:** If people learn they don't have HIV or other STDs, it can give them peace of mind. Then they can decide to use condoms for vaginal or anal sex, or be abstinent.

HIV Review Quiz

Names of people in your small group:

_____ _____

_____ _____

1. What do the letters in HIV stand for?

H _____

I _____

V _____

2. What do the letters in AIDS stand for?

A _____

I _____

D _____

S _____

3. If a person has HIV, list the 4 body fluids that contain the virus.

1. _____ 3. _____

2. _____ 4. _____

4. List 3 ways people can get HIV.

1. _____

2. _____

3. _____

5. List 3 ways a person can prevent getting HIV.

1. _____

2. _____

3. _____

6. What is the only way people can know for sure if they have HIV?

_____

HIV Review Quiz: Answer Key

1. **What do the letters in HIV stand for?**
   Human
   Immunodeficiency
   Virus

2. **What do the letters in AIDS stand for?**
   Acquired
   Immune
   Deficiency
   Syndrome

3. **If a person has HIV, list the 4 body fluids that contain the virus.**
   1. Blood
   2. Semen
   3. Vaginal fluid
   4. Breast milk

4. **List 3 ways people can get HIV.**
   1. Unprotected vaginal or anal with someone who has HIV
   2. Sharing needles with someone who has HIV (for injecting them)
   3. Childbirth or breastfeeding from someone who has HIV

5. **List 3 ways that a person can prevent getting HIV.**
   1. Using a condom for vaginal or anal sex
   2. Not having vaginal or anal sex
   3. Not injecting drugs

6. **What is the only way people can know for sure if they have HIV?**
   Get tested for HIV.

Where to Get Tested

Instructions: Complete the worksheet by doing research about 1 nearby clinic that offers tests for HIV, other STDs, or both. Use the worksheet to record your findings. Get specific information that you could share with a friend who needs to get tested. If there isn't a clinic nearby, you may have to find one further away. Keep track of your sources of information at the bottom of the worksheet. This section will also give you good tips on where to get information. Internet is required. Phone and text are optional.

1. **Clinic name, address, phone, website:**

2. **Does the clinic offer HIV tests?** ☐ Yes ☐ No

3. **Does the clinic offer tests for other STDs?** ☐ Yes ☐ No

4. **What other services does the clinic have?**
   (For example, condoms, pregnancy test, birth control, etc.)

5. **Is the appointment confidential?** ☐ Yes ☐ No
   (For example, does a teen need a parent's permission to get tested? If the results show that a teen has an STD, will the parent be called?)

6. **Is the visit free or low cost?** ☐ Yes ☐ No

7. **Are patients of all sexual orientations and gender identities welcome?** ☐ Yes ☐ No

8. **Can the patient bring a friend?** ☐ Yes ☐ No

9. **How does the clinic give test results to the patient?**
   (For example, come back to the clinic, phone call, etc.)

10. **Write driving directions from the high school to the clinic.**

11. **Is there a bus or train a person could take from school to the clinic?**
☐ Yes ☐ No If "yes," write directions

Important: Check the box next to the sources of information you used.

☐ Enter zip code at aids.gov for map of clinics (U.S. Centers for Disease Control and Prevention)

☐ Text zip code to 566984 for clinic information (U.S. Centers for Disease Control and Prevention)

☐ http://sexetc.org/action-center/sex-in-the-states/ (Rutgers University) - laws about HIV testing for teens in your state and other related topics

☐ Other websites

_____

_____

☐ Other phone numbers

_____

_____

☐ School staff (e.g. school nurse, librarian, health teacher, etc.)

_____

_____

☐ Written information (e.g. clinic brochures, resource pages, etc.)

_____

_____

STD Testing Scenario

Scenario:
Lena is 17 years old. The person Lena used to have sex with told her she needs to get tested for chlamydia. Lena feels fine and has no symptoms. She understands that the only way to know for sure is to get tested, and she wants to get it done. Lena has never gone to a clinic for sexual healthcare services. She isn't sure where to go or who to call. She could use a friend to help her.

Instructions:
Imagine that Lena is a friend of yours. Follow the outline below to write a script for what you could say to Lena. Write the lines as if you are talking directly to Lena. Your goal is to help Lena feel more comfortable and confident about going to the clinic for testing.

1. Start by saying something supportive to Lena. Be sure to avoid judgment or scare tactics.

2. Next, give Lena some helpful facts. Use information you learned in today's lesson.

3. Conclude by offering to help Lena in some way. (You could drive her to the clinic, go with her for support, help her look up other information, ask her what you can do to help, etc.)

Individual Homework:
Ads for HIV Testing and Treatment

Name: _____ **Period:** _____

A lot of work is being done in the United States and throughout the world to encourage people to get tested for HIV. There are two main reasons:

- If people learn they have HIV, they can get treatment to help them live a longer, healthier life.
- If people learn they don't have HIV, they can take steps to keep it that way.

In the space below, write an ad encouraging people to get tested for HIV. It can be a script (for example, a radio announcement or TV commercial), or it can be visual (for example, a bus poster, a billboard, or a website ad). Avoid using scare tactics or judgment.

Family Homework: Talking about HIV & STD Testing

All Family Homework is optional. Students may complete Individual Homework instead.

Purpose: Family Homework is a chance to share your beliefs about sexuality and relationships, and the beliefs of your family, culture or religion.

Directions: Student will do the homework with a family member or trusted adult who is like family. Find a quiet place where the two of you can talk privately for 5-10 minutes. Please follow these guidelines:

- It is okay for either of you to skip a question.
- What you discuss will not be shared with anyone else, unless you give one another permission to share it.
- Take turns asking questions. When it is your turn to listen, try to understand the other person's response.

Ask each other:

- Should teens be able to get confidential HIV tests? Why or why not?
- Should teens be able to buy condoms? Should they be able to get them for free? Why or why not?
- What advice would you give teens who think they might have an STD? Who should they tell? Where should they go for help?

Family Homework Confirmation Slip – Talking about HIV & STD Testing

Due: _____

We have completed the family homework.

_____ _____

Date Signature of family member or trusted adult

_____ _____

Student's name Signature of student

Exit Ticket

Based on today's research and class discussion, name a local clinic you think would help teens who need to be tested for HIV and other STDs.

Lesson 13: Assessment Questions

1. Which situation(s) should lead people to visit a clinic for an HIV test?

    a. If they've had unprotected anal or vaginal sex
    b. If a current or past partner tells them they have HIV
    c. If they've kissed someone who has HIV
    d. A and B only

2. Why should people tell their partner(s) if they think they have an STD?

    a. So the partner can get tested
    b. So the partner can get treated, if needed.
    c. It would be a good prank.
    d. It's the responsible thing to do.
    e. A, B and D

3. There are many good reasons to get tested for HIV and other STDs, if a person has had anal or vaginal sex without a condom. Describe one reason that seems especially important.

4. List 2 places a person could find the name of a clinic that offers testing for HIV and other STDs.

Lesson 13: Assessment Key and Standards Alignment

Question	Answer	Standards
1. Which situation(s) should lead people to visit a clinic for an HIV test? A. If they've had unprotected anal or vaginal sex B. If a current or past partner tells them they have HIV C. If they've kissed someone who has HIV D. A and B	D	NHES: SH3.12.5
2. Why should people tell their partner(s) if they think they have an STD? A. So the partner can get tested B. So the partner can get treated, if needed. C. It would be a good prank. D. It's the responsible thing to do. E. A, B and D	E	NSES: SH.12.SM.1
3. There are many good reasons to get tested for HIV and other STDs, if a person has had anal or vaginal sex without a condom. Describe one reason that seems especially important.	Correct answer would cover any of these points: • It is the only way to know • Inform current partner • Prevent the spread of STDs to others • Protect one's own health • Start taking medicine • Reassurance/peace of mind	NHES: SH1.12.35
4. List 2 places a person could find the name of a clinic that offers testing for HIV and other STDs.	Any of these answers are correct: • www.aids.gov (CDC) • Text zip code to 566984 (CDC) • School nurse, counselor, librarian or health teacher • Any resource discussed in class today	NHES: SH3.12.7
Exit Ticket: Based on today's research and class discussion, name a local clinic you think would help teens who need to be tested for HIV and other STDs.	Any clinic researched or discussed in class that offers testing	NSES: SH.12.AI.1

References

[1] Kirby, D., Coyle, K., Alton, F., Rolleri, L., & Robin, L. (2011). Reducing adolescent sexual risk: A theoretical guide for developing and adapting curriculum-based programs. Scotts Valley, CA: ETR Associates.

Communication and Decision Making

Grades 9-12, Lesson 14

Summary

Students review communication skills covered in previous lessons, and read a list of gist-based statements about sexual health derived from material covered throughout the FLASH curriculum. Students then work individually, in small groups, and finally as a whole class to use their communication skills and gist-based statements to make and communicate sexual health-related decisions. They express support for their peers' effective use of communication skills, reinforcing healthy norms and increasing self-efficacy.

Student Learning Objectives

The student will be able to …

1. Demonstrate effective communication skills to promote sexual health and healthy relationships.
2. Choose a healthy alternative when making a sexual health-related decision.
3. Apply a decision-making model to various situations relating to sexual health.

Lesson Timing

Warm up	Bell work + 2 minutes
Introduce lesson	2 minutes
Introduce communication and refusal skills	7 minutes
Communication skills activity	35 minutes
Summarize	2 minutes
Assign homework	
Exit ticket	2 minutes
Total	50 minutes

FLASH Key Concepts

This lesson uses Bottom Line statements, which are derived from FLASH Key Concepts.

- You can't tell if someone has HIV or other STDs by looking.
- The only way to know if you have HIV or another STD is to get tested.
- It's important to always use a condom when you have vaginal or anal sex.
- It's important to have permission or agreement before having sex with someone
- It's important to only have sex with people who are sober and awake, so they can give consent to have sex
- In healthy relationships, people treat their partners with respect and fairness.
- It's important to respect someone else's decision to choose abstinence.
- It's important for both people in a relationship to use birth control if they are having vaginal sex but aren't ready for a pregnancy.
- Both partners need to be responsible for birth control and STD protection if they are having vaginal or anal sex.

Standards

National Health Education Standards (SHECAT)

Standard 4	Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.
SH4.12.1	Demonstrate effective communication skills to promote sexual health and healthy relationships.
SH4.12.3	Demonstrate effective peer resistance, negotiation, and collaboration skills to avoid engaging in sexual risk behaviors.
SH4.12.4	Demonstrate effective communication strategies to prevent, manage, or resolve interpersonal conflicts.
Standard 5	Students will demonstrate the ability to use decision-making skills to enhance health.
SH5.12.5	Generate alternatives when making a decision related to relationships or sexual health.
SH5.12.7	Choose a healthy alternative when making a sexual health-related decision.
SH5.12.8	Evaluate the effectiveness of sexual health-related decisions.
Standard 7	Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.
SH7.12.3	Demonstrate practices and behaviors to improve the sexual health of oneself and others.
Standard 8	Students will demonstrate the ability to advocate for personal, family, and community health.
SH8.12.2	Persuade and support others to avoid or reduce risky sexual behaviors
SH8.12.3	Persuade and support others to make positive and healthy choices about relationships.
SH8.12.6	Adapt sexual health messages and communication techniques for reach a specific target audience.

National Sexuality Education Standards

PD.12.DM.1	Apply a decision- making model to various situations relating to sexual health.
PR .12.IC.1	Demonstrate ways to communicate decisions about whether or when to engage in sexual behaviors.
PR .12.DM.1	Apply a decision-making model to choices about contraception, including abstinence and condoms.
SH.12.IC.1	Demonstrate skills to communicate with a partner about STD and HIV prevention and testing.
SH.12.DM.1	Apply a decision-making model to choices about safer sex practices, including abstinence and condoms.

Rationale

The communication and decision making lesson brings together the communication and refusal skills that have been covered in previous FLASH lessons and applies them to important sexual health-related situations, such as deciding to remain abstinent, using condoms and birth control, and preventing sexual violence. This lesson also incorporates new research on adolescent decision making, which shows that rather than teaching a decision-making model that stresses weighing risks and benefits, a more effective strategy is to build young people's ability to utilize "gist-based" decision making.

Gist-based decision making relies on understanding the bottom line of a situation and using that information to make decisions. It can be especially useful for teens in situations where the benefits, such as sexual pleasure or pleasing a partner, can seem high. This lesson provides students with "bottom-line" statements that they can apply to the hypothetical situations in this lesson, as well as to situations they may face in their own lives. Strong communication and refusal skills and a solid understanding of the bottom line are necessary if young people are to prevent pregnancy, STDs and sexual violence. This lesson powerfully combines these elements in order to shift peer norms and to improve individual student's self-efficacy with regard to healthy decision making.[1 2 3]

Materials Needed

Student Materials

- *Communication and Refusal Skills*
- *The Bottom Line*
- *Real-Life Situations*
- *Individual Homework: Helping a Friend*
- *Family Homework: Talking About Communication and Decision Making,* available in multiple languages on the FLASH website
- *Lesson 14 Exit Ticket*

Classroom Materials

- *Lesson 14 Warm Up*
- *Real-Life Situations Example Visual*

Teacher Preparation

Prepare *Real-Life Situations Example Visual* for document camera or projector.

Activities

1. Warm up

Display warm up as bell work

Question: Choose one of these statements and write 2 or 3 sentences about how you think teen dating relationships would be different if ALL teens believed the statement you chose.

- It's important to always use a condom when you have vaginal or anal sex.
- It's important to respect someone else's decision to choose abstinence.
- It's important for both people in a relationship to use birth control if they are having vaginal sex but aren't ready for a pregnancy.
- It is important to have permission or agreement before having sex with someone.

2. Introduce lesson

Remind students of previous lessons in which communication and refusal skills were covered (the *Healthy Relationships* lesson and the *Abstinence* lesson). Point out that they have also learned a lot of important information in other FLASH lessons. Tell students that they will be putting all these skills and information together today, in this lesson that focuses on communication and decision making.

We have learned a lot during our sexual health unit about how people can keep themselves healthy and safe. One of the important ways people do this is by communicating what they want and need to their partners. The lesson on healthy relationships covered effective communication tips, and we watched a roleplay in which some of your peers worked hard to use those effective communication tips. In the lesson on abstinence we learned how people can clearly say NO to something they don't want.

Throughout all the lessons we've learned important facts that can help people make healthy decisions—things such as how safe birth control is, and the importance of using condoms when people have vaginal or anal sex. Today, we'll have a chance to put all of these skills together and apply them to some real-life situations people might find themselves in.

3. Introduce bottom lines, communication skills and refusal skills

Distribute the *Bottom Line* handout. Explain that these statements are the "bottom line" of what students have learned during FLASH. For example, the condom lesson taught condom use skills, students brainstormed benefits, etc. But, the bottom line is that "It's important to always use a condom when you have vaginal or anal sex." See the script for more explanation of a "bottom-line" statement.

Distribute the *Communication and Refusal Skills* handout. Have students take turns reading the points out loud. Check for understanding. Let them know they will be using both of these handouts to respond to some real-life situations.

To help us when we look at the real-life scenarios, I'm going to give you two handouts. The first one is called the Bottom Line. It has a list of statements that might help people when they are making decisions. These are all the things we have already covered in the FLASH

lessons, but it is boiled down here to the bottom line. There's a little more explanation about what a bottom-line statement is on the top of the handout. Can I have a volunteer read that paragraph aloud, and another volunteer read the statements?

Call on volunteers to read the information.

Great. I think you can see how helpful it can be to know the bottom line of a situation when you are trying to make an important decision.

The second handout is titled Communication and Refusal Skills. You may recognize these communication tips from the Healthy Relationships lesson and the refusal skills from the Abstinence lesson. This handout also gives you some example statements for each of the bullets. Could I have a volunteer read the communication tips, and another volunteer read the refusal skills?

Call on volunteers to read the information.

Great. These tips and skills, along with the bottom-line statements, are really going to help you as you work through some real-life situations in which teens have to make some very important decisions.

4. Conduct communication skills activity

Show the *Real-Life Situations Example Visual* and review the example with students. Point out that when students work on their responses, they can choose whichever bottom-line statement they want from the 3 provided. In this example, "It's important to always use a condom when you have vaginal or anal sex" was chosen to guide the answer. The example response uses 3 tips from the *Communication and Refusal Skills* handout. Read through everything on the example visual, checking for student comprehension of the assignment. This should take 5 minutes.

Distribute the *Real-Life Situations* worksheet, and have students work on their own to respond to the first 3 situations on the worksheet. Explain that they should choose a bottom-line statement from those provided and write a 2- to 3-sentence response. Remind them that they will be reading their responses out loud, and that responses should use either the refusal skills or the communication tips, and should be respectful and non-judgmental. After they've written their individual responses, students will form groups of 3 and read their answers to each other.

Allow 5 minutes for individual work. Then put students into small groups of 3. Explain that students will take turns reading their responses. While each student reads his or her responses, the other group members are listening for the refusal skills and communication tips listed on the handout. Then each listener compliments the reader on one or more skills that were used well. For example, "I like how you said NO so clearly," or "You did a good job stating your strengths." Allow 5 minutes for the small-group work.

After groups have shared all of their responses, have students work individually again to answer the final 3 situations. Then have them repeat the small-group debrief process in different groups.

After both rounds of small-group work are finished, lead a large-group debrief for approximately 10 minutes. Have volunteers share responses they thought were particularly strong, as well as any strengths of their peers' answers they would like to compliment. The purpose of the large-group sharing is to shift peer norms regarding healthy communication and refusal, and to improve individual student's self-efficacy in using these skills.

5. Summarize activity and unit

Thank students for their thoughtful comments and hard work. Remind them that many people will find themselves in situations like the ones they just discussed, and it's helpful to be prepared with good communication skills and a strong understanding of the bottom line so they can make the best decisions possible.

Remind them of the many subjects they have covered over the course of FLASH, including birth control methods, how to use a condom, STD testing, sexual orientation and gender identity, refusal and communication skills, preventing sexual violence, and healthy relationships. Point out how this knowledge and these skills prepare them for situations they may be facing now as well as in the future.

I want to thank you all for your thoughtful comments and your hard work, today and throughout our FLASH unit. Many people will find themselves in situations like the ones we just discussed. In situations like these it's helpful to be prepared with good communication skills and a strong understanding of the bottom line so you can make the best decisions possible to keep yourselves and your partners healthy.

We've covered many topics over the course of our FLASH unit, including birth control methods, how to use a condom, STD testing, sexual orientation and gender identity, refusal and communication skills, preventing sexual violence, and healthy relationships. All of the knowledge and skills you have gained throughout these lessons will help prepare you for situations you may be facing now or that you will face in the future. I am so glad we've been able to spend this time together learning this material, and I feel confident in your ability to go forward and make healthy decisions.

6. Assign homework

Allow students to choose between the individual or family homework and explain the assignments as needed.

Individual Homework: Helping a Friend

Family Homework: Talking About Communication and Decision Making, available in multiple languages on the FLASH website

7. Exit ticket

Hand out the *Lesson 14 Exit Ticket.*

Question: Which of the following communication skills would be easiest for you to use when communicating with a dating partner? Choose one and write 1 or 2 sentences explaining why.

1. Use I-statements ("I think …", "I want …")
2. Express opinions ("I believe …")
3. State your strengths and abilities ("I can …")
4. Say NO firmly but respectfully.
5. Ask for what you want.

Answers: Any explanation provided is acceptable.

Warm Up

Choose one of these statements and write 2 or 3 sentences about how you think teen dating relationships would be different if ALL teens believed the statement you chose.

It's important to always use a condom when you have vaginal or anal sex.

It's important to respect someone else's decision to choose abstinence.

It's important for both people in a relationship to use birth control if they are having vaginal sex with each other but aren't ready for a pregnancy.

It's important to have permission or agreement before having sex with someone.

Communication and Refusal Skills

Communication Tips

Use I-statements ("I think ...", "I want ...")
- I only want to have sex with a condom.
- I won't have sex with someone who has been drinking.

Express opinions ("I believe ...")
- I believe people shouldn't have sex without protecting themselves.
- I believe people shouldn't have sex unless they are married.

State your strengths and abilities ("I can ...")
- I can buy condoms so we have them when we need them.
- I can wait to have sex until I am ready.

Say NO firmly but respectfully.
- No, I won't have sex without a condom.
- No, I don't want to go to your car.

Ask for what you want.
- I want to wait to have sex until we've been together longer.
- I want to have sex, but only if we use a condom.

Express positive feelings and/or appreciation.
- I love you and I'm glad we're together.
- I appreciate how you listen to me and take my feelings seriously.

Refusal Skills

Say NO and clearly state what you don't want to do.
- No, I don't want to have sex yet.
- No, I don't want to do that.

Explain why.
- I'm worried about getting you pregnant.
- I don't have sex with people I just met.

Suggest an alternative.
- We can go to the store up the street and buy some condoms.
- I don't want to go upstairs, but we can keep talking here with everyone else.

Leave if you need or want to.
- My mom is calling, I have to go home.
- We are done talking about this. I am leaving.

The Bottom Line

The "bottom line" is the most important thing to consider in a situation. It is also called "the heart of the matter," the essential point, or the core issue. The bottom line is the thing that helps people make good decisions quickly. Instead of debating the pros and cons of a situation, if you know the bottom line, you can quickly decide what you need to do.

Understanding the bottom line is especially helpful for making decisions when emotions are strong or the stakes are high, such as in sexual situations. The following are some "bottom lines" that come from information covered in FLASH.

- You can't tell if someone has HIV or other STDs by looking.
- The only way to know if you have HIV or another STD is to get tested.
- It's important to always use a condom when you have vaginal or anal sex.
- It's important to have permission or agreement before having sex with someone.
- It's important to only have sex with people who are sober and awake, so they can give consent to have sex.
- In healthy relationships, people treat their partners with respect and fairness.
- It's important to respect someone else's decision to choose abstinence.
- It's important for both people in a relationship to use birth control if they are having vaginal sex with each other but aren't ready for a pregnancy.
- Both partners need to be responsible for birth control and STD protection if they are having vaginal or anal sex.

Visual

Real-Life Situations Example

Instructions: Choose the bottom line statement you think should guide the response. Then write a 2- to -3-sentence response using your *Communication and Refusal Skills* handout.

John wants to use condoms but his partner doesn't. What bottom-line statement could help John figure out what to say to his partner?

- ☑ It's important to always use a condom when you have vaginal or anal sex.
- ☐ In healthy relationships, people treat their partners with respect and fairness.
- ☐ You can't tell if someone has HIV or other STDs by looking at them.

Use communication tips or refusal skills from your handout to write what John should say to his partner.

"I believe it's very important to use condoms. I really do want to have sex with you, but only if we use a condom. I appreciate how you always listen to me and take my feelings seriously, and I hope you will this time too."

Tips from the Communication and Refusal Skills handout John used:

- Expressed opinions ("I believe …")
  - *I believe it's very important to use condoms*
- Asked for what he wanted
  - *I really do want to have sex with you, but only if we use a condom.*
- Expressed positive feelings and/or appreciation.
  - *I appreciate how you always listen to me and take my feelings seriously, and I hope you will this time too.*

Real-Life Situations

Instructions: Choose the bottom line statement you think should guide the response. Then write a 2- or 3-sentence response using your *Communication and Refusal Skills* handout.

1. Jorge and Luis want to stay abstinent, but things have been getting heated. It seems like they are headed toward sex. Jorge wants to tell Luis they should slow down. What bottom-line statement could help Jorge figure out what to say to Luis?

   - ☐ It's important to respect someone else's decision to choose abstinence.
   - ☐ In healthy relationships, people treat their partners with respect and fairness.
   - ☐ It's important to have permission or agreement before having sex with someone.

   Use communication tips or refusal skills from your handout to write what Jorge should say to Luis.

2. Jocelyn wants to get an IUD. Her boyfriend Chris doesn't know much about birth control, and thinks they should just keep using condoms. What bottom line statement could help Jocelyn figure out what to say to Chris?

   - ☐ In healthy relationships, people treat their partners with respect and fairness.
   - ☐ Both partners need to be responsible for birth control and STD protection if they are having vaginal or anal sex.
   - ☐ It's important for both people in a relationship to use birth control if they are having vaginal sex with each other but aren't ready for a pregnancy.

   Use communication tips or refusal skills from your handout to write what Jocelyn should say to Chris.

3. Dominic has been wanting to hook up with Sierra for a while. They are at a party together. Sierra is drunk and Dominic is not. Dominic's friends keep telling him he should take his chance and try to have sex with her. Dominic doesn't think that's right. What bottom-line statement could help Dominic figure out what to say to his friends?

   - ☐ It is important to only have sex with people who are sober and awake, so they can consent to have sex.
   - ☐ It's important to have permission or agreement before having sex with someone.
   - ☐ In healthy relationships, people treat their partners with respect and fairness.

   Use communication tips or refusal skills from your handout to write what Dominic should say to his friends.

4. Deon thinks he and his new girlfriend Mariah should go to the clinic and get STD tests before they start having sex. What bottom-line statement could help Deon figure out what to say to Mariah?

   - ☐ You can't tell if someone has HIV or other STDs by looking.
   - ☐ The only way to know if you have HIV or another STD is to get tested.
   - ☐ In healthy relationships, people treat their partners with respect and fairness.

   Use communication tips or refusal skills from your handout to write what Deon should say to Mariah.

5. Aiden is concerned about the way his friend Michael is treating his girlfriend. Michael is always telling his girlfriend what to do and putting her down in front of other people, and he told Aiden that he never uses condoms when he and his girlfriend have sex. What bottom line statement could help Aiden figure out what to say to Michael?

   - ☐ In healthy relationships, people treat their partners with respect and fairness.
   - ☐ It's important for both partners to be responsible for birth control and STD protection if they are having vaginal or anal sex.
   - ☐ It's important for both people in a relationship to use birth control if they are having vaginal sex with each other but aren't ready for a pregnancy.

   Use communication tips or refusal skills from your handout to write what Aiden should say to Michael.

6. Aliyah and Malik are in a new relationship. Aliyah wants to have sex, but Malik wants to wait. What bottom-line statement could help Malik figure out what to say to Aliyah?

   - ☐ It's important to respect someone else's decision to choose abstinence.
   - ☐ It is important to have permission or agreement before having sex with someone.
   - ☐ In healthy relationships, people treat their partners with respect and fairness.

   Use communication tips or refusal skills from your handout to write what Malik should say to Aliyah.

Individual Homework:
Helping a Friend

Name _____ **Period** _____

A friend needs some advice about their relationship; their note to you is provided below. Be sure to mention at least one bottom-line statement and use the communication tips or refusal skills from your handout in your response.

Hey! I think I need some advice. You know Sofia and I have been going out for a while. I was really hoping she would want to have sex by now, but I can't tell if she does or not. She hasn't said anything, and I don't really know what to do. Should I just make a move on her? I feel like I should talk to her, but I don't even know what I would say. I know you are good at this kind of thing. I really need some help!

Family Homework: Talking about Communication & Decision Making

All Family Homework is optional. Students may complete Individual Homework instead.

Purpose: Family Homework is a chance to share your beliefs about sexuality and relationships, and the beliefs of your family, culture or religion.

Directions: Student will do the homework with a family member or trusted adult who is like family. Find a quiet place where the two of you can talk privately for 5-10 minutes. Please follow these guidelines:

- It is okay for either of you to skip a question.
- What you discuss will not be shared with anyone else, unless you give one another permission to share it.
- Take turns asking questions. When it is your turn to listen, try to understand the other person's response.

Ask the student: What are your life goals at this time? Career? Family? Travel? What would a pregnancy or STD do to change those goals?

Ask the adult: How do you communicate with your boss at work when you want or need something? Can you think of an example? How would you communicate with your partner (past, present or future) when you wanted or needed something? Can you give an example?

Family Homework Confirmation Slip: Talking about Communication & Decision Making

Due: _____

We have completed the family homework.

_____ _____

Date Signature of family member or trusted adult

_____ _____

Student's name Signature of student

Exit Ticket

Which of the following communication skills would be easiest for you to use when communicating with a dating partner? Choose one and write 1 or 2 sentences explaining why.

1. Use I-statements ("I think …", "I want …")

2. Express opinions ("I believe …")

3. State your strengths and abilities ("I can …")

4. Say NO firmly but respectfully.

5. Ask for what you want.

Lesson 14: Assessment Questions

1. Linda wants to wait to have sex until she has graduated from high school. Jun, her boyfriend, thinks that if they use protection, it would be fine to have sex. Linda doesn't want to worry at all about pregnancy and STDs, and she doesn't feel ready to have sex yet. Help her communicate her decision to Jun.

   Start by choosing a bottom-line statement from your handout to guide your answer, then use 2 or 3 communication tips or refusal skills to write what Linda should say to Jun.

Lesson 14: Assessment Key and Standards Alignment

Question	Answer	Standard
1. Linda wants to wait to have sex until she has graduated from high school. Jun, her boyfriend, thinks that if they use protection, it would be fine to have sex. Linda doesn't want to worry at all about pregnancy and STDs, and she doesn't feel ready to have sex yet. Help her communicate her decision to Jun. Start by choosing a bottom-line statement from your handout to guide your answer, then use 2 or 3 communication tips or refusal skills to write what Linda should say to Jun.	Correct answers will identify a bottom-line statement from the handout, and will use 2 or 3 communication tips or refusal skills from the handout.	NSES: PD.12.DM.1 PR .12.IC.1 PR .12.DM.1 SH.12.IC.1 SH.12.DM.1 NHES: SH4.12.1 SH4.12.3
Individual Homework	Correct answers will identify a bottom line statement from the handout, and will use 2 or 3 communication tips or refusal skills from the handout to persuade the friend to communicate with his partner.	NHES: SH8.12.2 SH8.12.3 SH8.12.6
Exit Ticket: Which of the following communication skills would be easiest for you to use when communicating with a dating partner? Choose one and write 1 or 2 sentences explaining why. 1. Use I-statements ("I think …", "I want …") 2. Express opinions ("I believe …") 3. State your strengths and abilities ("I can …") 4. Say NO firmly but respectfully. 5. Ask for what you want.	Any explanation provided is acceptable.	

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Improving School Health

Grades 9-12, Lesson 15

Summary

This final lesson asks students to create a social norms campaign in order to impact the larger school environment. Students work in groups to make posters that dispel commonly held misperceptions and replace them with accurate statements. Posters are then displayed in the school, helping to reshape social norms that support healthy behavior.

Student Learning Objectives

The student will be able to …

1. Encourage the school environment to promote the health of others.
2. Persuade and support others to avoid or reduce risky sexual behaviors.
3. Use peer and societal norms to formulate health enhancing messages about avoiding or reducing risky sexual behaviors.

Lesson Timing

Warm up	Bell work + 2 minutes
Purpose of lesson	1 minute
Explain social norms campaign	4 minutes
Introduce social norms statements	5 minutes
Students make posters	35 minutes
Summarize	1 minute
Exit ticket	2 minutes
Total	50 minutes

FLASH Key Concepts

This is a comprehensive final lesson, covering material from throughout the curriculum. All FLASH Key Concepts can be applied during this lesson as needed.

Standards

National Health Education Standards (SHECAT)

Standard 8	Students will demonstrate the ability to advocate for personal, family, and community health.
SH8.12.1	Use peer and societal norms, based on accurate health information, to formulate a health enhancing message about avoiding or reducing risky sexual behaviors.
SH8.12.2	Persuade and support others to avoid or reduce risky sexual behaviors.
SH8.12.3	Persuade and support others to make positive and healthy choices about relationships.
SH8.12.4	Collaborate with others to advocate for improving personal, family, and community sexual health.
SH8.12.5	Encourage school and community environments to promote the health of others, without regard to aspects of their sexuality (such as sexual activity, sexual abstinence, sexual orientation, gender expression, or gender identity).
SH8.12.6	Adapt sexual health messages and communication techniques to reach a specific target audience.

National Sexuality Education Standards

PS.12.ADV.1	Advocate for safe environments that encourage dignified and respectful treatment of everyone

Rationale

This lesson utilizes a social norms approach to impact young people's risky behaviors. The social norms approach is an effective, evidence-based intervention that has been widely used to target substance abuse and problem drinking behaviors, and is increasingly being used to improve sexual health outcomes and decrease sexual violence.[1] [2] The approach is based on the fact that young people generally overestimate the percentage of their peers who are engaging in risky behaviors. For example, teens overestimate the number of their peers who are having sex, as well as overestimating the percentage of sexually active teens who are having unprotected sex.[3] [4]

Research shows that teens overestimation of their peers' risky behaviors is related to their own likelihood of engaging in that behavior themselves.[5] Therefore, social norms campaigns are designed to introduce more accurate data about the actual occurrence of the risky behaviors, in order to positively influence teens' sexual behavior. In this lesson, research-based norm statements are provided for students' use. Each statement is designed to directly counter a common misperception related to the behavioral goals of this curriculum: the prevention of pregnancy, STDs and sexual violence. As such, the statements address misperceptions about abstinence, condom use, birth control use and rape.

This lesson impacts the students who create the posters by creating buy-in for the new norm, especially since they are engaged in the creation of persuasive materials containing these messages. Additionally, the posters are placed in public locations in the school, influencing all students in the school to shift their beliefs toward the new norm. The posters have greater influence because they were created by peers, who are deemed to be more credible on these topics than adults. In this way, the impact of the FLASH curriculum can be deepened and broadened, creating a school-wide environmental shift.

Materials Needed

Student Materials

- *Social Norms Statements*
- *Poster Guidelines*
- *Lesson 15 Exit Ticket*
- Access to color images to complete the assignment:
  - Internet access and a color printer are ideal
  - Magazines can be used if Internet and printer are not available
- Scissors, glue and markers
- Posterboard, 1 piece for each group

Classroom Materials

- *Visual 1: Social Norms Statements*
- *Visual 2: Poster Guidelines*
- *Lesson 15 Warm Up*

Teacher Preparation

- Gather magazines ahead of time, if needed.
- Acquire posterboard or assign students to bring it to class.
- Prepare Visuals for document camera or projector.

Activities

1. Warm up

Display warm up as bell work.

Prompt: All of these statements are true. Pick the one you think is most important for teens to know, and write 2 sentences about why it is important.

1. Over 95% of teens would stop sexual activity if their partner wanted them to, even if they were already turned on.
2. Teens are good at using condoms. Over 95% of teens who have had vaginal sex have used condoms.
3. Teens are good at protecting themselves from pregnancy. Over 90% of teen couples used birth control the last time they had vaginal sex.
4. Most high school students aren't having oral, anal or vaginal sex. Over half are abstinent.

2. Explain purpose of lesson

In this final lesson, students will apply some key messages they have learned throughout FLASH in order to share this information with others at their school. They will do this by making posters conveying these messages, which will be hung around the school.

Today, in our final FLASH lesson, you all will get to make posters that will be hung around the school, to share some of what you have learned with your friends and peers.

3. Explain social norms campaign

Explain that the poster campaign will challenge commonly held but incorrect beliefs that other students may hold about sexual health risk behaviors, and that sharing this correct information will support students at the school in making healthy decisions about their own sexual health.

Clarify the meaning of social norms: the way we expect people to behave in a certain situation. Help students understand that, if people believe a certain behavior is common when it really isn't, it can influence their own behavior, and that correcting people's incorrect beliefs about what is "normal" can help create new, more accurate social norms that support healthier behaviors.

This poster campaign is designed to affect social norms at this school. "Social norms" is a word that describes the way we expect people to behave in a certain situation. If we believe a certain behavior is common when it really isn't, it can influence our own behavior, and make us more likely to do that behavior ourselves.

Research shows that teens frequently believe their peers are taking more risks than they actually are. For example, teens think more of their peers are having sex than is actually true. This is important, because people tend to want to do what they think is "normal," or what they think most other people are doing. So, if teens think most people are taking risks, they are more likely to take those risks too. On the other hand, when teens learn the truth,

which is that most of their peers really aren't taking risks, then they are less likely to feel pressured to take those risks themselves.

In this assignment, we will be making posters about some risky behaviors that we know teens have false beliefs about. We will hang these posters around the school, so that other students who haven't taken this class can also learn this information. By making sure that everyone in this school knows the truth, we can help support everyone to make the decisions they really want to make.

4. Introduce social norm statements

Distribute the *Social Norms Statements* handout and show the *Social Norms Statements Visual*. Have students volunteer to read each of the statements. For each statement, point out what the false belief is, and remind students that this correct information is based on research.

- **Over 95% of teens would stop sexual activity if their partner wanted them to, even if they were already turned on.**[6]
  - Many people incorrectly believe that others would pressure someone to have sex, if they were already turned on or aroused. Research shows us that, actually, the vast majority of people would stop sexual activity when asked to, even if they were already turned on.

- **Teens are good at using condoms. Over 95% of teens who have had vaginal sex have used condoms.**[7]
  - Many people think that teens are irresponsible about sexual activity, and that they don't usually use condoms. This statement shows that many more teens are using condoms than people might think.

- **Teens are good at protecting themselves from pregnancy. Over 90% of teen couples used birth control the last time they had vaginal sex.**[7]
  - Again, many people think that teens are irresponsible about sexual activity, and that they are not thinking about how to protect themselves from pregnancy. This shows that, in fact, most teen couples are using birth control when they have vaginal sex.

- **Most high school students aren't having oral, anal or vaginal sex. Over half are abstinent.**[8]
  - Many teens and adults incorrectly believe that most teens are sexually active. In fact, the majority of teens are not having any type of sex.

5. Students make posters

Place students in small groups and explain the poster guidelines. You can either assign students to groups or let them choose the topic that most interests them. Groups should not be so big that everyone can't contribute, and every group should have at last 3 people. If you have a large class, 2 groups can work on posters with the same statement. Distribute the *Poster Guidelines* and show the *Poster Guidelines Visual*. Go over the guidelines with students, checking for comprehension.

Give students the rest of the class period to complete their posters. The posters can be hung around the school either by the teacher or by the students. Arrange to leave them up for at least 3 weeks.

6. Summarize

Thank students for their hard work, and remind them that their work on these posters will help make the school a healthier place for everyone. Thank them for their attention and thoughtful participation throughout the unit.

7. Exit ticket

Hand out the *Lesson 15 Exit Ticket.*

Prompt: You just designed a social norms campaign to improve the sexual health of students at this school. Imagine that the principal has asked you what else could be done to improve the sexual health of students here. Write one idea you could share.

Answer: Any answer that advocates for better sexual health is acceptable.

Warm Up

All of the following statements are true. Pick the one you think is most important for teens to know, and write 2 sentences about why it is important.

1. Over 95% of teens would stop sexual activity if their partner wanted them to, even if they were already turned on.

2. Teens are good at using condoms. Over 95% of teens who have had vaginal sex have used condoms.

3. Teens are good at protecting themselves from pregnancy. Over 90% of teen couples used birth control the last time they had vaginal sex.

4. Most high school students aren't having oral, anal or vaginal sex. Over half are abstinent.

Social Norms Statements

- Teens are good at using condoms. Over 95% of teens who have had vaginal sex have used condoms.

- Teens are good at protecting themselves from pregnancy. Over 90% of teen couples used birth control the last time they had vaginal sex.

- Most high school students aren't having oral, anal or vaginal sex. Over half are abstinent.

- Over 95% of teens would stop sexual activity if their partner wanted them to, even if they were already turned on.

Visual 1

Social Norms Statements

- Teens are good at using condoms. Over 95% of teens who have had vaginal sex have used condoms.

- Teens are good at protecting themselves from pregnancy. Over 90% of teen couples used birth control the last time they had vaginal sex.

- Most high school students aren't having oral, anal or vaginal sex. Over half are abstinent.

- Over 95% of teens would stop sexual activity if their partner wanted them to, even if they were already turned on.

Poster Guidelines

Develop your ideas and sketch some out.

- Brainstorm with your group to develop several ideas to choose from.
- Make quick sketches of the ideas.
- Decide as a group which idea does the best job of conveying your message and will appeal most to other students at your school.

Consider what pictures or graphics you want to use.

- People often respond to pictures of people like themselves.
- Large, colorful images will grab people's attention.
- The image should fit the message. Think of pictures that go with your statement and portray the right attitude or idea.
- Don't show pictures of naked people or people having sex.

Think carefully about the words on your poster.

- You must write the social norm statement on your poster.
- It should be easy to read from a distance, so the letters should be big and clear.
- Only use one or two fonts or lettering styles.
- If you choose to write text in addition to the social norm statement, only write a few main points, not a long list of facts or details.

Avoid common mistakes.

- Don't try to scare people.
- Make sure your poster doesn't look cluttered.
- Don't use images that are out of focus or have unnecessary text on them.

Visual 2

Poster Guidelines

Develop your ideas and sketch some out.

- Brainstorm with your group to develop several ideas to choose from.
- Make quick sketches of the ideas.
- Decide as a group which idea does the best job of conveying your message and will appeal most to other students at your school.

Consider what pictures or graphics you want to use.

- People often respond to pictures of people like themselves.
- Large, colorful images will grab people's attention.
- The image should fit the message. Think of pictures that go with your statement and portray the right attitude or idea.
- Don't show pictures of naked people or people having sex.

Think carefully about the words on your poster.

- You must write the social norm statement on your poster.
- It should be easy to read from a distance, so the letters should be big and clear.
- Only use one or two fonts or lettering styles.
- If you choose to write text in addition to the social norm statement, only write a few main points, not a long list of facts or details.

Avoid common mistakes.

- Don't try to scare people.
- Make sure your poster doesn't look cluttered.
- Don't use images that are out of focus or have unnecessary text on them.

Exit Ticket

You just designed a social norms campaign to improve the sexual health of students at this school.

Imagine that the principal has asked you what else could be done to improve the sexual health of students here.

Write one idea you could share.

References

[1] Berkowitz, A.D. (2003). *The social norms approach: Theory, research and annotated bibliography.* Higher Education Center, Newton, MA.

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[4] Romer, D., Black, M., Ricardo, I., Feigelman, S., Kaljee, L., Galbraith, J., Nesbit, R., Hornik, R. C., & Stanton, B. (1994). Social influences on the sexual behavior of youth at risk for HIV exposure. *American Journal of Public Health, 84,* 977-985.

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To Parents & Guardians: Introducing FLASH

Dear Families,

Your student will soon begin their sexual health unit in our class. We will be teaching the FLASH curriculum. FLASH is a medically accurate, age-appropriate comprehensive sexual health education curriculum. The goals of the curriculum are to prevent teen pregnancy, STDs and sexual violence, and to increase family communication about sexual health related topics such as dating, sex and abstinence.

FLASH builds skills to support young people in remaining abstinent, as well as teaching about other methods of disease and pregnancy prevention. It promotes respectful communication, and builds skills for healthy relationships. FLASH also contains family homework assignments in which students talk with a family member about the topics covered in class via a prescribed set of questions. Students receive credit for speaking with an adult, but are never required to discuss the content of their conversations.

FLASH provides a protocol for teachers when answering student questions about values that includes referring student back to families to learn their specific values. As a result, students may come home with questions about the values and expectations you have for them regarding these topics. We hope this will provide a meaningful opportunity for you to talk about these important topics together. A list of the High School FLASH lessons is provided below. If you have any questions or would like to preview a lesson, please don't hesitate to contact me.

1. Climate Setting
2. Reproductive System
3. Pregnancy
4. Sexual Orientation and Gender Identity
5. Undoing Gender Stereotypes
6. Healthy Relationships
7. Coercion and Consent
8. Online Safety: Preventing Sexual Violence
9. Abstinence
10. Birth Control Methods
11. Preventing HIV and other STDs
12. Condoms to Prevent Pregnancy, HIV and other STDs
13. Testing for HIV and other STDs
14. Communication and Decision Making
15. Improving School Health

Laws Relevant to a Sexual Health Unit

Legal Requirements of Sexual Health Education

State laws regarding sexual health education vary. Some states require sexual health education while others do not. In some states, HIV and STD prevention education is required, but nothing more. Other states require that all sexual health education delivered must be comprehensive and medically accurate. State may also have specific requirements, such as that sexual health education must be taught at certain grades, or that certain topics are required or prohibited. Look up sexual health education laws for your state here: www.guttmacher.org/statecenter/spibs/spib_SE.pdf

Providing Health Care for Minors

Individual states have laws about what, if any, health care minors can consent to on their own. Different ages may apply to different services, such as accessing contraceptive care, STD services, prenatal care, adoption, abortion, medical care for a child, and mental health care. When discussing with a student any kind of health care for which the student can legally consent, it is very important to remember to protect that student's privacy. Disclosing a students' health information even to other teachers or school employees is a violation of privacy and possibly illegal. See what the minor consent laws are in your state: www.guttmacher.org/statecenter/spibs/spib_OMCL.pdf

Sexual Exploitation & Assault Laws

Sexual assault and abuse laws

Sexual assault and abuse laws define sex crimes, including those committed against minors. Look up your state laws here: www.rainn.org/public-policy/laws-in-your-state

Statutory rape and age of consent

Each state has laws criminalizing sex between individuals with certain age differences. The younger people in these situations may or may not have given verbal consent for the sexual activity that took place. They are incapable of legally giving consent because of their age. These age differences vary from state to state. If statutory laws were not covered on the page provided above for sexual assault and abuse laws, find additional information here: http://aspe.hhs.gov/hsp/08/SR/StateLaws/index.shtml

Help, advice and information

State sexual violence coalitions can answer questions about state laws, and can provide help, support, advice or professional consultation. They can also connect you with local sexual assault centers. Find your state coalition here: www.nsvrc.org/organizations

Safe Surrender of Infants

Many states have enacted Safe Surrender laws in order to protect the health of infants who would otherwise be abandoned. Laws may specify who can leave an infant at a Safe Haven location, and which locations may serve as Safe Havens. Look up your state's law here: www.nationalsafehavenalliance.org/states/

Laws Affecting Lesbian, Gay, Bisexual & Transgender Students and Those with LGBT Parents

Laws affecting LGBT students and students with LGBT parents are changing rapidly in the United States. Relevant laws include those related to discrimination, health care coverage, marriage, adoption and hate crimes. See state laws that affect LGBT individuals: www.hrc.org/state_maps

Age of Marriage

Age of marriage varies from state to state, as do the ages at which young people need parents' permission to marry. See state laws regarding age of marriage here: www.law.cornell.edu/wex/table_marriage

Recognizing and Reporting Sexual Abuse and Assault

At least one in five girls and one in ten boys will be sexually abused at some point in their childhood.[1] People ages 15 to 24 report rape and sexual assault at far higher rates than any other age group.[2] If you suspect a student in your classroom has been or is being sexually abused, sexually exploited or injured (by anyone, not just a caregiver) you are required to report it. It is important to also remember that you likely always have students who are currently experiencing sexual abuse or assault, or who have in the past. Strive to create a classroom that is safe and inclusive, and in which good boundaries are modeled. You do not have to know for certain that a student has been abused to make a report and to offer the student support.

How to tell that a student may have been sexually abused

1. The student tells you (possibly following a lesson on sexual exploitation or sexual assault).

2. The student acts differently from usual, in troubled ways . . .
   - Regressing to younger behaviors
   - Clinging to you or another staff person
   - Cranky, hostile or depressed
   - Sleeping in class, or lacking energy
   - Development of minor ailments (headaches, stomach aches, no appetite)
   - Reluctant to leave school at end of day
   - Dressing provocatively or wearing many layers of clothing even during hot weather

   These behaviors can signal other stresses, but it never hurts to ask if you can help with a problem.

3. One student confides that another student was exploited.

What to do if a student confides in you or if you have reasonable cause to believe a student has been assaulted

1. Believe that student and say, "I believe you."

2. Tell the student that it's not their fault and say, "I care about you and I'm glad you told me."

3. Speak privately with the student and maintain the student's confidentiality within the school, except if you feel the need to enlist the help of one other adult support person (your principal, school nurse, or whomever you trust the most).

4. Report the abuse. In all 50 states, the law requires professional school personnel to report the suspected abuse to either the police or to a child protection agency.[3] It is not sufficient to turn the case over to your principal or anyone else, even if this is what your school protocol

advises. You are required by law to report it yourself or make certain it has been reported by another person (for example, by being in the room at the time). You do not need to know for certain that abuse has occurred to be obligated to report. All you need is *reasonable cause to believe* it has occurred; it is the job of the child protection agency to investigate, not yours.

5. Offer the student as much control as possible over the timing and manner of reporting. If he wishes, for example, he could make the report himself while you sat at his side for support.

6. If you need or want support or advice for yourself or the child in reporting the abuse, seek professional help.[4]

What to do if you get an anonymous question from a student that indicates possible abuse

1. If you recognize the handwriting, ask that student if you can talk privately. Do not pressure the student, but explain that you care and that if there is anything the student wants help with, you can help. If the student denies writing the question, say that you care and want to help if the student ever does need help in the future. Explain that, in the meantime, you do have to notify Child Protective Services that you received the question, even if you aren't sure who wrote it.

2. If you don't recognize the handwriting, call Child Protective Services for advice about whether to make a formal report.

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[1] Finkelhor, D., & Dziuba-Leatherman, J. (1994). Children as Victims of Violence: A National Survey. *Pediatrics, 94*, 413-420.

[2] U.S. Department of Justice. (1997, July). *Age Patterns of Victims of Serious Violent Crime.* Retrieved from http://bjs.ojp.usdoj.gov/content/pub/pdf/apvsvc.pdf.

[3] Find state laws here: www.childwelfare.gov/systemwide/laws_policies/statutes/mandaall.pdf.

[4] To find your local sexual assault center, visit: www.nsvrc.org/organizations.

Guidance for Utilizing Guest Speakers

FLASH does not require the use of guest speakers, and the lessons are designed to be easy to use by a classroom teacher. However, some schools and teachers may choose to bring in guest speakers who are experts in sexual health education or who represent community resources. It is important to note that outside speakers are bound to the same laws and requirements as classroom teachers.

In order to ensure the best outcomes for students, guest speakers should utilize lessons and teaching methods aligned with current sexual health education research. Specifically, guest speakers should share medically accurate information and focus on building the same beliefs, attitudes and skills that are the focus of the FLASH curriculum.

FLASH strives to prevent STDs and teen pregnancy by teaching medically accurate information about birth control, condoms, pregnancy and STDs, including HIV; strengthening the belief that people can protect themselves from STDs and unintended pregnancy; promoting positive attitudes about abstinence, condoms and birth control; and developing refusal skills. FLASH works to prevent sexual violence by undoing gender stereotypes, particularly stereotypes about men that stress violence, control and sexual conquest; developing skills in recognizing consent or the lack thereof; and promoting peer norms that don't support acts of sexual violence.

Guest speakers should not present information, promote beliefs or attitudes, or teach skills that are in conflict with any of the above mentioned strategies. Doing so will weaken the effectiveness of FLASH and make it harder to prevent teen pregnancy, STDs and sexual violence. Finally, guest speakers should avoid outdated and non-evidence-based practices, such as using scare tactics, stressing gender differences, disparaging condoms and other contraceptives, perpetuating stereotypes, and shaming or belittling students.

Public Comment Statement

The Board of Education welcomes community member input during meetings about issues on or not on the agenda. The Board is not able to respond directly to you during Public Comment; the Board may decide at the end of the meeting during Board Member Comment to discuss your topic at a work session, regular meeting, or direct the Superintendent to look into a situation further.

The Board may not speak about subjects that are protected by legal confidentiality such as specific student discipline issues or personnel issues that could disparage or slander district employees.

The general guideline is approximately three minutes per speaker; however, additional time is allowable if needed. When you speak to the Board, please state your first and last name for the record.

Nome Public Schools
Superintendent Report
Jamie Burgess
December 13, 2022

1. The first revision to the FY23 budget is included for Board consideration. Our numbers are the highest they have been in many years, which has helped offset our increased costs somewhat. I am now working on a base FY24 draft budget with Genevieve, who is planning an on-site visit in January, and will be seeking input from administrators, the community and the Board regarding priorities for expenditures. Our fund balance is in decent shape, but we will be watching our energy costs carefully over the winter. In addition, we have a few unfilled positions which have been adjusted for in the current budget revision, but will be back in the budget for next year.

2. Hiring/Staffing Update – With the departure of HR Manager Cynthia Gray, the District will look to update that position into a certified Type B position to serve as an Assistant Superintendent for the District. We will likely seek an interim person to handle HR functions – the Alaska Association of School Business Officials will assist us in the search. Our greatest areas of need at this time are substitutes districtwide as well as special education paraprofessionals. We will continue to communicate the need for these positions to the community. We are also continuing to work on a volunteer sign-up platform to allow members of the community to more easily support our schools – a new web page will have this information as well as the volunteer application and background check. We will also begin projecting hiring needs for next year.

3. Superintendent Professional Development – I attended the initial meeting for the development of the Alaska Statewide Family Engagement Center (ASFEC)'s advisory board, to be called AK FAM. This is part of a new grant obtained by AASB to support districts in developing more culturally appropriate ways to engage the families of their students. The commitment on the part of Nome Public Schools will be to determine our own goals and how we can both contribute and utilize information and strategies for the ASFEC. Information from the meeting which describes the planned outcomes and other relevant information about family engagement is .

I also recently returned from the School Law and Policy Day, which was focused on the negotiations process. This was an very valuable overview from several presenters, including attorneys, a federal mediator, a NEA representative, and several experienced district-level administrators.

4. Donation Request Update – SNC declined to fund the College and Career Guide position for Nome-Beltz. At this time, the activities for this position will be handled by the High School Counselor.

5. Calendar Committee – the Calendar Committee meetings have been going very well, with robust discussion and a great response from the community to our survey. Calendar proposals will be considered and discussed at the next meeting.

AKFam (Alaska Family) Coalition

Alaska Statewide Family Engagement Center (ASFEC)

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ALASKA DEPARTMENT OF EDUCATION & EARLY DEVELOPMENT

SERRC
ALASKA'S EDUCATIONAL RESOURCE CENTER

The Association of Alaska School Boards

Conditions for Learning/ Community Engagement

- Family Engagement
- Family Partnership infused into trauma engaged schools
- Family Partnerships and Culturally Responsive Learning
- Stronger Together Framework - Family Partnership
- Community and Family Dialogues
- US Department of Education - Statewide Family Engagement Center

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15 School Districts- Participating in AFEC

Aleutians East

Anchorage

Bering Strait

Craig City

Dillingham City

Juneau School District

Kake City Schools Nome Public Schools

Lower Kuskokwim School District

Lower Yukon School District

Nome Public Schools

North Slope District

Northwest Arctic Borough

St. Mary's

Sitka School District

Yukon Flats

AFEC Outcomes

Shared Understanding and Learning:
* Support organizations such as AASB, DEED, SERRC, and other agencies to offer high quality training and technical assistance internally and across the state.
* Increase school and community exposure to family engagement training opportunities (conferences, learning communities, coaching, events).
* Build confidence and skills for partnering through evidence-based family programs, services, and resources.

Structures for Family Engagement (decision-making, foundational relationships and communication, linking to learning and goal-setting, supportive transitions)
* Increase the number of evidence-based family partnership programming in 15 districts and statewide
* Increase the quality and number of opportunities to families to engage with their child's learning
* Relationship building and community centered partnerships (including communication structures).

Well-being and Family Engagement:
* Student well-being and the impact of Covid-19
* Understand and remove barriers to family participation and engagement
* Increase access to services for families to remove barriers to participation including services and workshops for families

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AK FAM- Invited and Nominated Representative

AK FAM will strengthen family and school partnerships that improve outcomes for our students through:

- **Cross-agency partnerships and community-based partnerships with family members, local nonprofit organizations, tribal entities, and businesses, well-being.**
- **ASFEC partners represent underserved students and underserved families (more than 50%), and a cross-section of organizations.**
- **ASFEC's Alaska Families (AK FAM) will meet quarterly as a coalition and more frequently as a workgroup to tackle barriers to family engagement and family well-being.**

Participants in this group

Support districts in developing strong family partnerships to support student learning both at home and school.

Understanding of unmet needs and potential solutions.

Perspective of rural and urban families with children in schools.

Authentic and consistent, two-way communication between home and school.

Better parent engagement and support for our programs, staff, and students.

Strengthen community school relationships and re-center the community in our school

Do what's best for our school

Proper steps for AEC to run

Support information, collaboration and growth as a community

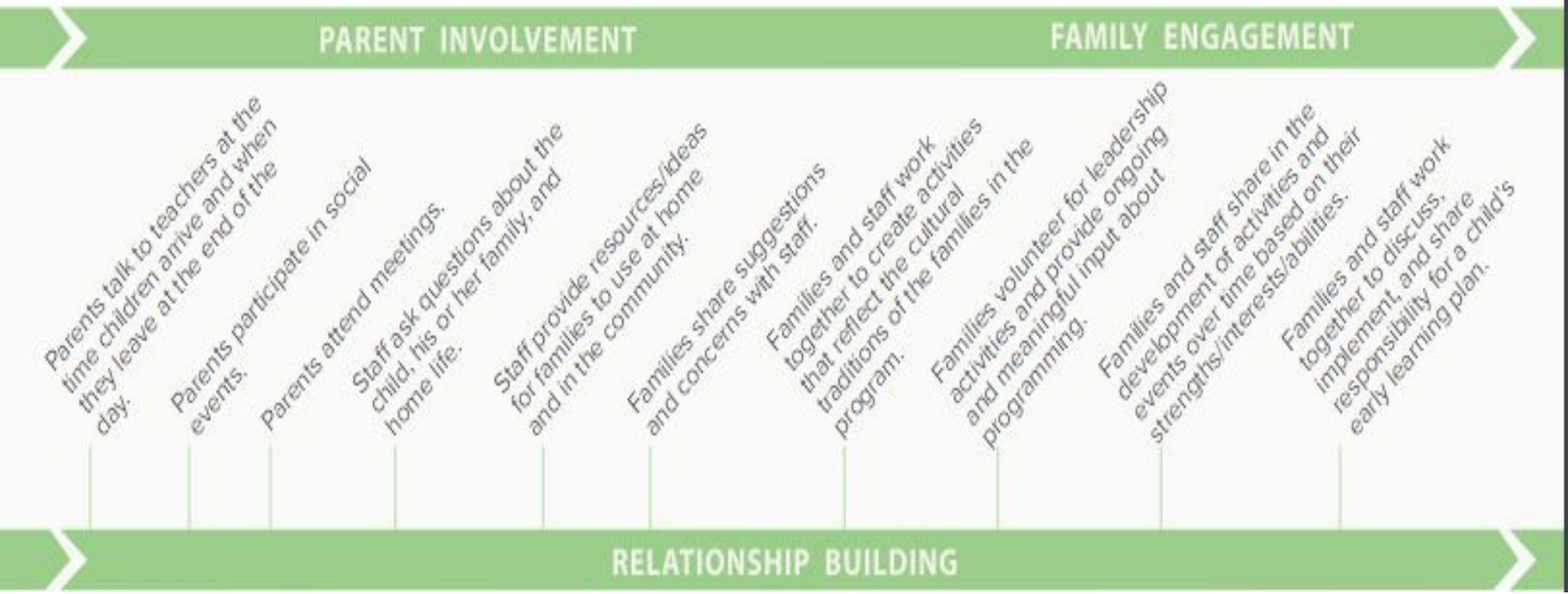
Making sure our children have the best available resources to work with

Creating and sharing resources and support for families and students

Advance child and family wellness in Alaska

807

Strategize family engagement goals and desired impact from a state/population level with measurement and implementation at a district level



What do we call that?

Thank you to Michele Brooks for this slide

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From Involvement to Engagement

From	To
Isolated acts	Systemic: Relevant to our academic needs
Compliance driven	Linked to Learning
Service	Developmental
One-time project	Sustained
Select group of parents	Equitable
Only in some schools	To Scale

To:

- **Student, families, school staff working together to help students reach learning goals.**
- **Families and school staff work together drawing on their knowledge and expertise in the community and with each student.**
- **Families help design routines and engagement, agreements, opportunities**
- **Families and school staff reinforce mental health, learning and play**

Alaska Statewide Family Engagement Center (ASFEC): 6 Month Guide

For District and Family Partners

1 Team-building

- [ ] Identify a family partnership point-of-contact (POC).
- [ ] POC joins the January introductory webinar.
- [ ] Identify a small team to lead your family partnership work, including district staff, school administrator, school staff, board member/family member.
- [ ] Connect data and financial contacts when relevant.

2 Training

- [ ] Lead staff participate in January onboarding virtual trainings.
- [ ] FP team attends the February webinar.
- [ ] FP team attends pre-conference day Science of Reading April 26.
- [ ] In-service or district professional learning opportunities structures are identified.

3 Community Context & Family Needs

- [ ] Review community dialogue harvest for family input and feedback loops.
- [ ] Review key data points related to family partnership (family partnership data snapshot).
- [ ] Review SCCS family response rates and develop strategies to increase representation
- [ ] Review SCCS family data to identify key areas of strength and opportunity.

4 Strategic Planning

- [ ] Determine best time to provide community education and initiate a strategic planning process that includes families.
- [ ] Schedule planning for year 1-3 of this project or district action (see back).
- [ ] Identify additional strategic planning resources, opportunities, and partners.

5 Policy

- [ ] Designated representative participates in the family engagement statewide policy discussion in December.
- [ ] Identify how family engagement policy can fit into your school district's policy review cycle and identify key dates for family policy review.
- [ ] Schedule a policy review.

6 Family Audit & Planning

- [ ] Prioritize school to conduct family partnership audit.
- [ ] Establish professional learning and practice goals, including metrics.
- [ ] Link learning and practice goals to each building's priorities (e.g. literacy, wraparound, post-secondary prep).
- [ ] Identify key staff and training plans.

Year Two: Cohort 1

Evidence-based Strategies

- Choosing from evidence-based strategies (portal or entry point)
- Building the evidence for promising strategies

Capacity Building (two-sided or dual capacity)

- Each strategy will have practices for teachers and practices/tools for families. This includes incentives.
- Each approach will include opportunities to coordinate efforts and improve district-wide family partnership interests (policy, strategic planning, district planning, etc).

Measuring Outcomes

- Work to use low intensive information collection to report progress for board, statewide partners, and funders

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Statewide Coordination for Family- School Partnerships

- *Remove barriers*
- *Create structures and tools*
- *Share and build evidence-base*
- *Align and coordinate efforts*

Family Partnership- Universal and Tailored Professional Learning

- *Stronger Together (Dual Capacity Framework)*
- *Developmental Family Partnership Work (kinderready/preliteracy, post-secondary prep, middle school transition)*
- *Culturally-centered - Trauma Informed*

Family Workshops and Tools:

- ELL
- Special Education
- To be determined

Planning and Policy Opportunies

- Community Conversation and Education
- Strategic Planning
- Policy Review and Model Policies
- District/ School-based Team Scan and Plan

Advanced Learning and Evidence-based Pilots

- Incentivized Learning Structures for School Administrators
- Incentivized Learning Structures for Classified and Certified

Evaluation

How well are we doing?

What difference are we making?

Alaska Family Engagement Center Components ++

AFEC Opportunities

- Access to leading practitioners and researchers nationally
- Share family partnership best-practices from across Alaska
- Hear from families: Dialogues, workshops, activities, organizing the results of your family surveys
- Access tailored support for schools and families
- Evaluate and develop an evidence-base from within Alaska
- Coordinate family partnership efforts statewide
- Alignment (example) AK DEED federal programs, literacy efforts, and other statewide agency support
- Align district policies and strategic direction with this priority
- Embed meaningful family partnership into district initiatives: literacy, PBIs, post-secondary, cultural programs, and culturally responsive classroom practice.
- Consider effective decision-making structures, two-way communication, and opportunities to build on family knowledge.
- Identify other pressing needs for families in the state and address them to create more space for engagement.

Month of November

Nome-beltz Public School

Student Representative

During the previous school month, November, we have had 4 school delays and 3 ‘no-school days’. Picture day had also been moved several time due to the storms and athletes being gone.

Athletics:

Volleyball had regions on November 4th to the 5th. A regional team was selected and sent to Barrow to compete against the Lady Whalers, the Huskies, and the Bethel Warriors. The Nome Lady Nanooks had competed against Bethel first, and won. Then proceeded to play against the Lady Whalers, and lost. The next day of the tournament the Lady Nanooks played against the Bethel Warriors again, and won. That final game determined the Lady Nanooks as the 2022 Fall Season Region One Runner-ups.

Wrestling also participated in several tournaments in the month of November. The team traveled to Anchorage on November 5-6th to attended the ACS Tournament. Our team preformed well earning 190.5 team points, 0.5 more than Bethel. Young Erikson, Karlin Ahwinoa-Smith, Duke McGuffey, and Natalie Tobuk all placed first in their divisions. Natalie Tobuk also received the “Most Outstanding Female Wrestler’ award. On November 19-20th the team traveled to Palmer for the Lancer Smith Tournament. Most of the teams placed are unknown still.

Side note: Tryouts for cheerleading, boys and girls basketball had an tryouts/open gym on November 30th, due to weather issues it was made options

Clubs:

Student council has have several weekly meetings to discuss a possibility in have a winter formal. Current the sophomore class has volunteered to take full responsibility over the decorations, food, and planning (with still receiving aid from student council). The club plans to have it during the annual Nome Subway Showdown. Visiting teams will be invited and informed of the dance ahead of time.

Educators Rising has kicked off with weekly meetings and work times every wednesday during lunch. The program has sky rocketed in participants this year. A majority of the students will competing at the state level, which will happen in the spring school season.

Meals:

School meals have been very consistent throughout the month. No students has yet filed issues against the school breakfasts or lunches. From observations, there seems to be more students receiving school lunches than last year. Popular comments on school lunches: “We wish for the salad bar to be back”.

Nome Elementary School

Box 131 • Nome, Alaska 99762
Phone: 443-5299 Fax: 443-2850

Elizabeth Korenek-Johnson
Principal

Nicholas Settle
Assistant Principal

December 7, 2022 (November Report)

Dear Board Members,

Happy December! This time of year is always so busy and just whizzes by! The month of November was no exception. It seems like the Thanksgiving Holiday break was right after our return from Family/Teacher conferences!

A few items of note for November:
-The Bookworms adoption committee met on November 14th (rescheduled from our Nov. 7th Blizzard Bag Day). We reviewed input gathered on a staff survey regarding our current level of implementation. This allowed us to create a list of focused questions for author, Sharon Walpole.

-On Wednesday, November 16th all classroom teachers met with Sharon Walpole, author of Bookworms. This was an opportunity to check-in of our progress and have questions answered. It was very helpful and gave us a renewed focus on our ELA changes.

-In recognition of Native American/Alaska Heritage Month a read-aloud version of "The Hungry Giant of the Tundra" was shared school-wide during our weekly morning meeting.

-Also in honor of Native American/Alaska Native Heritage DAY, we held a special Morning Meeting on Wednesday, November 23rd to share the book "*Keepunumuk: Weeåchumun's Thanksgiving Story*" with the school.

We want to give a big THANK YOU to a couple of community organizations this month. First, to the Nome Rotarians for donating personal dictionaries to each third grade student at Nome Elementary School. The kids always enjoy this annual event when several Rotarians deliver the dictionaries and provide a fun lesson in their use. Also, to Nome's Credit Union One Branch for donating snacks to each classroom on #GivingTuesday, Tuesday, November 29th. We are so grateful!

It's been great to see several Nome Beltz High School students helping in our school as part of the Educator's Rising program at the high school. Thanks to Ayla Knodel, Asa Hukill, Amy Nguyen, Kaitlyn Johnson, Sophia Marble, and Tory Gray for volunteering in our classrooms. We also appreciate the efforts of Rachel Finney and Mary Donaldson to coordinate these regular visits. Best of luck to these students!

In November we celebrated another 200 reading logs being turned in by eight different classes. We gave two PAWS mascots each for Ms. Ten Eyck's and Mrs. Erikson's classes, and one each for Ms. Kiminaq's, Ms. Janet's, Ms. Secor's, Mrs. Bourdon's , Ms. Dyer's, and Mrs. Pardee's classes. We also hear students say how much they love reading as a part of our new reading program!

STEM Star for November: Rose Ozenna! Rose is a fifth grade student who dedicated herself to attend and participate in every Club session. She likes to help younger students in STEM classes and clubs. Rose was recognized with a robot to build herself and a book about science, along with her certificate. Congratulations, Rose!

This Month's Inupiaq Values & Phrases:
Obedience – kammakłui
Spirituality – ukpaisrun
Week of: Nov. 1: Nalagliu (Listen to others.)
Nov. 7: Naguatun (Be good.)
Nov. 14: Sitnasuaqmiuruŋa (I am from Nome.)
Nov. 21: Quyalutin (Be thankful.)
Nov. 28: Aitauliu (Share with others.)

Coming Events:
-Dec. 9: High table – Mr. Schmidt's 4th Grade
-Dec. 12-16: Spirit Week!
-Dec. 16: Minimum Day – start of Winter Break
-Jan. 2: Return from Break
-Jan. 6: High Table – Mr. Brown's 3rd Grade

Statistics:
School was in session for 20 days in November.
-We had an attendance rate of 74% (We currently have 339 students registered at NES.)
-We served 3,189 breakfasts, and 2,933 lunches.
-18 individuals from the community volunteered a total of 80.75 hours in the school. This does not include our many family members who come to enjoy High Table Luncheons with our students.

Nome Elementary School provides a positive and welcoming environment where our culturally-diverse students, staff, and community members are valued through mutual respect, collaboration, safe interactions, and enriching experiences. Clear and high expectations serve as guidelines to reach success and wellness for all students in this rapidly-changing world.

ACSA School Board Report
December 13, 2022

Lisa Leeper, Principal

Enrollment / Attendance Update

- We had a 97% student attendance rate for November.
- There was one change to our enrollment in November. Following lottery procedures, a 6th grade student left the program and was replaced by a 6th grade student. Our new student will start on the first day of the 2nd semester.

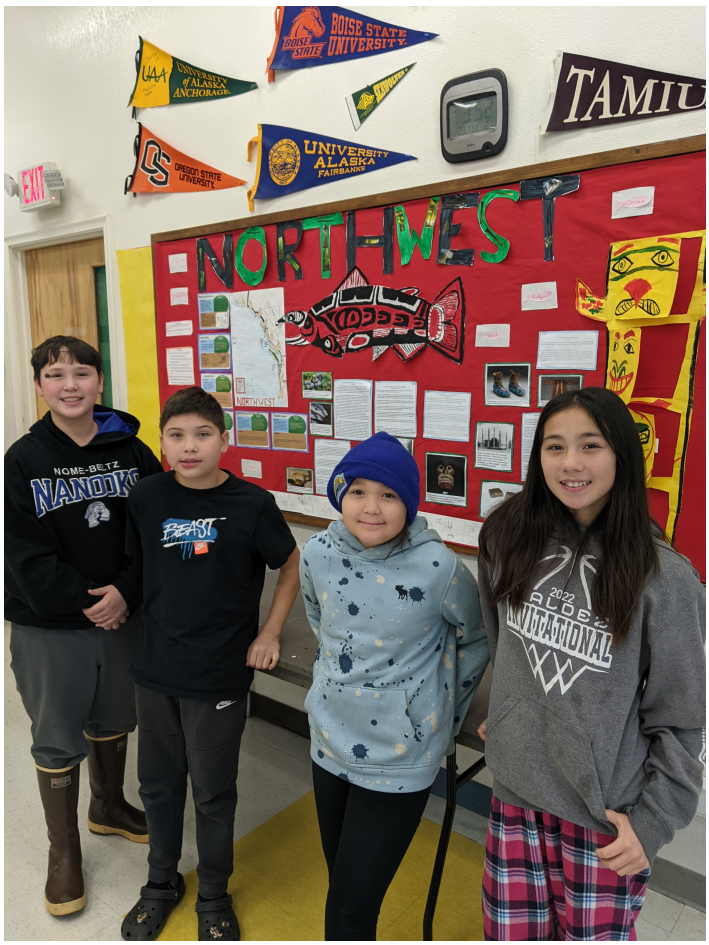
Classes and Activities

- Students, mostly 8th graders, have been cleaning the school each day after school in order to earn funds towards traveling to Washington DC. This is helping to alleviate the issue of the need for custodial services and it is providing the students with an opportunity to gain employable skills. I am exploring options on how to fund their service.
- We hosted a celebration of learning event on December 2nd. This is one such event helps meet our Strategic Equity Framework goal: expect, encourage, and provide opportunities for family involvement in their child's education. The event was an open house and presentation of the culmination of a group project in which students learned about Native American populations, regions, cultures and histories. We estimate that about half of our students' families were in attendance and all seemed happy for the opportunity to learn about the process involved in the Bulletin Board Project.
- On the evening of Saturday, November 19th, Beltz Middle School and ACSA held a dance in the Beltz cafeteria. Student council planned, raised funds, set up, and cleaned after the very well-attended and fun Fall event. Parents brought food and chaperoned, and DJ Al played music. The kids were well behaved and really got into the dancing. Thank you to the sponsors, Ryan Fox from Beltz and Jessica Smyke from ACSA, for working together to provide this great experience for our schools.

- A big thank you goes to the Lion's Club — they have provided $5000 for tutoring snacks for all schools.
- Each Monday morning we continue to do Shout-outs around Integrity, Growth, Responsibility, and Star Moves. Several students shouted each other out for help and leadership they noticed during the Bulletin Board Project.

NORTHEAST WOODLANDS
30 DAY PLA
SUNDAY
MONDAY

Standards
PLATEAU
Plateau Region


BOISE STATE UNIVERSITY
UAA UNIVERSITY of ALASKA ANCHORAGE
OREGON STATE UNIVERSITY
UNIVERSITY ALASKA FAIRBANKS
TAMU
EXIT
NORTHWEST
NOME-BETZ
NANOOK
BEAST
2022
ALDEN
INVITATIONAL

NORTHEAST
Content Standards
NORTHEASTERN WOODLANDS
Reebok
LOVE ON TOUR

Nome-Beltz Middle High School
PO Box 131, Nome Alaska 99762
Phone: 907-443-5201 Fax: 907-443-3626

Date: 08 December 2022
To: NPS Board
From: Teriscovkya Smith
Subject: December Board Report

NBMHS Current Enrollment: 293

Students of the Month

- High School December Student of the Month: Natallie Tobuk, 12th-grade
- Middle School December Student of the Month: Sage Gregg, 8th-Grade

Starting in 2023, NBMHS will begin acknowledging students who demonstrate qualities aligned with our regional Cultural Values; we look forward to these presentations and highlighting the qualities that grow our Nanooks!

Teacher and Support Staff Celebrations

- We will have this system in place starting spring semester.

The following is a list of happenings that currently impact NBMHS:

- Staff outages have been consistent and we have acquired three incredible substitutes who have been excellent in supporting students: Hank Irelan, Justin Ross, and Courtney Dillon have been remarkable and we appreciate our #nbmhssubteam
- We have interested candidates for the music teacher vacancy, but nothing secured, which greatly impacts MS/HS scheduling for Semester 2 and elective offerings.
- Student attendance really suffered due to rounds of illness and teachers are working hard to offer support while moving content.
- A family emergency plus a series of canceled flights pulled Principal Smith out of the building for two weeks, which posed a hardship on district administrators, who had to adjust their schedules and cover, campus staff, and students. Weekly professional development and several planning initiatives have been delayed as a result.
- The unexpected resignation of our Dean of Students leaves Beltz with one administrator.

- NBMHS welcomes our new Behavior Specialist, Ashley Crowe. Ms. Crowe brings a plethora of experience to the Den including strong relationships with current students and their families and a deep knowledge of adolescent growth and development. Welcome Ashley!
- After rounds of phone calls and email correspondence with several individuals, Ms. Smith secured a mentor for the second half of the year! Carl White, former principal at NES with decades of experience throughout the region, will work with Ms. Smith via a site visit in January and remotely.

Growing the Den

- In partnership with ACSA, the Nome-Beltz Middle School sponsored its first dance on Saturday, November 19. Students from both schools brought out their boogie and the evening was a great success!
- As an incentive for strong academics and positive behavior, Beltz Middle School students made field trips (6th, 7th, and 8th-grade respectively) to the Rec Center for bowling! Beltz counselors, Misty Tweet and Aaron Brown, are working with teachers to broaden our incentive program and encourage behaviors that promote success for all Nanooks.

- Angela Hansen signed on as a long term substitute for the Music Program to carry activities through Semester 1. Mrs. Hansen even rallied students to perform for the Nome Arts Council Open Mic that included a performance for the middle school, the Christmas Extravaganza, and the upcoming Christmas Concert.

- Nome-Beltz hosted its first College and Career Fair since 2019, with more than 20 presenters from around the state who helped our Nanooks explore everything from college programs, military service, trade and vocational studies, and regional job opportunities. The event was a huge success and we thank our local partnerships and Mr. Brown for working tirelessly to put things into place.

Activities Wrap-up:

- The Lady Nanook Volleyball team placed 2nd at the Western Conference Volleyball Tournament at Barrow High School over the November 4th weekend! NBHS defeated Kotzebue on Friday afternoon and then played Barrow in the Western Conference Championship game. Nome lost the championship game in

5 sets. Nome then played Kotzebue again on Saturday in the 2nd place game. Nome defeated Kotzebue in 3 straight sets and therefore qualified for the Class 3A State Volleyball Tournament. Nome won the academic award with a 3.67 overall GPA. Kellie Miller and Aralye Lie were named the All-Tournament team.

- The Lady Nanooks wrapped their season at the Class 3A State Volleyball Tournament. Nome lost to the eventual champions, Kenai Kardinals, in the first round. Nome then defeated Houston before being eliminated by Monroe-Catholic. Taylor Gorn was named to the all-tournament team and NBHS ended the year with a 31-18 record. Way to go Lady Nanooks! #gofightHIT
- The Nome-Beltz Wrestling team won the ACS Tournament! The ACS tournament is widely regarded as a preview of the upcoming D2 State Tournament. As a team, NBHS wrestlers took first place, edging out Bethel by .5 points. Our four champions led the way to our 1st place team victory: Young Erikson placed 1st at 103lb, Karlin Ahwinoa-Smith placed 1st 145lb, Duke McGuffey placed 1st at 152 and Natalie Tobuk placed 1st at 132lb. Other successes included Ben Milton 6th place at 112lb, Son Erikson 3rd place at 135lb, Lucas Marvin 3rd place 215lb, Andy Peterson 6th place 160lb, and Kael Osborne 5th place 189. Natalie Tobuk once again received the outstanding girl wrestler award by beating a two time state champion in the finals. Nome-Beltz wrestlers were unable to attend the Bush Brawl due to illness.
- Nome-Beltz Varsity and JV wrestlers also attended the Lancer Smith Tournament in Palmer. Lancer is a large 1A2A3A4A wrestling tournament. Natallie Tobuk's 40 match win streak ended in her final match of the weekend. That's a stretch of 542 days that Natallie did not lose a match! Natallie placed 2nd at 132lb.
- Nome-Beltz Middle School basketball teams hosted Cordova and Unalakleet and played hard to a large crowd. Teams gave it their all for a series of wins and skills building!
- The Nome Middle School Girls, Boys and Cheer teams attended the Valdez Tournament. The Nome Boys defeated Grace, lost to Monroe, and defeated Valdez in order to qualify for the Championship game. Cohen Booth and Lane Schuerch were named to the all-tourney team and Kevin Ongtowasruk was a member of the all-sportsmanship team. The Nome Middle School Girls team played Monroe,Valdez, and Glennallen - finishing with a 2-2 record. Sage Gregg and Kiyler West were named to the All-Tourney Team. Nome cheerleader Chevy Reader was named to the Cheer All-Tourney Team. Go Nanooks!

Nome Public Schools Board Report
Megan Hayes
Director of Federal Programs
Report prepared for December 13, 2022 Nome Public Schools School Board Meeting

Grants- Consolidated ESEA: Title I-A/Title I-C/Title II-A/Title IV; EASIE; JOM; School Improvement
Consolidated ESEA- Consolidated Elementary and Secondary Education Act Grant Application for FY 2023 has received final approval. Submitted budget revision December 2, 2022.
•**Title I-A- Improving the Academic Achievement of the Disadvantaged- funds for NES Only-** No Update
•**Title I-C, Migratory Education-** Completed and submitted "Fidelity of Strategy of Implementation Tool"; Completed and submitted "Priority of Service" reporting. After school tutoring continues at NES, ACSA, and NBMHS, through December 13 and will resume after winter break.
•**Title II-A-Supporting Effective Instruction-Districtwide-** No Update
•**Title IV-Student Support and Academic Enrichment-Districtwide-**Funds expended for Digital Cameras for Digital Arts, Art supplies for Art classes, provisions for Science of Cooking class.
•**Migratory Education Literacy Grant—**No update
•**JOM-Districtwide-** Completed and submitted JOM application to Kawerak.
•**School Improvement Grant- NES-** No Update
State Reporting-Fall OASIS- Student enrollment count ran from Oct. 3, 2022-Oct. 28, 2022
Completed reconciliation of duplicated students in other districts. Duplicated counts of the same student often occur when students transfer school districts during the 20 school day count period. Once the state has reviewed the submissions, Nome Public Schools will receive our final student count.
Assessments, Curriculum and Data-
•AK STAR & Alaska Science Assessments-
Fall 2022 TIME LINE

- December 9-district deadline to distribute AK STAR student results to families
- DEED and NWEA are hosting a webinar for educators to ask questions about AK STAR results on **December 6 , 4:00 PM- 5:00 PM** Educator Webinar: AK STAR Reports and Overview
  ZOOM LINK

Testing Schedule (Fall and Winter MAP Testing dates are subject to change)

MAP Growth Windows Grades K-10

Fall	September 20- October 15, 2022
Winter	January 9- January 27, 2023
Spring	March 27-April 28, 2023 (AK STAR)

MAP Reading Fluency (NES Only) Grades K-5

Fall	August- September 17
Winter	January 9- February 3
Spring	April 10- May 10

Alaska Developmental Profile

Grade	School	Subject	Dates
Kindergarten	Nome Elementary School	Readiness	9/15/22-11/1/22

ACCESS for ELLs (aka WIDA)

Grade	School	Subject	Dates
k-12	All EL Students	Reading, Listening, Speaking, Writing	2/1/23-3/31/23

Enrollment by school-

Enrollment	**12/9/21**	**1/4/22**	**2/4/22**	**3/3/22**	**4/4/22**	**5/5/22**	**9/8/22**	**10/5/22**	**11/3/22**	**12/5/22**
Nome Elementary School	311	311	312	315	315	315	333	338	338	338
Anvil City Science Academy	58	60	60	60	60	60	60	59	60	59
Nome-Beltz Middle Senior High	299	298	286	288	282	285	300	297	297	291
NPS Extensions Correspondence	27	28	31	27	26	26	22	27	28	29
Total Enrollment K-12	**695**	**697**	**689**	**690**	**683**	**686**	**715**	**721**	**723**	**717**

Nome Public Schools
Director of Technology Report

Jim Shreve
13 December 2022

Completed Projects

Launched Cyber Security compliance training on 12SEP22. As of 30NOV22 approximately 80% of staff have completed the training. Suspense date to complete the training was 12NOV22. Increasing restrictions are being placed on accounts for personnel who have not completed the training.

Current projects

Currently running tests on 10 demo Vivi devices which will allow connection to any HDMI capable display, large screen TV, or interactive panel to a web interface for centralized control (by site or district admin) of emergency notifications (which can interrupt / force show on all connected displays), run a schedule to display digital signage / messages, and present internal video broadcasts. The devices will also allow classroom teachers to use additional built in classroom and presentation tools for: wireless screen mirroring, whiteboard operations, playing video / audio files / playlists, display clock / stopwatch / and timer tools, student screen sharing, distribute assessments, instant polling, and show wellness / mindfulness lessons that are embedded with the interface.

Awaiting response for 150+ 2012 model MacBook Pros, 40ea 2015 MacBookAirs and small quantities of 2014 iMacs and iPads to ship to SecondLife Mac as part of their device buy back program. Any funds received through this program will be used to offset the cost of purchasing new technology devices and repair parts.

Training of NBMHS Registrar and NBMHS Attendance Secretary in PowerSchool Admin roles.

Installation of SPED and additional classroom interactive displays (4 total) at NES.

Installation of new network cabinet enclosure at NBMHS Kitchen areas.

Working in conjunction with NBMHS Admin staff on a special project to assist in monitoring environmental air quality in exclusive locations.

Future Projects

Testing Proof of Concept for an edge network appliance to allow dedicated secure connection to our internal network through issued access devices. These devices would allow remote workers to function (printing services, access to Network Attached Storage, local servers, etc) as if they were connected to our internal network.

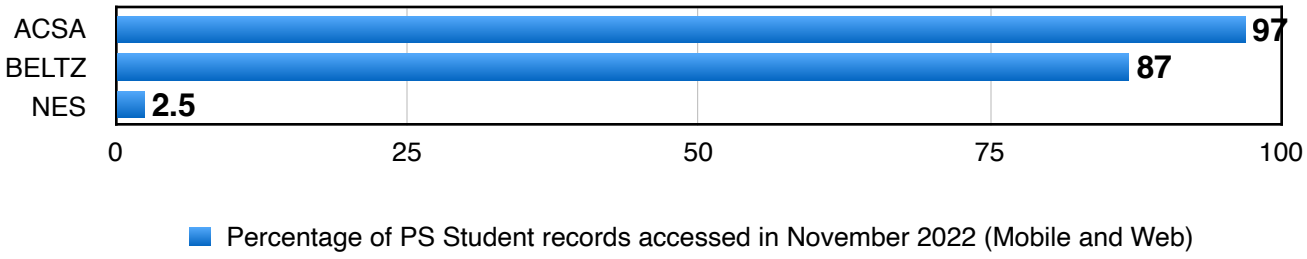
Network diagraming for our entire network infrastructure.

Replacement of classroom and pod printers (approximately 40) that are reaching end of lifecycle.

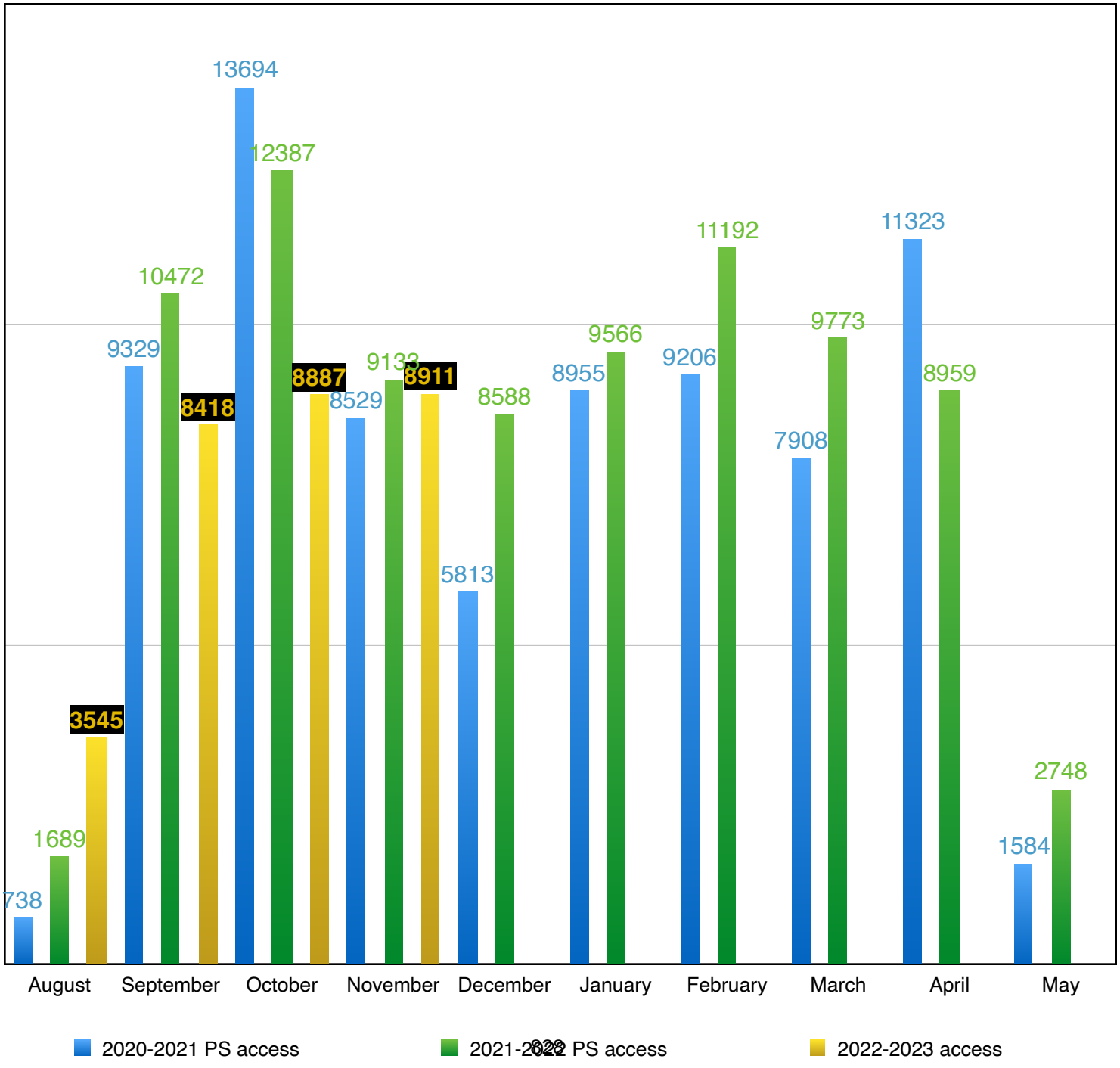
PowerSchool Online Enrollment

As of 30NOV22 there are 150 New Student Enrollments and 505 Returning Student Enrollments for a total of 660 records. This equates to 91.8% of our current student count as having online enrollments completed for SY22-23 and is 3% lower than this same timeframe last year. Registrars will concentrate efforts on contacting Parents / Guardians who need to submit online enrollments (NES = 25, NBMHS = 72). Returning Student enrollment is currently extended until 31DEC22.

PowerSchool Student Information System Access data
PowerSchool use, by students and parents.

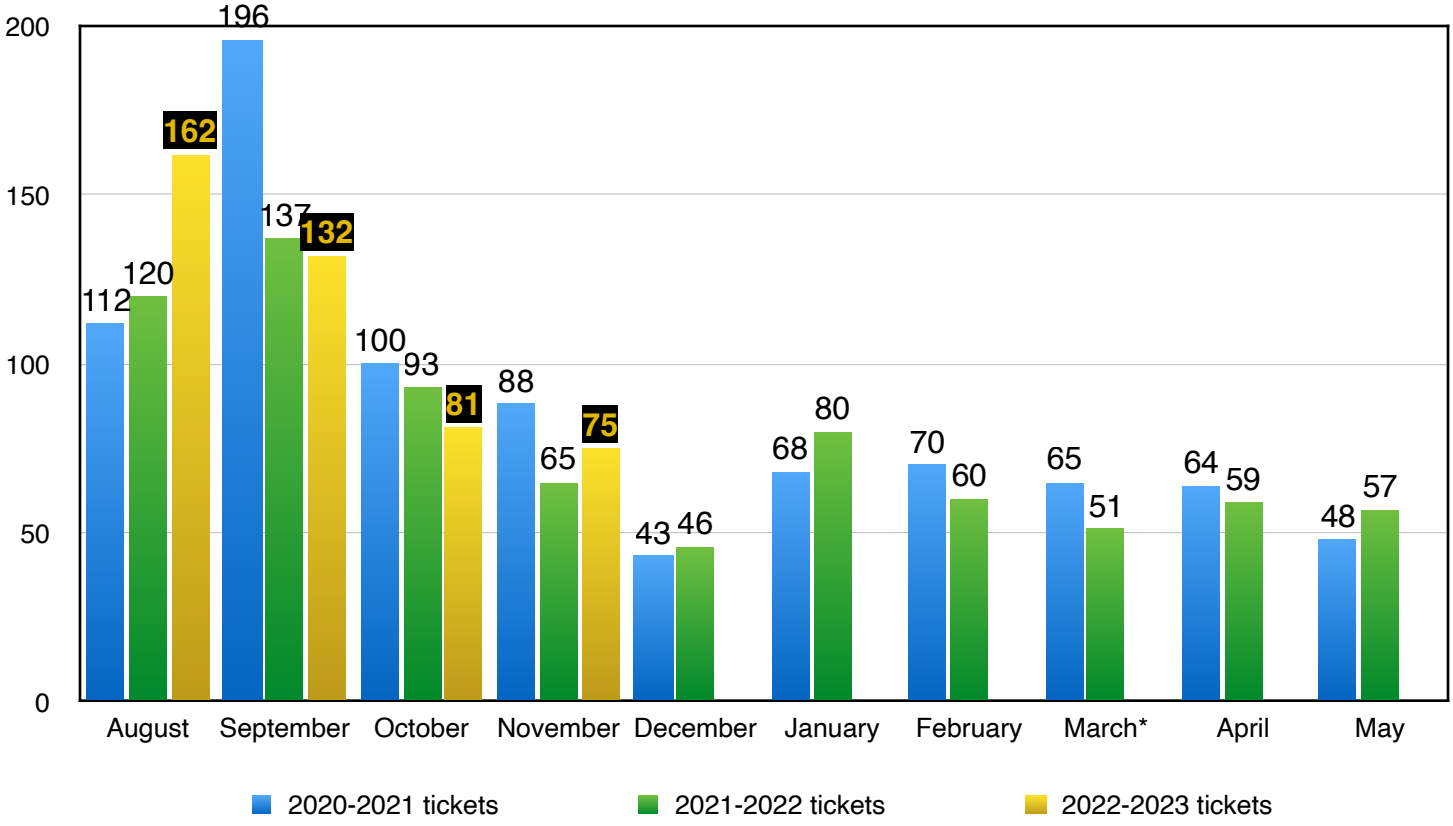


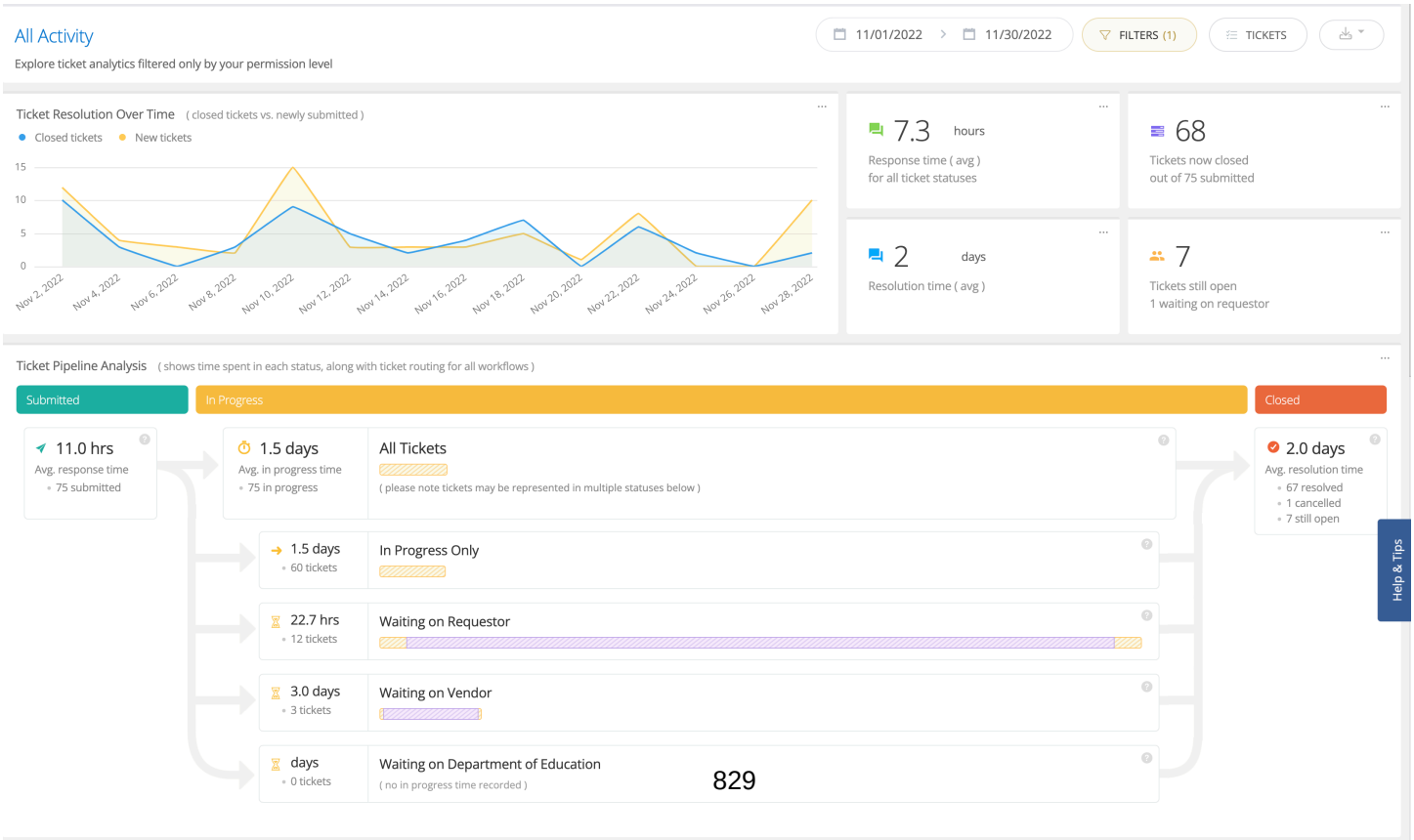
Total Parent and Student PS Web and Mobile Access Sessions:



Technology Web HelpDesk

Part of the Technology Department's duty is to maintain the Technology Web Help Desk for staff to request repairs, training and troubleshooting. In November we closed / resolved 68 out of 75 (90.6%) of the tech requests submitted through the system. Our average response time was 7.3 hours and average resolution time was 2 days. We encourage staff to make use of this resource but many immediate needs are still handled outside of it.





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December Board Report 2022 Mary Donaldson, Special Education Director

Celebrations

Rebecca "Becky" Miller -she has remained the one constant over the past 4 years as thte director changed - Becky did not - in addition it is evident in all her work that she does her work for our children - I could not do this position without her dedication, work ethic and knowledge. She is an outstanding employee.

District

- *Our Speech Clinician and School Psychologist made visits this month as we continue to have new students requiring evaluations.*
- *Referrals continue to be completed as we begin to identify the need of our child in all grade levels. Students at the upper elementary and middle/high school that were missed in younger grades are qualifying for support.*
- *Completed the state recommended MOA with the Infant Learning Program. Continue to make home visits and serve our youngest children.*
- *I cannot say this enough - we are still understaffed. We are in need of paraprofessional positions and one special education teacher. I am concerned that we will have Maintenance of Effort if we do not meet the needs of our children*

Nome Elementary

- *New students from outside of Nome in addition to our current students who recently qualified are increasing the demand on our teachers.*
- *Kate Olson as paraprofessional has been a huge help*
- *Peggy Simpson was recently trained in CPI and facilitated a Saturday training with Ms Shreve. Twenty Nome School District teachers and paras attended.*

Nome/Beltz Junior/Senior High/ACSA

- *Alternatives to suspension were shared at the state directors meeting as we reviewed our current data. The state is very concerned with our number of suspensions.*
- *Suspensions have decreased due to great partnership between Joy Foret, Jill Peters and Misty Tweet and Aaron Brown*

Equity Goal

Increase qualification of children with disabilities to 100% by May 1, 2023. Eliminating barriers to qualification such as guardian/parent involvement and parent participation.

For example: Strengthening our relationship with ALL parents, Educating our parents in creative ways, Special education material and open house, rides to IEPS, home visits, IEP meeting in neutral space, IEP meeting at convenient time, empowering all adults in child's life, empowering and creating roles for community members.

Alaska ranks almost at the bottom for parent engagement and empowerment as shared by CES. I believe this impacts our special education children.

Nome Public School Board, Facilities Service Report, December 2022
Jonathan Duarte, Facilities Director

Maintenance Snapshot:

- Scheduled Work Order in progress: 427
- Work orders not completed: 465
- Preventative Maintenance: 53 (new)

Injuries & Accidents

- Employee received a wound to the forehead while moving tables.
- Vehicle backing incident.

Employee Pending Status and New Hires

- Maintenance Technician- Ethan Davies
- Rotational Custodian- Esther Nayokpuk

Employee Departures

- Jordan Snyder- resigned

Staffing:

- Custodian III- Mark Smith
- Custodian I- Jimmie Murdock
- Custodian I- Thuong Nguyen
- Custodian Rotational Supervisor- Ivan Bacon
- Custodian II- Bill Baxter
- Custodian (High School Student)- Riley Iya
- Custodian (High School Student)- Julianna Duarte
- Maintenance Tech III- Toby Higginson

Maintenance Department Tasks with Status:

- Roof leaks throughout High School. Interior patch repairs and trash cans to catch water leaks.
- Fleet Vehicles/ SPED Van Transit 350- ordered new tires with Farley Auto.
- SPED Van E150- awaiting replacement cargo door panels.
- DDC Control System- Siemens finalizing the first phase of the project. Compiling a list for repairs with mechanical and plumbing issues.
- Pool Project- Coordinating with Chip and Bob on plans for the DDC.
- NES Fire Alarm Upgrade- Pending report from Fire Alarm Technicians.
- NES New school book material upstairs. Shelves being built.
- NBHS Kitchen Dishwasher- We are making attempts to repair it.
- DOT Office/ Custodial Closet had water damage- Sheetrock replaced and final touches are on the list.

Safety Concerns:

- NES Snow load on the west end of the roof. We have fences ready for barricades if needed.

Nome Public Schools

TO: Nome Public Schools Board of Education
THRU: Jamie Burgess, Superintendent
FROM: Genevieve Hollins, Alaska Education & Business Services, Inc.
SUBJECT: FY2023 Expenditures: 7/01/2022 through 11/30/2022
- All Except Special Revenue Programs -
DATE: December 7, 2022

REVENUES:

	Received	Current Budget	Amount Remaining	% Received
State of Alaska - Foundation	$ 3,689,650	$ 8,519,566	$ 4,829,916	43.31%
State of Alaska - TRS On Behalf	229,413	547,292	317,879	41.92%
State of Alaska - PERS On Behalf	14,881	35,501	20,620	41.92%
City of Nome	995,811	3,150,000	2,154,189	31.61%
Impact Aid - U.S. Government PL-874	-	35,200	35,200	0.00%
E-Rate	474,692	1,338,461	863,769	35.47%
Other (Fees/Gate/Rentals/Donations)	134,342	385,000	250,658	34.89%
Transfers In	240,489	240,489	-	100.00%
Decrease (Increase) of Fund Balance	-	995,112	995,112	0.00%
Pupil Transportation (Fund 205)	152,063	560,000	407,937	27.15%
Food Service (Fund 255)	169,921	775,000	605,079	21.93%
TOTAL REVENUES	**$ 6,101,263**	**$ 16,581,621**	**$ 10,480,358**	**36.80%**

(Excluding Federal Special Revenue Programs)

EXPENDITURES:

	Expended & Encumbered	Current Budget	Amount Remaining	% Expended
General Fund (100)	$ 5,506,882	$ 15,246,621	$ 9,739,739	36.12%
Pupil Transportation (205)[1]	608,855	560,000	(48,855)	108.72%
Food Service Fund (255)	161,301	775,000	613,699	20.81%
TOTAL EXPENDITURES AND ENCUMBRANCES	**$ 6,277,038**	**$ 16,581,621**	**$ 10,304,583**	**37.86%**

Percentage of Revenue Budget Recvd: 36.80%
Percentage of Budget Expended: 37.86%
Percentage of Year Passed: 41.92%

Days of Expenditures for this Fiscal Year: 153 Days

Remaining in Fiscal Year for Expenditures: 212 Days

Checking Account Bank Balance as of November 30, 2022 - $8,545,898

[1]The Pupil Transportation contract for FY2023 is $559,108 for regular routes. Fund Balance will decrease from $346,839 to approximately $235,000 by year-end. (A vehicle for transporting students was purchased.)

Nome Public Schools

MEMORANDUM

To: Board of Education
Thru: Jamie Burgess, Superintendent
From: Genevieve Hollins, Contracted CFO
Alaska Education & Business Services, Inc.
Date: December 7, 2022
Subject: **Financial Narrative**

FY2022 Per Pupil Expenditures

The FY2022 Per Pupil Expenditure report has been submitted to DEED. DEED will be publishing all districts' data on their website for the public. It's not an exact measure of how much is spent on each student, but it's using the best information and groupings of specific funds, functions, and object codes as is possible with the need to mass-streamline for all districts throughout the state. Below is what will be posted.

Nome Public School District Per Pupil Expenditures - FY2022

	Anvil City Science Academy	Extensions Correspondence	Nome Elementary	Nome-Beltz Jr/Sr High
Enrollment	59.85	20.30	309.70	296.05
Site-Level Expenditures				
State/Local	12,767	3,807	11,714	13,699
Federal	942	-	3,057	1,713
Site-Level Total	**13,709**	**3,807**	**14,771**	**15,412**
Site Share of District Expenditures				
State/Local	5,788	5,788	5,788	5,788
Federal	509	509	509	509
Site Share of District Total	**6,298**	**6,298**	**6,298**	**6,298**
Total School Expenditures	**$ 20,006**	**$ 10,105**	**$ 21,069**	**$ 21,710**

KPMG E-Reporting Audit

Completed and does not appear that we will receive a final report. Everything was noted as "fully provided" and "completed".

AHFC Financial and Administrative Monitoring Review

We are awaiting their final closeout report.

FY2023 Budget Revision #1

Attached please find the current year FY 2023 Budget Revision #1 for your review and approval. A summary of changes is below:

Revenue

- Increase student enrollment by +28.95, +3 intensives, +7.7 correspondence
- Above resulted in $493,696 increase to Foundation
- Reduced Use of Fund Balance
- Removed Transfer in from CIP

Expenses

- Trued-up salaries and benefits, including removing excess budget for ½ year vacant positions. Decrease of ~$350,000
- Moved Bilingual/Bicultural to its own proper function – Function 120
- Increased Extra Duty for NBMHS, NES, and DW
- Increased Subs/Temps where needed
- Increased budgets for accreditation fees $9k
- Increased M&O Utilities by another $7k (Drayage Increase)
- Increased Staff Inservice Supplies at NES and NBMHS
- Decreased Sped salaries/benefits budgets based on vacancies and moved to non-personnel Sped line items (Prof/Tech services and Supplies)
- Increased DW Tech budget based on cost of FY22 purchases that had to occur in FY23
- Updated DW Business Office budget based on current staffing/contracts
- Reviewed grant indirect budgets, estimated 75% usage and updated Indirect Cost Recovery budget commensurately
- Increased Background Checks and Supplies-Tech Related for HR department
- Increased M&O Subs/Temps budget by $23k
- Increased Property Insurance budget by $60k based on actual final cost

Calendar Year-End W2's and 1099's

The annual W2 and 1099 forms have been purchased and the Business Office will be disseminating those documents in January 2023. The ACA 1095 forms will be processed via the data within our electronic onboarding and benefits system – EASE.

Standard Operating Procedure (SOP) #10

Attached you will find SOP Number 10 – Budget Development, Transfers, and Revisions, for your information, comments, and any questions. As you will see, the Business Office and Superintendent will be reviewing and finalizing our FY2024 Revenue Budget by the end of December and will be pulling together the full FY2024 Draft Budget by January 31st so that we can present early to the Board and also to the City of Nome. This budgeting timeline was moved up from previous years in response to feedback from the City, who requested earlier budget communication.

Thank you & Merry Christmas to all!

NOME PUBLIC SCHOOLS
Nome, Alaska

SOP No. 10

BUDGET DEVELOPMENT, TRANSFERS, AND REVISIONS

1. PURPOSE: To establish uniform procedures for developing and making line item adjustments on a budget after school board approval of the initial budget.

2. AUTHORITY: Superintendent

3. RESPONSIBILITY: The CFO and Administrators are responsible for ensuring compliance with this procedure.

4. PROCEDURES: The following are procedures for making line item adjustments (budget transfers) on a budget.

a. BUDGET TRANSFERS: Budget transfers involve accounts within a fund.

1) The Budget Supervisor, or CFO, determines that additional money is needed in a certain line item and that excess budget funds are available in another line item.

2) Compile supporting documentation (audit trail) including revised budgets, correspondence, spreadsheets, statements, and approvals from affected budget supervisors when appropriate.

3) Submit Budget Transfer requests to the Superintendent or designee for approval. BP 3110 allows for administrative budget transfers under $25,000. If approved, the Superintendent or designee forwards the request to the CFO for processing.

4) The CFO prepares a Budget Transfer via the Financial Accounting system and posts the Budget Transfer in the system in numerical order by fiscal year. Print the Budget Transfer form to PDF, review for accuracy, sign, date and save with backup in electronic filing system, separated by fiscal year. Forward a copy of the completed Budget Transfer to the Budget Supervisor.

b. FUND TRANSFERS: Transfers between funds (i.e. Operating Fund '100' to Food Service Fund '255') require Board approval; this approval may be part of the budget approval process. Follow steps 4.a.1 through 4.a.4 above.

c. BUDGET REVISION: A systematic review of all accounts in a fund, performed periodically within a fiscal year.

1) The general and other fund's budget shall be reviewed and revised as necessary at least once each year after the state funding is determined by the Department of Education and Early Development per the OASIS 20-day count period.

2) This budget revision shall include adjustments for those hired for the year and any other budget changes known at the time of the adjustment.

3) This budget revision must be prepared and approved so that it may be used as the base for developing the subsequent year's budget.

4) Other funds may be revised periodically as needed.

5) All transfers shall be reported to the Board and are subject to Board approval.

d. BUDGET DEVELOPMENT FOR SUBSEQUENT YEAR

1) CITY DEVELOPMENT:

a. The Revenue Budget will be prepared by January 1. The revised current year budget will be used as the basis for the subsequent year.

b. The Preliminary Budget for the subsequent year will be completed by January 31st to present information to the Board of Education and the City of Nome.

c. The Board shall hold a public hearing on the proposed budget for permitting any district resident to appear and speak to the budget or any item on the budget before the adoption of the budget.

d. Per state statute, the budget must be presented to the City by May 1st and to the Department of Education & Early Development by July 15th.

REFERENCES:
BP 3100 – Budget
BP 3110 – Transfer of Funds
BP 3311 – Bids
BP 3312 – Contracts
BP 3400 – Management of District Assets/Accounts
BP 3460 – Periodic Financial Reports

REVISION DATE: 10/25/2019

EXHIBITS: Budget Transfer Request form

Public Comment Statement

The Board of Education welcomes community member input during meetings about issues on or not on the agenda. The Board is not able to respond directly to you during Public Comment; the Board may decide at the end of the meeting during Board Member Comment to discuss your topic at a work session, regular meeting, or direct the Superintendent to look into a situation further.

The Board may not speak about subjects that are protected by legal confidentiality such as specific student discipline issues or personnel issues that could disparage or slander district employees.

The general guideline is approximately three minutes per speaker; however, additional time is allowable if needed. When you speak to the Board, please state your first and last name for the record.

Nome Public Schools
PO Box 131
Nome, AK 99762
907-443-2231 – www.nomeschools.org

SCHOOL BOARD COMMUNICATION

Title: Approval of 2022-2022 Audit Report

Date: December 9, 2022

Administrator: Jamie Burgess, Superintendent & Genevieve Hollins, Business Manager

Attachments: Audited Financial Statements and Letter to the Board from Altman, Rogers & Co.

X	**Action Needed**		**For Discussion**		**Information**		**Other**

BACKGROUND INFORMATION

As required by Alaska State Statute 14.14.050, the district had its annual audit performed by Altman, Rogers & Co., which was completed on November 7, 2022. As seen for the past several years, no material findings were presented. The administration thanks Ms. Genevieve Hollins, Business Manager, for her continued long-term expertise in handling the district's business affairs and finances.

ADMINISTRATIVE RECOMMENDATION

The administration recommends approval of the Nome Public Schools audit report for the 2021-2022 school year.

Sample Motion: I move to approve the Nome Public Schools audit report for the 2021-2022 school year.

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

Letter to the Governing Board

Year Ended June 30, 2022

Altman, Rogers & Co. CERTIFIED PUBLIC ACCOUNTANTS

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

Letter to the Governing Board

Year Ended June 30, 2022

Altman, Rogers & Co. CERTIFIED PUBLIC ACCOUNTANTS

November 7, 2022

Members of the Board
Nome Public Schools
City of Nome, Alaska

We have audited the financial statements of the governmental activities, each major fund and the aggregate remaining fund information of Nome Public Schools (the District), a component unit of the City of Nome, Alaska, for the year ended June 30, 2022 and the related notes to the financial statements, which collectively comprise the District's basic financial statements. Professional standards require that we provide you with information about our responsibilities under generally accepted auditing standards, *Government Auditing Standards*, Title 2.U.S. Code of Federal Regulations Part 200, *Uniform Administration Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance), and the State of Alaska Audit Guide and Compliance Supplement for State Single Audits*, as well as certain information related to the planned scope and timing of our audit. We have communicated such information in our letter to you dated May 18, 2022. Professional standards also require that we communicate to you the following information related to our audit.

Qualitative Aspects of Accounting Practices

Management is responsible for the selection and use of appropriate accounting policies. The significant accounting policies used by Nome Public Schools are described in Note 1 to the Financial Statements. During 2022, as discussed in Note IV.E to the financial statements, District changed accounting policies related to the financial reporting for leases by lessees and lessors as required by GASB statement No.87. There was no effect of the accounting change on the beginning of the year balances reported in the Statement of Net Position. We noted no transactions entered into by District during the year for which there is a lack of authoritative guidance or consensus. All significant transactions have been recognized in the financial statements in the proper period.

Accounting Estimates

Accounting estimates are an integral part of the financial statements prepared by management and are based on management's knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the financial statements and because of the possibility that future events affecting them may differ significantly from those expected. The most sensitive estimates affecting the District's financial statements were:

All Opinion Units:

Management's estimate of the collectability of accounts receivable is based on historical collections. We evaluated the key factors and assumptions used to develop the collectability of accounts receivable in determining that it is reasonable in relation to the financial statements taken as a whole.

Management's estimate of health and medical insurance liability is based on claims paid for the year and a three month estimate of the insurance liability. We evaluated the key factors and assumptions used to develop the health and medical liability in determining that it is reasonable in relation to the financial statements taken as a whole.

3000 C Street N. Suite 201 Anchorage, Alaska 99503 Phone 907-274-2992 Fax 907-274-2993
Offices in Juneau and Soldotna A Professional Corporation

Management's estimate of the calculation of the lease receivable and deferred outflows of resources is based on an estimated incremental borrowing rate for the present value calculation of the lease receipts. We evaluated the key factors and assumptions used to develop the present value calculation in determining that it is reasonable in relation to the financial statements as a whole.

Government-wide Opinion Unit:

Management's estimate of the useful lives and depreciation is based upon the expected life of an asset. We evaluated the key factors and assumptions used to develop the useful lives and depreciation expense in determining that it is reasonable in relation to the financial statements as a whole.

Management's estimates of the District's proportionate share of the collective net pension/OPEB liability and asset and related deferred outflows and inflows of resources are based on information furnished by the State of Alaska and actuarial reports generated during the audit of the Public Employees' Retirement System and Teachers' Retirement System. The amortization of these deferrals is based on guidance provided by the Governmental Accounting Standards Board. We evaluated the key factors and assumptions used to develop the estimates of the District's proportionate share of the collective net pension/OPEB liability and deferred outflows and inflows of resources and related amortization in determining that it is reasonable in relation to the financial statements as a whole.

Financial Statement Disclosures

The financial statement disclosures are neutral, consistent, and clear.

Difficulties Encountered in Performing the Audit

We encountered no significant difficulties in dealing with management in performing and completing our audit.

Corrected and Uncorrected Misstatements

Professional standards require us to accumulate all known and likely misstatements identified during the audit, other than those that are clearly trivial, and communicate them to the appropriate level of management. During the course of our audit we noted no misstatements that required to be corrected.

Disagreements with Management

For purposes of this letter, a disagreement with management is a financial accounting, reporting, or auditing matter, whether or not resolved to our satisfaction, that could be significant to the financial statements or the auditor's report. We are pleased to report that no such disagreements arose during the course of our audit.

Management Representations

We have requested certain representations from management that are included in the management representation letter dated November 7, 2022.

Management Consultations with Other Independent Accountants

In some cases, management may decide to consult with other accountants about auditing and accounting matters, similar to obtaining a "second opinion" on certain situations. If a consultation involves application of an accounting principle to the District's financial statements or a determination of the type of auditor's opinion that may be expressed on those statements, our professional standards require the consulting accountant to check with us to determine that the consultant has all the relevant facts. To our knowledge, there were no such consultations with other accountants.

Internal Control Matters

See the June 30, 2022 audited financial statements Compliance Reports for definitions and descriptions of deficiencies, significant deficiencies, material weaknesses, and any reported findings.

Other Matters

We applied certain limited procedures to the Schedule of Revenues, Expenditures, and Changes to Fund Balance- Original and Final Budget and Actual- School Operating Fund, Schedules of Proportionate Share of Net Pension/OPEB Liability and Asset and Contributions for the Public Employees' Retirement System and the Teachers' Retirement System and notes, which is required supplementary information (RSI) that supplements the basic financial statements. Our procedures consisted of inquiries of management regarding the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We did not audit the RSI and do not express an opinion or provide any assurance on the RSI.

We were engaged to report on the Supplementary Information which include Major Governmental Fund: Schedule of Revenues, Expenditures and Changes in Fund Balance – Budget and Actual (where applicable) Other Governmental Funds: Combining Balance Sheet and Combining Statement of Revenues Expenditures and changes in Fund Balances (Deficit), Schedule of Revenues Expenditures and Changes in Fund Balance (Deficit) – Budget and Actual (where applicable), Schedule of Changes in Assets and Fund Balances, Schedule of Compliance- AS 14.17.505, and the Schedule of Expenditures of Federal Awards and notes, and the Schedule of State Financial Assistance and notes, as listed in the table of contents of the financial statements, which accompany the financial statements but is not RSI. With respect to this supplementary information, we made certain inquiries of management and evaluated the form, content, and methods of preparing the information to determine that the information complies with accounting principles generally accepted in the United States of America, the method of preparing it has not changed from the prior period, and the information is appropriate and complete in relation to our audit of the financial statements. We compared and reconciled the supplementary information to the underlying accounting records used to prepare the financial statements or to the financial statements themselves.

Other Audit Findings or Issues

We generally discuss a variety of matters, including the application of accounting principles and auditing standards, with management each year prior to retention as Nome Public Schools' auditors. However, these discussions occurred in the normal course of our professional relationship and our responses were not a condition to our retention.

Accounting Assistance

As part of our engagement we drafted the financial statements of the District from the District's accounting records; however, management of the District was involved in the drafting process and retains responsibility for the basic financial statements.

Restriction of Use

This information is intended solely for the use of the School Board and management of Nome Public Schools and is not intended to be and should not be used by anyone other than these specified parties.

Altman, Rogers & Co.

Anchorage, Alaska

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome, Alaska)

Basic Financial Statements, Required Supplementary Information, Supplementary Information And Compliance Section
(With Independent Auditor's Reports Thereon)

Year Ended June 30, 2022

Altman, Rogers & Co. CERTIFIED PUBLIC ACCOUNTANTS

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome, Alaska)

Basic Financial Statements, Required Supplementary Information,
Supplementary Information and Compliance Section
(With Independent Auditor's Reports Thereon)

Year Ended June 30, 2022

NOME PUBLIC SCHOOLS

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Altman, Rogers & Co. CERTIFIED PUBLIC ACCOUNTANTS

Independent Auditor's Report

Members of the School Board
Nome Public Schools
City of Nome, Alaska

Report on the Audit of the Financial Statements

Opinions

We have audited the accompanying financial statements of the governmental activities, each major fund, and the aggregate remaining fund information of Nome Public Schools (the District), a component unit of the City of Nome, Alaska, as of and for the year ended June 30, 2022, and the related notes to the financial statements, which collectively comprise the District's basic financial statements as listed in the table of contents.

In our opinion, the financial statements referred to above present fairly, in all material respects, the respective financial position of the governmental activities, each major fund and the aggregate remaining fund information of the Nome Public Schools, as of June 30, 2022, and the respective changes in financial position for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinions

We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the District and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinions.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the District's ability to continue as a going concern for twelve months beyond the financial statement date, including any currently known information that may raise substantial doubt shortly thereafter.

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Offices in Juneau and Soldotna A Professional Corporation

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinions. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards and *Government Auditing Standards*, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the District's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the District's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Required Supplementary Information

Accounting principles generally accepted in the United States of America require that the Schedule of Revenues, Expenditures, and Changes in Fund Balance- Original and Final Budget and Actual and the Schedules of District's Net Pension and OPEB Liabilities and Assets, and the Pension and OPEB Contributions and notes to Required Supplementary Information on pages 41-51, be presented to supplement the basic financial statements. Such information is the responsibility of management and, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

Management has omitted the Management's Discussion and Analysis that accounting principles generally accepted in the United States of America require to be presented to supplement the basic financial statements. Such missing information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. Our opinion on the basic financial statements is not affected by this missing information.

Supplementary Information

Our audit was conducted for the purpose of forming opinions on the financial statements that collectively comprise the District's basic financial statements. The information listed in the table of contents as Supplementary Information, which include Major Governmental Fund: Schedule of Revenues, Expenditures and Changes in Fund Balance – Budget and Actual (where applicable) Other Governmental Funds: Combining Balance Sheet and Combining Statement of Revenues Expenditures and changes in Fund Balances (Deficit), Schedule of Revenues Expenditures and Changes in Fund Balance (Deficit) – Budget and Actual (where applicable), Schedule of Changes in Assets and Fund Balances, Schedule of Compliance- AS 14.17.505, and the Schedule of Expenditures of Federal Awards, as required by *Title 2 U.S. Code of Federal Regulations (CFR) Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards and notes*, and the Schedule of State Financial Assistance and notes which is presented as required by the *State of Alaska Audit Guide and Compliance Supplement for State Single Audits,* are presented for purposes of additional analysis and are not a required part of the basic financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the basic financial statements. The information has been subjected to the auditing procedures applied in the audit of the basic financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the basic financial statements or to the basic financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the Supplementary Information are fairly stated, in all material respects, in relation to the basic financial statements as a whole.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards,* we have also issued our report dated November 7, 2022, on our consideration of the Nome Public Schools' internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of Nome Public Schools' internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Nome Public Schools' internal control over financial reporting and compliance.

Altman, Rogers & Co.

Anchorage, Alaska
November 7, 2022

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

Statement of Net Position

June 30, 2022

		Governmental Activities
Assets and Deferred Outflows of Resources		
Current assets:		
Cash and cash equivalents	$	8,329,728
Accounts receivable		1,143,105
Lease receivable		438,182
Inventories		39,430
Prepaid items		773,849
Total current assets		10,724,294
Non-current assets:		
Capital assets, net of accumulated depreciation		1,145,596
Net pension and OPEB assets		5,136,794
Total long-term assets		6,282,390
Deferred outflows of resources -		
Pension and OPEB deferrals		1,243,321
Total assets and deferred outflows of resources	$	18,250,005
Liabilities and Deferred Inflows of Resources		
Current liabilities:		
Accounts payable	$	352,102
Accrued payroll liabilities		418,453
Health insurance payable		263,479
Unearned revenue		651,370
Total current liabilities		1,685,404
Non-current liabilities:		
Due within one year:		
Accrued leave		108,396
Due after one year:		
Net pension and OPEB liability		4,368,309
Total long-term liabilities		4,476,705
Deferred inflows of resources -		
Leases		433,861
Pension and OPEB deferrals		5,727,145
Total deferred inflows of resources		6,161,006
Total liabilities and deferred inflows of resources		12,323,115
Net Position		
Net investment in capital assets		1,145,596
Restricted		503,137
Unrestricted		4,278,157
Total net position		5,926,890
Total liabilities, deferred inflows of resources and net position	$	18,250,005

The notes to the financial statements are an integral part of this statement.

Exhibit B-1

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

Statement of Activities

Year Ended June 30, 2022

Functions/Programs	Expenses	Program Revenues: Charges for Services	Program Revenues: Operating Grants and Contributions	Program Revenues: Capital Grants and Contributions	Net (Expense) Revenue and Changes in Net Position: Total Governmental Activities
Governmental activities:					
Instruction	$ 4,381,829	-	131,723	-	(4,250,106)
Special education instruction	1,003,611	-	306,347	-	(697,264)
Special education support services - students	211,056	-	8,283	-	(202,773)
Support services - students	349,443	-	112,331	-	(237,112)
Support services - instruction	1,822,329	-	261,694	-	(1,560,635)
School administration	539,173	-	(101,231)	-	(640,404)
School administration support services	339,353	-	1,708	-	(337,645)
District administration	228,474	-	(31,060)	-	(259,534)
District administration support services	819,439	-	114,796	-	(704,643)
Operation and maintenance of plant	3,983,881	233,163	368,663	22,266	(3,359,789)
Student activities	613,452	-	320,768	-	(292,684)
Student transportation- to and from school	503,238	-	470,092	-	(33,146)
Student transportation- school activities	4,932	-	4,752	-	(180)
Community services	14,026	-	7,182	-	(6,844)
Food services	661,392	5,592	533,962	-	(121,838)
Total Governmental Activities	$ 15,475,628	238,755	2,510,010	22,266	(12,704,597)
General revenues:					
City appropriations					$ 3,000,000
State sources not restricted to specific programs					8,858,991
Federal sources not restricted to specific programs					30,807
E-rate					794,449
Interest					11,074
Other					311,223
Capital assets transferred to the City					(106,156)
Total general revenues					12,900,388
Change in net position					195,791
Net position, beginning of year					5,731,099
Net position, end of year					$ 5,926,890

The notes to the financial statements are an integral part of this statement.

Exhibit C-1

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

Balance Sheet - Governmental Funds

June 30, 2022

	Major Funds			
	School Operating Fund	General Capital Projects Fund	Other Governmental Funds	Total Governmental Funds
Assets				
Assets:				
Cash and cash equivalents	$ 8,329,728	-	-	8,329,728
Accounts receivable	59,519	-	1,083,586	1,143,105
Lease receivable	438,182	-	-	438,182
Due from other funds	1,032,624	3,241,611	3,380,095	7,654,330
Inventories	39,430	-	-	39,430
Prepaid items	600,084	90,170	83,595	773,849
Total assets	$ 10,499,567	3,331,781	4,547,276	18,378,624
Liabilities and Fund Balances				
Liabilities:				
Accounts payable	$ 234,127	5,994	111,981	352,102
Accrued payroll liabilities	406,887	-	11,566	418,453
Health insurance payable	263,479	-	-	263,479
Unearned revenue	18,640	-	632,730	651,370
Due to other funds	6,621,706	-	1,032,624	7,654,330
Total liabilities	7,544,839	5,994	1,788,901	9,339,734
Deferred inflows of resources:				
Leases	433,861	-	-	433,861
Total liabilities and deferred inflows of resources	7,978,700	5,994	1,788,901	9,773,595
Fund balances:				
Nonspendable	639,514	90,170	83,595	813,279
Restricted	-	-	503,137	503,137
Committed	-	3,235,617	2,251,288	5,486,905
Unassigned	1,881,353	-	(79,645)	1,801,708
Total fund balances	2,520,867	3,325,787	2,758,375	8,605,029
Total liabilities and fund balances	$ 10,499,567	3,331,781	4,547,276	18,378,624

The notes to the financial statements are an integral part of this statement.

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

Reconciliation of Governmental Funds Balance Sheet
to Statement of Net Position

June 30, 2022

Total fund balances of governmental funds		$ 8,605,029
Total net assets reported for governmental activities in the Statement of Net Position is different because:		
Capital assets used in governmental activities are not financial resources and therefore are not reported in the funds.		1,145,596
Long-term liabilities are not due and payable in the current period and therefore are not reported as fund liabilities.		
Long-term liabilities reported in these statements consist of:		
Accrued leave		(108,396)
Proportionate share of the collective net pension/OPEB liability:		
PERS	(2,091,976)	
TRS	(2,276,333)	(4,368,309)
Proportionate share of the collective net pension/OPEB asset:		
PERS	1,517,144	
TRS	3,619,650	5,136,794
Deferred inflows and outflows of resources are the result of timing differences in the actuarial report:		
Pension/OPEB related assets in the current fiscal year are presented as deferred outflows of resources.		
PERS	445,410	
TRS	797,911	1,243,321
Pension/OPEB related liabilities in the current fiscal year are presented as deferred inflows of resources.		
PERS	(1,652,847)	
TRS	(4,074,298)	(5,727,145)
Net position of governmental activities		$ 5,926,890

The notes to the financial statements are an integral part of this statement.

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

Statement of Revenues, Expenditures and Changes in Fund Balance

Governmental Funds

Year Ended June 30, 2022

	Major funds			
	School Operating Fund	General Capital Projects Fund	Other Governmental Funds	Total Governmental Funds
Revenues:				
Local sources:				
Charges for services	$ -	-	238,755	238,755
Other local	278,001	-	403,955	681,956
Interest	11,074			11,074
E-rate	794,449	-	-	794,449
Other sources	33,222	-	-	33,222
Intergovernmental:				
City direct appropriations	3,000,000	-	-	3,000,000
State of Alaska	9,775,208	-	506,852	10,282,060
Federal sources	30,807	-	2,715,439	2,746,246
Total revenues	13,922,761	-	3,865,001	17,787,762
Expenditures:				
Current:				
Instruction	4,926,049	-	970,595	5,896,644
Special education instruction	926,573	-	287,596	1,214,169
Special education support services - students	232,327	-	29,336	261,663
Support services - students	304,721	-	161,758	466,479
Support services - instruction	1,624,213	-	330,632	1,954,845
School administration	785,782	-	15,720	801,502
School administration support services	363,956	-	10,751	374,707
District administration	302,244	-	987	303,231
District administration support services	738,347	-	126,380	864,727
Operations and maintenance of plant	2,929,698	406,425	567,317	3,903,440
Student activities	352,068	-	310,610	662,678
Student transportation - to and from school	-	-	503,238	503,238
Student transportation - school activities	-	-	4,932	4,932
Community services	6,844	-	7,182	14,026
Food services	-	40,532	621,815	662,347
Construction and facilities acquisition	-	-	26,766	26,766
Total expenditures	13,492,822	446,957	3,975,615	17,915,394
Excess (deficiency) of revenues over expenditures	429,939	(446,957)	(110,614)	(127,632)
Other financing sources - Transfers, net	(515,000)	400,000	115,000	-
Net change in fund balance	(85,061)	(46,957)	4,386	(127,632)
Fund balances, beginning of year	2,605,928	3,372,744	2,753,989	8,732,661
Fund balances, end of year	$ 2,520,867	3,325,787	2,758,375	8,605,029

The notes to the financial statements are an integral part of this statement.

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

Reconciliation of the Statement of Revenues, Expenditures, and Changes
in Fund Balances of Governmental Funds to Statement of Activities

Year Ended June 30, 2022

Net change in fund balances - total governmental funds		$ (127,632)
The change in net position reported for governmental activities in the Statement of Activities is different because:		
Governmental funds report capital outlay as expenditures. However, in the Statement of Activities, the cost of those assets is allocated over their estimated useful lives and reported as depreciation expense. These are the amounts reported for capital outlay and depreciation.		
Depreciation expense	(187,127)	
Acquisition of capital assets	108,370	(78,757)
Construction in progress should exclude costs of capital assets that will be transferred to another government upon completion, while government funds are shown as expenditures:		
Completed construction transferred to the City of Nome		(106,156)
Governmental funds only report the disposed of assets to the extent proceeds are received from the sale. In the Statement of Activities, a gain or loss is reported for each disposal. The net effect of transactions involving capital assets is to decrease net position.		
Cost of assets disposal	(118,552)	
Accumulated depreciation of assets disposal	79,461	(39,091)
Some expenses reported in the Statement of Activities do not require the use of current financial resources, and therefore, are not reported as expenditures in governmental funds.		
Change in the unfunded net pension and OPEB liability and assets:		
PERS	1,585,618	
TRS	4,064,991	5,650,609
Changes in deferred inflow and outflow of resources are the results of timing differences in the actuarial report and adjustments to reflect employer and non-employer contributions based on the measurement date of the liability.		
PERS	(1,501,499)	
TRS	(3,602,395)	(5,103,894)
Some expenses reported in the Statement of Activities do not require the use of current financial resources and, therefore, are not reported as expenditures in governmental funds. Similarly, payments of principal of long-term debt in the governmental funds, are not reported as expenses in the Statement of Activities.		
These are the net changes in long-term liability balances.		
Change in accrued annual leave		712
Change in net position of governmental activities		$ 195,791

The notes to the financial statements are an integral part of this statement.

I. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A. Reporting Entity

The accompanying financial statements of the Nome Public Schools (hereafter referred to as the District) have been prepared in conformity with accounting principles generally accepted in the United States of America (GAAP). The Governmental Accounting Standards Board (GASB) is the accepted standard-setting body for establishing governmental accounting and financial reporting principles.

The Nome Public Schools is organized under Title 29.43.030 of Alaska Statutes as amended. The City of Nome, Alaska has delegated the administrative responsibility for these functions to the School Board of the Nome Public Schools. Members of the School Board are elected by the public.

The accompanying financial statements include all the activities of the District. On an annual basis, the School Board is required to submit a budget to the City Council for approval for the purpose of appropriating the local contribution. The School Board has the authority over hiring and firing all personnel and manage its financial operation subject to the limitations established by State Law and City Charter. The school board is required to submit annual budget to the City Council for approval, and all bonded indebtedness is through the City.

The School District does not have any component units, as defined in Governmental Accounting Standards Board (GASB) Statements.

B. Government-wide and Fund Financial Statements

The government-wide financial statements (i.e., the statement of net position and the statement of activities) report information on all of the non-fiduciary activities of the School District. For the most part, the effect of interfund activity has been removed from these statements. *Governmental activities*, which normally are supported by intergovernmental revenues, would be reported separately from *business-type activities*, which rely to a significant extent on fees and charges for support. The School District does not presently have any business-type activities.

The statement of activities demonstrates the degree to which the direct expenses of a given function or segment are offset by program revenues. *Direct expenses* are those that are clearly identifiable with a specific function or segment. *Program revenues* include 1) charges to customers or applicants who purchase, use, or directly benefit from goods, services, or privileges provided by a given function or segment and 2) grants and contributions that are restricted to meeting the operations or capital requirements of a particular function or segment. Other items not properly included among program revenues are reported instead as *general revenues*. Separate financial statements are provided for governmental funds and fiduciary funds, even though the latter are excluded from the district-wide financial statements. Major individual governmental funds are reported as separate columns in the fund financial statements. Nonmajor funds are aggregated and presented in a single column named “other governmental funds”.

C. Measurement Focus, Basis of Accounting and Financial Statement Presentation

The government-wide financial statements are reported using the *economic resources measurement focus* and the *accrual basis of accounting*. Revenues are recorded when transactions occur and expenses are recorded when a liability is incurred, regardless of the timing of related cash flows. Grants and similar items are recognized as revenue as soon as all eligibility requirements imposed by the provider have been met.

Governmental fund financial statements are reported using the current financial resources measurement focus and the modified accrual basis of accounting. Revenues are recognized as soon as they are both measurable and available. Revenues are considered to be available when they are collectible within the current period or soon enough thereafter to pay liabilities of the current period. For this purpose, the District considers revenues to be available if they are collected within 60 days of the end of the current fiscal period. Expenditures generally are recorded when a liability is incurred, as under accrual accounting, except expenditures related to compensated absences and claim and judgments, which are recorded only when payment is due.

The District follows the Uniform Chart of Accounts for School Districts as required by the State of Alaska, Department of Education and Early Development. This manual sets forth guidelines, for financial reporting and requirements for basic accounting systems which are uniform throughout Alaska.

The District uses funds to maintain its financial records during the fiscal year. A fund is a separate accounting entity. The operations of each fund is accounted for with a separate set of self-balancing accounts which comprise its assets, liabilities, fund balance, revenues and expenditures. There are three categories of funds: governmental, proprietary and fiduciary. Of these three, the District only uses governmental funds.

Governmental funds are those through which most governmental functions typically are financed. Governmental fund reporting focuses on the sources, uses and balances of current financial resources. Expendable assets are assigned to the various governmental funds according to the purposes for which they may or must be used. Current liabilities are assigned to the fund from which they will be paid. The difference between governmental fund assets and liabilities is reported as fund balance.

The District has the following major governmental funds:

The *School Operating Fund* is the District's main operating fund. It accounts for all resources used to finance District maintenance and operation except those required to be accounted for in other funds.

The *General Capital Projects Fund* accounts for expenditures of general capital asset acquisitions, construction, repairs and upgrade projects.

Additionally, the District reports the following fund types:

The *Special Revenue Funds* account for revenue sources (other than major capital projects) that are legally restricted or committed to expenditures for specified purposes.

The *Capital Project Funds* account for the revenues and expenditures of state and federally funded acquisitions of capital assets or construction of major capital projects.

As a general rule the effect of interfund activity has been eliminated from the government-wide financial statements.

Amounts reported as program revenues include 1) Charges to customers or applicants who purchase, use, or directly benefit from goods, services, or privileges provided by or given function or segment, 2) operating grants and contributions, and 3) capital grants and contributions. Internally dedicated resources are reported as *general revenues* rather than as program revenues.

Summarized below are the major sources of revenue, which are susceptible to accrual and the applicable recognition policies:

Intergovernmental Revenue:

State of Alaska foundation, pupil transportation and federal aid for the school lunch program are susceptible to accrual and are recorded in the year to which they relate. Federal Impact Aid receipts are recorded as revenues in the year the monies are received. State of Alaska and Federal government cost reimbursable grants and contracts are recorded to the extent of allowable expenditures in the period in which the expenditures were incurred. On-behalf payments from the State of Alaska are recognized in the year to which they relate.

Revenues from the City of Nome are recorded as intergovernmental revenue as prescribed by the Uniform Chart of Accounts for School Districts. Revenues are susceptible to accrual and recorded in the year of the appropriation.

Local Revenue:

Interest earned is recorded in the School Operating Fund unless otherwise specified by the funding source. Rental income from District operated property is recorded in the period to which it relates. E-rate revenue is also recorded in the period it relates. Both interest and rental income are susceptible to accrual. Proceeds from the sale of lunches and other miscellaneous revenues are recognized in the year received.

Use of Estimates

The preparation of the financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenditures during the reporting period. Actual results could differ from those estimates.

Indirect Costs

The State of Alaska, Department of Education and Early Development annually establishes an approved indirect rate for each District based on audited financial statements. The rate is based on expenditures recorded per requirements in the Uniform Chart of Accounts for School Districts and as such there is no indirect cost pool. Indirect costs and indirect cost recovery is recorded in the District Administration Support Services function.

D. Assets, Liabilities and Net Assets or Equity

1. Deposits and Investments

The District's cash and cash equivalents are considered to be cash on hand, demand deposits, and short-term investments with original maturities of three months or less from the date of acquisition. There are no statutory limitations on the type of investment allowed. The Board does not have a written investment policy.

2. Receivables and Payables

Activity between funds that are representative of lending/borrowing arrangements outstanding at the end of the fiscal year are referred to as "due to/from other funds". Any residual balances outstanding between the governmental activities and business-type activities are reported in the government-wide financial statements as "internal balances."

Advances between funds, as reported in the fund financial statements, are offset by a fund balance reserve account in applicable governmental funds to indicate that they are not available for appropriation and are not expendable available financial resources.

Management has determined that all of their receivables are collectible; therefore, no allowance for doubtful accounts has been established.

3. Inventories and Prepaid Items

Teaching and maintenance supplies are recorded as expenditures when purchased rather than as consumed. Accounting for inventory of heating fuel is on the consumption method. The consumption method records the expenditure when consumed rather than when purchased. Inventories are valued at cost using the first-in, first-out (FIFO) method. Inventories are classified as nonspendable fund balance when applicable, which indicates that they do not constitute "available spendable resources."

Payments made to vendors for services that are applicable to future reporting periods are recorded as prepaid items. The prepaid items recorded in the governmental fund types do not reflect current available resources and, thus, are classified as nonspendable fund balance in the fund financial statements.

4. Capital Assets

The City owns all school buildings and land and certain other building fixtures and equipment which are provided to the School District without charge. The value of these assets are not accounted for by the District and are not included in the capital assets of the District.

Capital assets used in governmental fund types of the District are recorded in the government-wide financial statements at cost or estimated historical cost if purchased or constructed. Donated capital assets are recorded at their estimated acquisition value at the date of donation. Capital assets are defined as assets with an initial, individual cost greater than $5,000 and have an estimated life greater than one year. Capital assets in the government-wide financial statements are depreciated on the straight-line method. Interest incurred during construction is not capitalized on government-wide financial statements.

	Life in Years
Buildings	20
Vehicles, machinery and equipment	5-12

The cost of normal maintenance and repairs that do not add to the value of the asset or materially extend assets' lives are not capitalized in government-wide financial statements and are considered operations and maintenance costs.

5. Unearned Revenue

Amounts received for which services have not yet been rendered are shown as unearned revenue.

6. Deferred Inflows and Deferred Outflows of Resources

Deferred inflows of resources are the acquisition of fund balance / net position by the District that are applicable to a future reporting period. Deferred outflows of resources are the consumption of fund balance / net position by the District that are applicable to a future reporting period.

7. Fair Value of Financial Instruments

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The following financial instruments are recorded at fair value or at amounts that approximate fair value: (1) cash and cash equivalents, (2) receivables, net, (3) certain other current assets, (4) accounts payable, and (5) other current liabilities. The carrying amounts reported in the balance sheet and Statement of Net Position for the above financial instruments closely approximates their fair value due to the short-term nature of these assets and liabilities.

8. Compensated Absences

Permanent 12-month classified employees earn and accrue annual leave. Unused annual leave is accrued utilizing current salary cost. All regular employees accrue sick leave, which is available for use while remaining in a permanent position. Employees' unused sick and personal leave balances are carried forward and can be used during subsequent years unless limited by personnel contracts. Classified staff is eligible for limited sick leave compensation payouts at 50% of the balance if they meet certain minimum balance amounts. Accrued leave and related changes are recorded only in the government-wide financial statements.

Vacation and sick pay that is expected to be liquidated with expendable available financial resources is reported as an expenditure in the Fund Financial Statements. Amounts not expected to be liquidated within one year are reported as a long term liability in the Government-Wide Financial Statements.

9. Pensions and Other Post-Employment Benefits (OPEB)

For purposes of measuring the net pension and OPEB liability and assets, deferred outflows of resources and deferred inflows of resources related to pensions/OPEB and pension/OPEB expense, information about the fiduciary net position of the Public Employees' Retirement System (PERS) and the Teachers' Retirement System (TRS) and additions to/from PERS and TRS's fiduciary net position have been determined on the same basis as they are reported by PERS and TRS. For this purpose, benefit payments (including refunds of employee contributions) are recognized when due and payable in accordance with the benefit terms, investments are reported at fair value.

10. Net Position

Government-wide net position is divided into three components:

- Net investment in capital assets – consists of the historical cost of capital assets less accumulated depreciation and less any debt that remains outstanding that was used to finance those assets plus deferred outflows of resources less deferred inflows of resources related to those assets.
- Restricted net position – consists of assets that are restricted by the District's creditors (for example, through debt covenants), by the state enabling legislation (through restrictions on shared revenues), by grantors (both federal and state), and by other contributors.
- Unrestricted – all other net position is reported in this component.

11. Fund Balances

In the fund financial statements fund balance components include five classifications of fund balances based on constraints imposed on the use of these resources.

Nonspendable fund balances – includes amounts that cannot be spent because they are either (a) not in spendable form or (b) legally or contractually required to be maintained. Nonspendable amounts will be determined before all other classifications and consist of a fund balance equal to the value of inventory balances and prepaid items.

Restricted fund balances – includes amounts that can be spent only for the specific purposes stipulated by external resource providers, or through enabling legislation. Restricted fund balances are comprised of restricted grant funds from external sources in governmental funds.

Committed fund balances – includes amounts that can be used only for the specific purposes determined by a formal action of the District's highest level of decision making authority (School Board). Commitments will only be used for specific purposes pursuant to a formal action of the School Board.

Assigned fund balances – includes amounts intended to be used by the District for specific purposes but do not meet the criteria to be classified as restricted or committed. In governmental funds other than the general fund, assigned fund balance represents the remaining amount that is not restricted or committed. The School Board delegates to the Superintendent or his designee the authority to assign amounts to be used for specific purposes.

Unassigned fund balances – includes the residual classification for the District's general fund and includes all spendable amounts not contained in the other classifications. In other funds, the unassigned classification should be used only to report a deficit balance from overspending for specific purposes for which amounts have been restricted, committed, or assigned.

Prioritization of fund balance use – when expenditures are incurred for purposes for which both restricted and unrestricted (committed, assigned, or unassigned) amounts are available, it is the policy of the District to consider restricted amounts to have been reduced first. When an expenditure is incurred for purposes for which amounts in any of the unrestricted fund balance classifications could be used, it is the policy of the District that committed amounts would be reduced first, followed by assigned amounts and then unassigned amounts.

Special revenue funds are used to account and report the proceeds of specific revenue sources that are restricted or committed to expenditure for specific purposes other than capital projects.

12. Leases

The District is a lessor for non-cancellable leases and recognizes a lease receivable and a deferred inflow of resources in the financial statements. At the commencement of a lease, the District initially measures the lease receivable at the present value of payments expected to be received during the lease term. Subsequently, the lease receivable is reduced by the principal portion of lease payments received. The deferred inflow of resources is initially measured as the initial amount of the lease receivable, adjusted for lease payments received at or before the lease commencement date. Subsequently, the deferred inflow of resources is recognized as revenue over the life of the lease term.

Key estimates and judgments include how the District determines (1) the discount rate it uses to discount the expected lease receipts to present value, (2) lease term, and (3) lease receipts.

1. The District uses its current borrowing rate as the discount rate for leases.
2. The lease term includes the non-cancellable period of the lease; the term of the lease contract, including options to extend, must be more than 12 months. Lease receipts included in the measurement of the lease receivable is composed of fixed payments from the lessee.

The District monitors changes in circumstances that would require a re-measurement of its leases and will re-measure the lease receivable and deferred inflows of resources if certain changes occur that are expected to significantly affect the amount of the lease receivable.

II. STEWARDSHIP, COMPLIANCE AND ACCOUNTABILITY

A. Budgetary Information

Annual budgets are adopted by the School Board for all operating revenues, expenditures, and interfund transfers. Budgets are prepared and presented on the modified accrual basis of accounting. Unexpended balances of grants from state and federal governments lapse at June 30.

The adopted School Operating Fund budget is submitted to the City of Nome for approval of the local appropriation, then to the State of Alaska, Department of Education and Early Development for review to determine compliance with Alaska statutes and Department regulations.

The School Board authorizes formal budget revisions several times each year to adjust the revenues and expenditures to available resources and program needs. Both the original and final revised and approved budget are presented in the budgetary comparison statement. The final revised and approved budget is presented in the additional supplementary information. Expenditure authority for the School Operating Fund is limited to the total approved budget and functional areas of expenditures are not to be overspent.

Annual budgets for the Special Revenue Funds with primarily local revenue sources or those with state or federal revenue sources that do not require budgetary reporting follow the same guidelines as the School Operating Fund as noted in the preceding paragraph.

Annual budgets for the Special Revenue Funds are prepared in connection with the application for the special programs' award and are reviewed and approved by the School Board. Expenditure authority for Special Revenue Fund programs is limited to the actual combined revenues and transfers from other funds.

Project budgets are adopted for Capital Project funds based on the lives of the construction projects. Expenditure authority is limited to the actual combined revenue and transfers from other funds.

B. Excess of Expenditures Over Appropriations

For the year ended June 30, 2022 expenditures exceeded appropriations in the following funds:

Special Revenue Funds:		
Pupil Transportation	$	17,748
Food Service	$	5,764
COVID-19 (ESSERF)	$	8
Elementary and Secondary School Emergency Relief II	$	41,574
Nome-Beltz Apartments Program	$	192,633

Excess expenditures were financed by additional current year revenues, available fund balance and current and future operating transfers from the School Operating Fund.

III. DETAILED NOTES ON ALL FUNDS

A. Deposits and Investments

All deposits are carried at cost plus accrued interest.

The District bank balances are insured by federal depository insurance to a maximum of $250,000. Any amount in excess of FDIC limits is collateralized with securities held by the District's agent in the District's name.

Custodial Credit Risk – Custodial Credit Risk is the risk that in the event of a bank failure, the District's deposits will not be returned to the District. At June 30, 2022, the District has a Tri-Party agreement which provides coverage for the cash balance. At June 30, 2022, the District's balances were fully insured.

B. Receivables

Receivables as of year end for the government's individual major funds and non-major funds are as follows:

		School Operating Fund	Other Governmental Funds	Total
Grants	$	-	1,083,586	1,083,586
Leases		438,182	-	438,182
Other		59,5192	-	59,519
Total	$	497,701	1,083,586	1,581,287

Leases receivable are for lease payments expected to be received during the lease term for leases that the District is considered a lessor.

Management has determined that all their receivables are collectable; therefore, no allowance for doubtful accounts has been established.

C. Leases

The District has entered into an agreement to lease a property to third parties. The lease term is one year with a renewal option to extend it another year. The District received approximately $223,684 in lease payments for the years ended June 30, 2022. The lease receivable at June 30, 2022 is $438,182. The District has deferred inflow of resources associated with the leases that will be recognized as revenue over the lease term. At June 30, 2022 the deferred inflow of resources is $433,861.

D. Capital Assets

Capital asset activity for the year ended June 30, 2022 was as follows:

		Beginning Balance	Increases	Decreases	Ending Balance
Governmental activities:					
Capital assets, not being depreciated:					
CIP - Schools	$	380,100	39,278	106,156	313,222
CIP – Assets to be contributed		90,287	106,156	106,156	90,287
Total capital assets not depreciated		470,387	145,434	212,312	403,509
Governmental activities:					
Capital assets, being depreciated:					
Improvements	$	664,541	-	-	664,541
Equipment		1,777,529	69,092	118,552	1,728,069
Total capital assets being depreciated		2,442,070	69,092	118,552	2,392,610
Less accumulated depreciation for:					
Improvements		507,253	33,227	-	540,480
Equipment		1,035,604	153,900	79,461	1,110,043
Total accumulated depreciation		1,542,857	187,127	79,461	1,650,523
Net capital assets, being depreciated	$	899,213	(118,035)	39,091	742,087
Total capital assets, net	$	1,369,600	27,399	251,403	1,145,596

Depreciation expense was charged to governmental functions as follows:

Instruction	$	50,670
District administration		20,812
Operation and maintenance of plant		111,156
Food services		4,489
Total	$	187,127

E. Interfund Receivables and Payables and Transfers

The composition of interfund balances at June 30, 2022 is as follows:

Receivable Fund	Payable Funds		Amount
Other Governmental Funds	School Operating Fund	$	3,380,095
General Capital Projects Fund	School Operating Fund		3,241,611
School Operating Fund	Other Governmental Funds		1,032,624
		$	7,654,330

The composition of interfund transfers at June 30, 2022 is as follows:

Transfer In	Transfer Out		Amount
Pupil Transportation	School Operating Fund	$	40,000
Food Service Program	School Operating Fund		75,000
General Capital Projects	School Operating Fund		400,000
		$	515,000

The outstanding balances between funds result mainly from the time lag between the dates that (1) interfund goods and services are provided or reimbursable expenditures occur, (2) transactions are recorded in the accounting system, and (3) payments between funds are made.

F. Fund Balances

Detailed information related to amounts committed and assigned fund balance at June 30, 2022 are as follows:

		School Operating Fund	General Capital Project Funds	Other Governmental Funds	Total
Nonspendable:					
Inventories	$	39,430	-	-	39,430
Prepaid items		600,084	90,170	83,595	773,849
	$	639,514	90,170	83,595	813,279
Restricted for:					
Inupiaq Immersion Program	$	-	-	50,686	50,686
Albro Gregory Scholarship		-	-	5,374	5,374
Student Activities		-	-	431,712	431,712
Games of Chance and Skill		-	-	15,365	15,365
	$	-	-	503,137	503,137
Committed for:					
Pupil Transportation	$	-	-	306,690	306,690
General Capital Projects		-	3,235,617	-	3,235,617
Nome-Beltz Apartments		-	-	1,758,119	1,758,119
Artists in Schools		-	-	2,000	2,000
Food Service		-	-	184,479	184,479
	$	-	3,235,617	2,251,288	5,486,905
Unassigned -	$	1,881,353	-	(79,645)	1,801,708

IV. OTHER INFORMATION

A. Contingent Liabilities

Amounts received or receivable from grants or agencies are subject to audit and adjustment by the grantor agencies, principally the federal and state governments. Any disallowed claims, including amounts already collected, may constitute a liability of the School Operating Fund. The amount, if any, of expenditures which may be disallowed by the grantor cannot be determined at this time, although the District expects such amounts, if any, to be immaterial.

B. Employee Retirement Systems and Plans

The District follows *Governmental Accounting Standards Board (GASB) Codification P20*, Accounting for Pensions by State and Local Governmental Employees and *GASB Codification P50*, Accounting and Financial Reporting by Employers for Post-employment Benefits Other than Pensions. *GASB Codification P20* and *GASB Codification P50* establish uniform standards for the measurement, recognition, and display of pension and other post-employment benefits other than pensions (healthcare) expenditures/expense and related liabilities, assets, note disclosure and applicable required supplementary information in the financial reports of state and local governmental employers.

All full-time employees and certain permanent part-time employees of the District participate in either the State of Alaska Public Employees' Retirement System (PERS) or the State of Alaska Teachers' Retirement System (TRS). In addition to the pension plan both systems also administer other post-employment benefit (OPEB) plans.

The system is governed by the Alaska Retirement Management Board. The benefit and contribution provisions are established by State law and may be amended only by the State legislature. The Administrator of the Plan is the Commissioner of Administration or the Commissioner's designee.

Summary of Significant Accounting Policies. The financial statements for PERS and TRS are prepared using the accrual basis of accounting. Plan member contributions are recognized in the period in which the contributions are due. The District's contributions are recognized when due and a formal commitment to provide the contributions has been made. Benefits and refunds are recognized when due and payable in accordance with the terms of the plan. All plan investments are reported at fair value.

PERS and TRS act as the common investment and administrative agencies for the following multiple-employer plans:

Plan Name	Type of Plan
Defined Benefit Pension Plan (DB)	Cost-sharing, Defined Benefit Pension
Defined Contribution Pension Plan (DC)	Defined Contribution Pension
Defined Benefit Other Postemployment Benefits (OPEB):	
Occupational Death and Disability Plan	Defined Benefit OPEB
Alaska Retiree Healthcare Trust Plan	Defined Benefit OPEB
Retiree Medical Plan	Defined Benefit OPEB
Defined Contribution Other Postemployment Benefits (DC):	
Healthcare Reimbursement Arrangement Plan	Defined Contribution OPEB

Other Postemployment Benefit Plans (OPEB)

Occupational Death and Disability Plan (ODD)

The Occupational Death and Disability Plan provides death benefits for beneficiaries of plan participants and long-term disability benefits to all active members within the System. For the year ended June 30, 2022 the employer contribution rate 0.31% for PERS and 0.08% for TRS.

Membership in the plan consisted of the following at June 30, 2021 (latest available report):

Membership	PERS	TRS
Active plan members	24,481	6,009
Participating employers	151	57

Alaska Retiree Healthcare Trust Plan (ARHCT)

Beginning July 1, 2007, the Alaska Retiree Healthcare Trust Plan (ARHCT), a Healthcare Trust Fund of the State, was established. The ARHCT is self-funded and provides major medical coverage to retirees of the System. The System retains the risk of loss of allowable claims for eligible members. The ARHCT began paying member healthcare claims on March 1, 2008. Prior to that, healthcare claims were paid for by the Retiree Health Fund (RHF). For the year ended June 30, 2021 (latest available information) employer contributions were 7.44% for PERS and 4.53% for TRS of annual payroll. Membership in the plan consisted of the following at June 30, 2021 (latest report available):

Membership	PERS	TRS
Inactive plan members or beneficiaries currently receiving benefits	36,704	13,225
Inactive plan members entitled to but not yet receiving benefits	5,112	741
Inactive plan members not entitled to benefits	10,366	1,678
Active plan members	10,066	3,492
Total plan membership	62,248	19,136

Retiree Medical Plan (RMP)

The retiree medical plan provides major medical coverage to retirees of the DC plan. The plan is self-insured. Members are not eligible to use this plan until they have at least 10 years of service and are Medicare age eligible. For the year ended June 30, 2022 employer contributions were 1.07% for PERS and .093% for TRS. Membership in the plan consists of the following at June 30, 2021 (latest available report):

Membership	PERS	TRS
Inactive plan members or beneficiaries currently receiving benefits	67	20
Inactive plan members entitled to but not yet receiving benefits	2,082	832
Inactive plan members not entitled to benefits	16,249	2,848
Active plan members	24,481	6,009
Total plan membership	42,879	9,709

Healthcare Reimbursement Arrangement Plan

The Healthcare Reimbursement Arrangement Plan was established to allow medical expenses to be reimbursed from individual savings accounts established for eligible participants. Employer contributions are 3% of the average annual compensation of all employees in the PERS and TRS plans. Membership in the plan consists of the following at June 30, 2021 (latest available report):

Membership	PERS	TRS
Inactive plan members or beneficiaries currently receiving benefits	113	29
Inactive plan members entitled to but not yet receiving benefits	2,082	832
Inactive plan members not entitled to benefits	16,249	2,848
Active plan members	24,481	6,009
Total plan membership	42,925	9,718

Investments

The Board is the investment oversight authority of the system's investments. As the fiduciary, the Board has the statutory authority to invest the assets under the Prudent Investor Rule. Fiduciary responsibility for the Board's invested assets is pursuant to AS 37.10.210.390.

State of Alaska Department of Treasury provides staff for the Board. Treasury has created a pooled environment by which it manages investments of the Board. Additionally, Treasury manages a mix of Pooled Investment Funds and Collective Investment Funds for the DC Participant-directed Pension plans under the Board's fiduciary responsibility.

Rate of Return

The money-weighted rate of return expresses investment performance, net of investment expense, adjusted for the changing amounts actually invested. The annual money-weighted rate of return, net of investment expense, for the year ended June 30, 2021 (latest available report) for the DB Pension Plan for PERS and TRS is 29.77% and 29.80%, for the ARHCT plan is 30.00% and 29.95%, for the ODD Plan is 29.55% and 29.46%, and for the RMP is 29.54% and 29.41%, respectively.

For additional information on securities lending, interest rates, credit risks, foreign exchange, derivatives, fair value, and counterparty credit risks, see the separately issued report on the Invested Assets of the State of Alaska Retirement and Benefits Plans at:

http://treasury.dor.alaska.gov/armb/Reports-and-Policies/Annual-Audited-Financial-Schedules.aspx.

The long-term expected rate of return on pension and OPEB plan investments was determined using the building-block method in which best-estimate ranges of expected future real rates of return (expected returns, net of pension plan investment expense and inflation) are developed for each major asset class. These ranges are combined to produce the long-term expected rate of return by weighting the expected future real rates of return by the target asset allocation percentage and adding expected inflation. The best estimates of arithmetic real rates of return for each major asset class are summarized below for the PERS and TRS plans:

Asset Class	Long-Term Expected Real Rate of Return
Broad Domestic Equity	6.63%
Global Equity (non-U.S.)	5.41%
Aggregate bonds	0.76%
Opportunistic	4.39%
Real Assets	3.16%
Private Equity	9.29%
Cash Equivalents	0.13%

Discount Rate: The discount rate used to measure the total pension and OPEB liabilities and assets is 7.38%, which represents a decrease of 0.00% since the prior measurement period. The projection of the cash flows used to determine the discount rate assumes that Employer and State contributions will continue to follow the current funding policy, which meets State statutes. Based on those assumptions, the net pension and OPEB plans fiduciary net pension and OPEB liabilities and assets were projected to be available to make all projected future benefit payments of current plan members. Therefore, the long-term expected rate of return on pension and OPEB plan investments were applied to all periods of projected benefit payments to determine the total pension and OPEB liabilities and assets. In the event benefit payments are not covered by the plan's fiduciary net position, a municipal bond rate would be used to discount the benefits not covered by the plan's fiduciary net position. The S&P Municipal Bond 20-Year High Grade Index rate was 2.18% as of June 30, 2021.

Employer and Other Contribution Rates. There are several contribution rates associated with the pension and healthcare contributions and related liabilities and assets. These amounts are calculated on an annual basis.

Employer Effective Rate: This is the actual employer pay-in rate. Under current legislation, this rate is statutorily capped at 22% for PERS and 12.56% for TRS of eligible wages, subject to the salary floor, and other termination costs as described below. This rate is calculated on all PERS or TRS participating wages, including those wages attributable to employees in the defined benefit plan.

ARM Board Adopted Rate: This is the rate formally adopted by the Alaska Retirement Management Board. This rate is actuarially determined and used to calculate annual Plan funding requirements, without regard to the statutory rate cap or the GASB accounting rate. Prior to July 1, 2015, there were no constraints or restrictions on the actuarial cost method or other assumptions used in the ARM Board valuation. Effective July 1, 2015, the Legislature requires the ARM Board to adopt employer contribution rates for past service liabilities using a level percent of pay method over a closed 25 year term which ends in 2039. This will result in lower ARM Board Rates in future years.

On-behalf Contribution Rate: This is the rate paid in by the State as an on-behalf payment as mandated under current statute. Under state law, subject to annual appropriation, the state will contribute an on-behalf payment into the plan in an amount equal to the difference between the ARM Board Rate and the Employer Effective Rate. On-behalf contribution amounts have been recognized in these financial statements as both revenue and expenditures.

GASB Rate: This is the rate used to determine the long-term pension and healthcare liability for plan accounting purposes. Certain actuarial methods and assumptions for this rate calculation are mandated by the *Governmental Accounting Standards Board* (GASB). Medicare Part D subsidies are not reflected in this rate. The rate uses a 7.38% discount rate.

Employer Contribution rates for PERS and TRS for the year ended June 30, 2022 are as follows:

	Employer Effective Rate	ARM Board Adopted Rate	State Contribution Rate
PERS:			
Pension	15.54%	21.27%	8.11%
OPEB	6.46%	8.84%	0%
Total PERS contribution rates	22.00%	30.11%	8.11%
TRS:			
Pension	6.06%	15.36%	19.29%
OPEB	6.50%	16.49%	0%
Total TRS contribution rates	12.56%	31.85%	19.29%

Termination Costs: If the District decides to terminate coverage for a department, group, or other classification of members, even if that termination results from the decision to divest of a particular District function, all affected employees in that department, group, or other classification of members become immediately vested in the plan. The District must pay to have a termination study completed. The purpose of the study is to calculate the District's one-time termination costs. The costs represent the amount necessary to fully fund the costs of plan members who become vested through this process and for other changes in actuarial assumptions, such as, earlier than expected retirement, that arise from the act of termination of coverage. The District must pay a lump sum within 60 days of termination or arrange a payment plan that is acceptable to the PERS or TRS Administrator. For fiscal year 2021 the past service rate for PERS is 18.31%.

Actuarial Assumptions: The total pension and OPEB liabilities on June 30, 2021 (latest available) were determined by an actuarial valuation as of June 30, 2019 which was rolled forward to the measurement date June 30, 2021. These actuarial assumptions were based on the results of an actuarial experience study for the period from July 1, 2013 to June 30, 2017:

Investment return / discount rate	7.38% per year (geometric), compounded annually, net of expenses
Salary scale	Inflation – 2.5% per year Productivity – 0.25% per year
Payroll growth	2.75% per year (inflation + productivity)
Total inflation	Total inflation as measured by the Consumer Price Index for urban and clerical workers from Anchorage is assumed to increase 2.5% annually.
PERS Mortality (Pre-termination)	Based upon 2013-2017 actual mortality experience, 100% (male and female) of RP-2014 healthy annuitant table with MP-2017 generational improvement.
TRS Mortality (Pre-termination)	Based upon 2013-2017 actual mortality experience, RP-2014 white-collar employee table with MP-2017 generational improvement.
PERS Mortality (Post-termination)	Mortality rates based upon the 2013-2017 actual experience. 91% of male and 96% of female rates of RP-2014 health annuitant table with MP-2017 generational improvement.
TRS Mortality (Post-termination)	Mortality rates based upon the 2013-2017 actual experience. 93% of male and 90% of female rates of RP-2014 white-collar healthy annuitant table with MP-2017 generational improvement.
Total turnover	Based upon the 2013-2017 actual withdrawal experience.
PERS Disability	Incidence rates based on 2013-2017 actual experience. Post-disability mortality in accordance with the RP-2014 disability table with MP-2017 generational improvement. Disabilities are assumed to be occupational 75% of the time for peace officers/firefighters, 40% of the time for others.

TRS Disability	Incidence rates based on 2013-2017 actual experience. Disabilities are assumed to be occupational 15% of the time. Post-disability mortality in accordance with the RP-2014 disabled table with MP-2017 generational improvement.
Retirement	Retirement rates based upon the 2013-2017 actual experience. Deferred vested members are assumed to retire at their earliest unreduced retirement date.
PERS Marriage and age difference	Males are assumed to be three years older than their wives. Females are assumed to be two years younger than their husbands. For others, 75% of male members and 70% of female members are assumed to be married. For peace officers/firefighters, 85% of male members and 60% female members are assumed to be married.
TRS Marriage and age difference	Males are assumed to be three years older than their wives. Females are assumed to be two years younger than their husbands. 85% of male members and 75% of female members are assumed to be married at termination from active service.
Healthcare cost trend rates (ARHCT Plan and RMP)	Pre-65 medical: 6.5% grading down to 4.5% Post-65 medical: 5.4% grading down to 4.5% Prescription drugs: 8.0% grading down to 4.5% EGWP: 7.5% grading down to 4.5%.

As a result of the latest experience study, the Board adopted updated actuarial assumptions for the June 30, 2018 actuarial valuation to better reflect expected future experience. In addition to the changes in assumptions resulting from the experience study, the following assumption changes related to the ARHCT plan have been made since the prior valuation:

1. Per capita claims costs were updated to reflect recent experience.
2. Normal cost for administrative expenses were updated to reflect recent experience.
3. Healthcare cost trends were updated to reflect the repeal of the Cadillac Tax.

The changes of assumptions from the latest experience study created substantial deferred outflows of resources attributable to the District, as well as an OPEB benefit recognized by the District for the State's proportionate share of OPEB plan expense attributable to the District. In some instances the reduction of revenues and expenses reported for the State's proportionate share of OPEB plan expense attributable to the District creates a net negative Pension/OPEB expense (net pension/OPEB benefit) which results in negative operating grants and contributions for certain functions reported on the Statement of Activities.

Alaska Public Employee Retirement System (PERS) – Defined Benefit Plan (DB)

Plan Description. The District participates in the Alaska Public Employees' Retirement System (PERS), a cost sharing multiple employer defined benefit pension plan. PERS provides retirement benefits, disability and death benefits, and post-employment healthcare to plan members and beneficiaries. The Plan was established and is administered by the State of Alaska, Department of Administration. The Public Employee's Retirement System issues a publicly available financial report that includes financial statements and required supplementary information for PERS. This report may be obtained from the system at Pouch C, Juneau, Alaska 99811 or online at: http://doa.alaska.gov/drb/pers.

Pension Benefits. All tier employee benefits vest with five years of credited service. There are three tiers of employees based on entry date. Tier I employees enrolled prior to July 1, 1986, with five or more years of credited service are entitled to annual pension benefits beginning at normal retirement age 55 or early retirement age 50. For Tier II and III employees enrolled after June 30, 1986, but before July 1, 2006, the normal and early retirement ages are 60 and 55, respectively. All tier employees with 30 or more years of credited service may retire at any age and receive a normal benefit.

The PERS defined benefit is closed to new hires enrolled on or after July 1, 2006. New hires after this date participate in the PERS defined contribution plan (DC) described later in these notes.

Currently there are 150 employers participating in PERS defined benefit plan and 151 participating in PERS defined contribution and OPEB plans.

The DB Plan's membership consisted of the following at June 30, 2021 (latest available report):

Inactive plan members or beneficiaries currently receiving benefits	36,704
Inactive plan members entitled to but not receiving benefits	5,112
Inactive members not entitled to benefits	10,366
Active plan members	10,066
Total DB plan membership	62,248

Retirement benefits are calculated by multiplying the average monthly compensation (AMC) times credited PERS service times the percentage multiplier. The AMC is determined by averaging the salaries earned during the five highest (three highest for peace officers/firefighters members or members hired prior to July 1, 1996) consecutive payroll years. Members must earn at least 115 days of credit in the last year worked to include it in the AMC calculation. The PERS pays a minimum benefit of $25 per month for each year of service when the calculated benefit is less.

The percentage multipliers for peace officers/firefighters are 2% for the first ten years of service and 2.5% for all service over 10 years. The percentage multipliers for all other participants are 2% for the first ten years, 2.25% for the next ten years, and 2.5% for all remaining service earned on or after July 1, 1986. All service before that date is calculated at 2%.

Post-employment healthcare benefits are provided without cost to all members first enrolled before July 1, 1986. Members first enrolled after June 30, 1986, but before July 1, 2006, and who have not reached age 60 may elect to pay for major medical benefits.

Post Retirement Pension Adjustments. Post retirement pension adjustments (PRPAs) are granted annually to eligible benefit recipients when the consumer price index (CPI) increases during the preceding calendar year. PRPAs are calculated by multiplying the recipient's base benefit, including past PRPAs, times:

a) 75% of the CPI increase in the preceding calendar year or 9%, whichever is less, if the recipient is at least 65 or on PERS disability; or

b) 50% of the CPI increase in the preceding calendar year or 6%, whichever is less, if the recipient is at least 60, or has been receiving benefits for at least five years.

Ad hoc PRPAs, up to a maximum of 4%, may be granted to eligible recipients who first entered the PERS before July 1, 1986, if the CPI increases and the financial condition of the fund will permit an increase. In a year where an ad hoc PRPA is granted, eligible recipients will receive the higher of the two calculations.

Funding Policy. In April 2008 the Alaska Legislature passed legislation which statutorily capped the employer contribution, established a state funded "on-behalf" contribution, and required that employer contributions be calculated against all PERS eligible wages, including wages paid to participants of the PERS Tier IV defined contribution plan (DC) described later in these footnotes. The state legislature capped the rate at 22%, with the State contributing an on-behalf payment for the difference between the actuarial contribution and the cap.

Salary Floor. During the 25th legislation session, Senate Bill 125 passed, which established a June 30, 2008 salary floor under AS 39.35.255(a)(2). The salary floor is the total base salaries paid by an employer to active employees of the system as of the fiscal year ending June 30, 2008. The statute requires the Division of Retirement and Benefits (Division) to collect employer contributions at a minimum based on FY 2008 base salaries.

Employee Contribution Rate. The District PERS active members are required to contribute 6.75% and if elected to be calculated under TRS, non-teacher school district employees are required to contribute 9.60% of their annual covered salary.

Employer contributions for the year ended June 30, 2022, were:

	Pensions (DB)	Other Post-Employment Benefits (DB)	Total
$	214,407	66,200	280,607

Public Employees Retirement Plans

For the year ended June 30, 2022 the State of Alaska contributed $110,375 (100% pension cost) on-behalf of the District, which has been recorded in the fund financial statements under the modified-accrual basis of accounting. In the government-wide financial statements the on-behalf contribution has been adjusted as of the measurement date June 30, 2021 to a total of ($66,844), to represent the pension/OPEB expense attributable to the State under the full accrual basis of accounting.

Pension and OPEB Liabilities and Assets, Pension and OPEB Expense, and Deferred Outflows of Resources and Deferred Inflows of Resources Related to Pensions and OPEB: At June 30, 2022, the District reported liabilities and assets that reflected a reduction for State pension and OPEB support provided to the District. The amount recognized by the District as its proportionate share of net pension and OPEB liabilities (assets), the related State support, and the total portion of the net pension and OPEB liabilities (assets) that were associated with the District were as follows:

Defined Benefit:		Pension
District's proportionate share of the net pension liability	$	2,091,976
State's proportionate share of the net pension liability		282,553
Total	$	2,374,529
		OPEB
District's proportionate share of the ARHCT OPEB liability (asset)	$	(1,469,122)
State's proportionate share of the ARHCT OPEB liability (asset)		(193,823)
Total	$	(1,662,945)
District's proportionate share of the ODD OPEB liability (asset)	$	(27,967)
District's proportionate share of the RMP OPEB liability (asset)	$	(20,055)
Total District's share of net pension and OPEB liabilities and assets	$	574,832

The net pension and OPEB liabilities and assets were measured as of June 30, 2021, and the total pension and OPEB liabilities used to calculate the net pension and OPEB liabilities and assets were determined by an actuarial valuation as of that date. The District's proportion of the net pension and OPEB liabilities were based on the present value of contributions for FY2023 through FY2039, as determined by projections based on the June 30, 2021 valuation.

The District's proportionate share and changes in the pension and OPEB liabilities and assets were as follows:

	June 30, 2021 Measurement	June 30, 2020 Measurement	Change
Pension	0.0570%	0.0399%	0.0172%
OPEB:			
ARHCT	0.0573%	0.0398%	0.01745%
ODD	0.0636%	0.0638%	(0.0004%)
RMP	0.0747%	0.0797%	(0.0049%)

Based on the measurement date of June 30, 2021, the District recognized pension and OPEB expense of $710,956 and ($581,179), respectively, for the year ended June 30, 2022. At June 30, 2022, the District reported deferred outflows of resources and deferred inflows of resources related to pensions and OPEB from the following sources:

	Pension	
Defined Benefit:	Deferred Outflows of Resources	Deferred Inflows of Resources
Differences between expected and actual experience	$ -	(9,268)
Changes of assumptions	-	-
Net difference between projected and actual earnings on pension plan investments	-	(824,965)
Changes in proportion and differences between District contributions and proportionate share of contributions	152,111	-
District contributions subsequent to the measurement date	214,407	-
Total	$ 366,518	(834,233)

	OPEB ARHCT	
	Deferred Outflows of Resources	Deferred Inflows of Resources
Differences between expected and actual experience	$ -	(15,428)
Changes of assumptions	-	(55,518)
Net difference between projected and actual earnings on OPEB plan investments	-	(687,471)
Changes in proportion and differences between District contributions and proportionate share of contributions	-	(13,363)
District contributions subsequent to the measurement date	52,458	-
Total	$ 52,458	(771,780)

	OPEB ODD	
	Deferred Outflows of Resources	Deferred Inflows of Resources
Differences between expected and actual experience	$ -	(7,639)
Changes of assumptions	-	(212)
Net difference between projected and actual earnings on OPEB plan investments	-	(4,485)
Changes in proportion and differences between District contributions and proportionate share of contributions	3,645	(1,240)
District contributions subsequent to the measurement date	3,087	-
Total	$ 6,732	(13,576)

	OPEB RMP	
	Deferred Outflows of Resources	Deferred Inflows of Resources
Differences between expected and actual experience	$ 1,491	(954)
Changes of assumptions	6,234	(11,919)
Net difference between projected and actual earnings on OPEB plan investments	-	(17,942)
Changes in proportion and differences between District contributions and proportionate share of contributions	1,322	(2,443)
District contributions subsequent to the measurement date	10,655	-
Total	$ 19,702	(33,258)

$214,407 and $66,200 are reported as deferred outflows of resources related to pension and OPEB resulting from District contributions subsequent to the measurement date and will be recognized as a reduction of the net pension and OPEB liabilities or an increase of the net pension and OPEB assets in the year ended June 30, 2022, respectively. Other amounts reported as deferred outflows of resources and deferred inflows of resources related to pension and OPEB will be recognized in pension and OPEB expense as follows:

Year Ended June 30,	Pension	OPEB ARHCT	OPEB ODD	OPEB RMP
2022	$ (48,868)	(245,362)	(1,846)	(5,199)
2023	(188,967)	(158,322)	(1,843)	(5,208)
2024	(204,410)	(170,005)	(1,890)	(5,389)
2025	(239,877)	(198,091)	(2,040)	(5,960)
2026	-	-	(938)	(793)
Thereafter	-	-	(1,374)	(1,662)
Total	$ (682,122)	(771,780)	(9,931)	(24,211)

For the year ended June 30, 2022, the District recognized $707,552 and ($10,393) of pension and OPEB amortization of the net deferred outflows and inflows of resources, respectively.

Sensitivity of the Net Pension and OPEB Liabilities and Assets to Changes in the Discount Rate: The following presents the net pension and OPEB liabilities (assets) of the plan calculated using the discount rate of 7.38%, as well as what the Plans' net pension and OPEB liabilities (assets) would be if they were calculated using a discount rate that is 1-percentage-point lower (6.38%) or 1-percentage-point higher (8.38%) than the current rate:

	1% Decrease (6.38%)	**Current Rate (7.38%)**	**1% Increase (8.38%)**
Net pension liability (asset)	$ 3,098,507	2,091,976	1,246,360
Net OPEB ARHCT liability (asset)	$ (960,784)	(1,469,122)	(1,891,260)
Net OPEB ODD liability (asset)	$ (26,780)	(27,967)	(28,912)
Net OPEB RMP liability (asset)	$ 13,090	(20,055)	(45,090)

Sensitivity of the District's proportionate share of the Net OPEB liability to changes in the healthcare cost trend rates. The following present the District's proportionate share of the net OPEB liability, as well as what the District's proportionate share of the net OPEB liability would be if it were calculated using healthcare cost trend rates that are 1-percentage-point lower or 1-percentage-point higher than the current healthcare cost trend rates:

	1% Decrease	Current Rate	1% Increase
Net OPEB ARHCT liability (asset)	$ (1,940,676)	(1,469,122)	(900,080)
Net OPEB ODD liability (asset)	N/A	(27,967)	N/A
Net OPEB RMP liability (asset)	(48,673)	(20,055)	18,938

Alaska Public Employee Retirement System (PERS) – Defined Contribution Plan (DC)

Plan Description and Funding Requirements. School Districts and Public Employers in the State of Alaska have a defined contribution retirement plan (PERS Tier IV) for new hires first enrolled on or after July 1, 2006. This Plan is administered by the State of Alaska, Department of Administration in conjunction with the defined benefit plan noted above. The Administrator of the Plan is the Commissioner of Administration or the Commissioner's designee. Plan members make mandatory contributions of 8% of gross eligible compensation. This amount goes directly to the individual's account. State statutes require the employer to contribute 5% of employees' eligible compensation. Additionally, employers are required to contribute to OPEB (DB): 1.07% for the retiree medical plan (DB), 0.31% for occupational and death and disability benefits (DB) and 3% of employers' average annual employee compensation to the health reimbursement arrangement (HRA DC). The effective employer contribution is 22%. Additionally, there is a defined benefit unfunded liability (DBUL) amount levied against the DC plan and allocated to the DB Plan's pension and OPEB contribution.

Plan members are 100% vested with their contributions.

Members become vested in employers' contributions as follows:

2 years of service – 25%
3 years of service – 50%
4 years of service – 75%
5 years of service – 100%

The School District contributed $92,530 for the year ended June 30, 2022, which included forfeitures of $18,545 which have been applied against contributions.

Teachers Retirement System (TRS) – Defined Benefit Plan (DB)

Plan Description. The School District participates in the Teacher's Retirement System (TRS), a cost sharing multiple-employer defined benefit plan. Currently, there are 57 employers participating in TRS, including 53 school districts. TRS provides retirement benefits, disability and death benefits, and post-employment healthcare to plan members and beneficiaries. The system is governed by the Alaska Retirement Board. The Administrator of the Plan is the Commissioner of Administration or the Commissioner's designee. The benefit and contribution provisions are established by State law and may be amended only by the State legislature. The Teachers' Retirement System issues a publicly available financial report that includes financial statements and required supplementary information for TRS. This report may be obtained from the system at Pouch C, Juneau, Alaska 99811 or online at http://doa.alaska.gov/drb/trs.

The DB Plan's membership consisted of the following at June 30, 2021 (latest available report):

Inactive plan members or beneficiaries currently receiving benefits	13,225
Inactive plan members entitled to but not receiving benefits	741
Inactive plan members not entitled to benefits	1,678
Active plan members	3,492
Total DB plan membership	19.136

Pension Benefits. Employees hired prior to July 1, 1990, are entitled to annual pension benefits beginning at normal retirement age 55, or early retirement age 50. For employees hired after June 30, 1990 but before July 1, 2006, the normal and early retirement ages are 60 and 55, respectively. Employees may also retire at any age and receive a normal benefit when they accumulate the required credited service. The benefit related to all years of credited service prior to July 1, 1990 and for years of service through a total of 20 years is equal to 2% of their highest three-year average annual compensation for each year of service. The benefit for each year over 20 years of service subsequent to June 30, 1990, is equal to 2.5% of their highest three-year average annual compensation for each year of service. Employees may elect to receive their pension benefits in the form of a joint or survivor annuity. Effective January 1, 1987, a married member who retires must receive his or her benefit in the form of a joint and survivor annuity unless the member's spouse consents to another form of benefit.

Minimum benefits for employees eligible for retirement are $25 per month for each year of credited service.

Post Retirement Pension Adjustments. Effective in fiscal year 1991, automatic post retirement pension adjustment (PRPA) was granted to all current and future retirees. The PRPA amount may not exceed the lesser of (a) the actual cost of living increase (percentage) from the date of retirement until the effective date of the PRPA; or (b) 4.00% of the base benefits for each full year that the member has been retired and a prorated percentage for each partial year. However, the PRPA percentage is offset by the percentage of all prior PRPAs that have been granted. TRS members receiving a retirement, disability or survivor benefit, who remain in Alaska, are eligible for an additional allowance equal to 10.00% of the base benefit.

Employee Contribution Rate. The District's active TRS members are required to contribute 8.65% of their annual covered salary.

Employer contributions for the year ended June 30, 2022, were:

	Pensions (DB)	Other Post-Employment Benefits (DB)	Total
$	168,902	144,998	313,900

Teachers Retirement Plans

For the year ended June 30, 2022 the State of Alaska contributed $805,842 (100% pension cost) on-behalf of the District, which has been recorded in the fund financial statements under the modified-accrual basis of accounting. In the government-wide financial statements the on-behalf contribution has been adjusted as of the measurement date to a total of ($1,027,126), to represent the pension/OPEB expense attributable to the State under the full accrual basis of accounting.

Pension and OPEB Liabilities and Assets, Pension and OPEB Expense, and Deferred Outflows of Resources and Deferred Inflows of Resources Related to Pensions and OPEB: At June 30, 2022, the District reported liabilities and assets that reflected a reduction for State pension and OPEB support provided to the District. The amount recognized by the District as its proportionate share of net pension and OPEB liabilities (assets), the related State support, and the total portion of the net pension and OPEB liabilities (assets) that was associated with the District were as follows:

		Pension
Defined Benefit:		
District's proportionate share of the net pension liability	$	2,276,333
State's proportionate share of the net pension liability		1,931,664
Total	$	4,207,997
		OPEB
District's proportionate share of the ARHCT OPEB liability (asset)	$	(3,456,719)
State's proportionate share of the ARHCT OPEB liability (asset)		(2,691,707)
Total	$	(6,148,426)
District's proportionate share of the ODD OPEB liability (asset)	$	(38,001)
District's proportionate share of the RMP OPEB liability (asset)	$	(124,930)
Total District's share of net pension and OPEB liabilities and assets	$	(1,343,317)

The net pension and OPEB liabilities and assets were measured as of June 30, 2021, and the total pension and OPEB liabilities used to calculate the net pension and OPEB liabilities and assets were determined by an actuarial valuation as of that date. The District's proportion of the net pension and OPEB liabilities and assets were based on the present value of contributions for FY2022 through FY2039, as determined by projections based on the June 30, 2021 valuation.

The District's proportionate share and changes in the pension and OPEB liabilities and assets were as follows:

	June 30, 2021 Measurement	June 30, 2020 Measurement	Change
Pension	0.2860%	0.1682%	0.1178%
OPEB:			
ARHCT	0.2973%	0.1681%	0.1292%
ODD	0.6235%	0.6811%	(0.0576%)
RMP	0.6222%	0.6834%	(0.0612%)

Based on the measurement date of June 30, 2021, the District recognized pension expense of $807,148 and OPEB expense of ($1,982,660), respectively, for the year ended June 30, 2022. At June 30, 2022, the District reported deferred outflows of resources and deferred inflows of resources related to pensions and OPEB from the following sources:

	Pensions	
Defined Benefit:	Deferred Outflows of Resources	Deferred Inflows of Resources
Differences between expected and actual experience	$ -	(21,884)
Changes of assumptions	-	-
Net difference between projected and actual earnings on pension plan investments	-	(2,350,079)
Changes in proportion and differences between District contributions and proportionate share of contributions	442,211	-
District contribution subsequent to the measurement date	168,902	-
Total	$ 611,113	(2,371,963)

	OPEB ARHCT	
	Deferred Outflows of Resources	Deferred Inflows of Resources
Differences between expected and actual experience	$ -	(24,263)
Changes of assumptions	-	(99,797)
Net difference between projected and actual earnings on pension plan investments	-	(1,351,551)
Changes in proportion and differences between District contributions and proportionate share of contributions	-	(114,905)
District contribution subsequent to the measurement date	119,699	-
Total	$ 119,699	(1,590,516)

	OPEB ODD	
	Deferred Outflows of Resources	Deferred Inflows of Resources
Differences between expected and actual experience	$ -	(4,458)
Changes of assumptions	-	(21)
Net difference between projected and actual earnings on pension plan investments	-	(4,868)
Changes in proportion and differences between District contributions and proportionate share of contributions	4,266	(1,396)
District contribution subsequent to the measurement date	2,224	-
Total	$ 6,490	(10,743)

	OPEB RMP	
	Deferred Outflows of Resources	Deferred Inflows of Resources
Differences between expected and actual experience	$ 23,974	(4,046)
Changes of assumptions	8,486	(46,215)
Net difference between projected and actual earnings on pension plan investments	-	(49,128)
Changes in proportion and differences between District contributions and proportionate share of contributions	5,074	(1,687)
District contribution subsequent to the measurement date	23,075	-
Total	$ 60,609	(101,076)

$168,902 and $144,998 are reported as deferred outflows of resources related to pensions and OPEB resulting from District contributions subsequent to the measurement date and will be recognized as a reduction of the net pension and OPEB liability and as an increase to the net pension and OPEB assets in the year ended June 30, 2022 (actuarial), respectively. Other amounts reported as deferred outflows of resources and deferred inflows of resources related to pensions and OPEB will be recognized in pension expense as follows:

Year Ended June 30,	Pension	OPEB ARHCT	OPEB ODD	OPEB RMP
2022	$ (124,700)	(555,412)	(1,405)	(13,882)
2023	(535,951)	(311,361)	(1,396)	(13,903)
2024	(582,545)	(334,334)	(1,455)	(14,475)
2025	(686,556)	(389,409)	(1,630)	(16,176)
2026	-	-	(255)	(2,327)
Thereafter	-	-	(336)	(2,779)
Total	$ (1,929,752)	(1,590,516)	(6,477)	(63,542)

For the year ended June 30, 2022, the District recognized $1,345,918 and ($200,975) of pension and OPEB amortization of the deferred outflows and inflows of resources, respectively.

Sensitivity of the Net Pension and OPEB Liabilities and Assets to Changes in the Discount Rate: The following presents the net pension and OPEB liabilities (assets) of the Plan calculated using the discount rate of 7.38%, as well as what the Plans' net pension and OPEB liabilities would be if they were calculated using a discount rate that is 1-percentage-point lower (6.38%) or 1-percentage-point higher (8.38%) than the current rate:

	1% Decrease (6.38%)	**Current Rate (7.38%)**	**1% Increase (8.38%)**
Net pension liability	$ 4,602,138	2,276,333	317,462
Net OPEB ARHCT liability (asset)	$ (2,490,671)	(3,456,719)	(4,255,990)
Net OPEB ODD liability (asset)	$ (38,094)	(38,001)	(37,957)
Net OPEB RMP liability (asset)	$ (46,133)	(124,930)	(183,867)

Sensitivity of the District's proportionate share of the net OPEB liability and asset to changes in the healthcare cost trend rates. The following present the District's proportionate share of the net OPEB liability and asset, as well as what the District's proportionate share of the net OPEB liability and asset would be if it were calculated using healthcare cost trend rates that are 1-percentage-point lower or 1-percentage-point higher than the current healthcare cost trend rates:

		1% Decrease	Current Rate	1% Increase
Net OPEB ARHCT liability (asset)	$	(4,345,836)	(3,456,719)	(2,379,351)
Net OPEB ODD liability (asset)	$	N/A	(38,001)	N/A
Net OPEB RMP liability (asset)	$	(191,812)	(124,930)	(33,018)

Teachers Retirement System (TRS) – Defined Contribution Plan (DC)

Plan Description and Funding Requirements. School Districts and Public Employers in the State of Alaska have a defined contribution retirement plan for new hires first enrolled on or after July 1, 2006. The Administrator of the Plan is the Commissioner of Administration or the Commissioner's designee. Plan members make mandatory contributions of 8% of gross eligible compensation. State statutes require the employer to contribute 7% of employees' eligible compensation. Additionally, employers are required to contribute to other post-employment benefits (DB): 0.83% for the retiree medical plan, 0.08% for occupational death and disability, and 3% of employers' average annual employee compensation to the health reimbursement arrangement (HRA DC). The employer effective contribution rate is 12.56%. Additionally, there is a defined benefit unfunded liability (DBUL) amount levied against the DC plan and allocated to the DB Plan's pension and OPEB contribution.

Plan members are 100% vested with their contributions.

Members become vested in employers' contributions as follows:

2 years of service – 25%
3 years of service – 50%
4 years of service – 75%
5 years of service – 100%

The School District contributed $266,311 for the year ended June 30, 2022, which included forfeitures of $24,191 which has been applied against contributions.

C. Risk Management

The District faces a considerable number of risks of loss, including (a) damage to and loss of property and contents, (b) employee torts, (c) professional liability, i.e., errors and omissions, (d) environmental damage, (e) workers compensation, and (f) medical/dental/vision costs for employees. The District participates in the Alaska Municipal League Joint Insurance (AMLJIA), which covers property and contents, torts, general and auto liability, school leader's errors and omissions, and workers compensation. AMLJIA is a public entity risk pool which reinsures risk above certain levels, thereby relieving the members of the need for additional assessments. The Association's bylaws provide for the assessment of supplemental contributions from members in the event that losses and expenses for any coverage year exceed the annual contributions and income earned on such contributions for the year. The Association made no supplemental assessments during the year ended June 30, 2022.

The District has elected the reimbursable method of payment for Employment Security Compensation (ESC). Under this arrangement, the actual costs of ESC are reimbursed to the State of Alaska.

Health Insurance

The District maintains a health and medical benefit program, which covers all full time employees. The District has retained a major portion of the risk for this plan and, accordingly, is liable for any employee health claims that are approved for payment. Stop-loss coverage limits were $95,000 for individual claims and $916,022 for aggregate claims. Health and medical insurance expenditures were $1,293,997 for the year ended June 30, 2022, and consisted of paid claims, stop-loss premiums, and administrative fees.

Accruals were made based upon estimates of the health claims on a monthly basis, when there are excess of premiums paid, then half of the excess amount is refunded 120 days after year end. There was no such excess amounts, resulting in a liability, accounted for in the General (School Operating) Fund and are included in "Health Insurance Payable." Total estimated liability (receivable) at June 30, 2022 amounted to $263,479. Changes in the claims liability (receivable) amount were:

Fiscal Year		Beginning Liability (Receivable)	Excess Premiums Paid	Total Claims Paid	Total Claim Expenditure	Ending Liability (Receivable)
2021	$	(127,810)	208,391	699,368	1,025,670	(9,899)
2022	$	(9,899)	-	1,149,726	1,423,104	263,479

D. Subsequent Accounting Pronouncements

The Governmental Accounting Standards Board has passed several new accounting standards with upcoming implementation dates covering several topics as follows:

- GASB 94 *Public-Private and Public-Public Partnerships and Availability Payments Arrangements.* Effective for fiscal years beginning after June 15, 2022.
- GASB 96 *Subscription-Based Information Technology Arrangements.* Effective for fiscal years beginning after June 15, 2022.
- GASB 99 *Omnibus 2022.* Multiple effective dates.
- GASB 100 *Accounting Changes and Error Corrections—an amendment of GASB Statement No. 62.* Effective for fiscal years beginning after June 15, 2023. Multiple effective dates.
- GASB 101 *Compensated Absences.* Effective for fiscal years beginning after December 15, 2023.

Statements 94 and 99 are not expected to have any significant impact on the financial statements of the District.

GASB Statement No. 96 will improve financial reporting by establishing a definition for Subscription-based information technology arrangements (SBITAs) and providing uniform guidance for accounting and financial reporting for transactions that meet that definition. That definition and uniform guidance will result in greater consistency in practice. Establishing the capitalization criteria for implementation costs also will reduce diversity and improve comparability in financial reporting by governments. This Statement also will enhance the relevance and reliability of a government's financial statements by requiring a government to report a subscription asset and subscription liability for a SBITA and to disclose essential information about the arrangement. The disclosures will allow users to understand the scale and important aspects of a government's SBITA activities and evaluate a government's obligations and assets resulting from SBITAs.

GASB Statement No. 100 will improve the clarity of the accounting and financial reporting requirements for accounting changes and error corrections, which will result in greater consistency in application in practice. In turn, more understandable, reliable, relevant, consistent, and comparable information will be provided to financial statement users for making decisions or assessing accountability. In addition, the display and note disclosure requirements will result in more consistent, decision useful, understandable, and comprehensive information for users about accounting changes and error corrections.

GASB Statement No. 101 unified recognition and measurement model in this Statement will result in a liability for compensated absences that more appropriately reflects when a government incurs an obligation. In addition, the model can be applied consistently to any type of compensated absence and will eliminate potential comparability issues between governments that offer different types of leave.

The model also will result in a more robust estimate of the amount of compensated absences that a government will pay or settle, which will enhance the relevance and reliability of information about the liability for compensated absences

E. New Accounting Pronouncements

In 2022, the District implemented GASB Statement No. 87, *Leases,* which established standards of accounting and financial reporting for leases by lessees and lessors. The requirements of this Statement apply to financial statements of all state and local governments.

The new standard requires the District to recognize certain lease assets and liabilities for leases. It establishes a single model for lease accounting based on the underlying principle that leases are financings of the right to use an underlying asset for a period of time. Under this Statement, a lessee is required to recognize a liability and an intangible right-to-use lease asset, and a lessor is required to recognize a lease receivable and a deferred inflow of resources, thereby enhancing the relevance and consistency of information about the District’s leasing activities.

As a result of adopting this new accounting pronouncement, there were no changes in beginning of year net position or fund balance. The District recognized the following amounts in financial statements with regard to leases:

Statement of Net Position:	Governmental Activities
Lease receivable	$ 438,182
Deferred inflow of resources	$ 433,861

Balance Sheet- Governmental Funds:	General fund
Lease receivable	$ 438,182
Deferred inflow of resources	$ 433,861

REQUIRED SUPPLEMENTARY INFORMATION

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

School Operating Fund

Schedule of Revenues, Expenditures, and Changes
in Fund Balance - Original and Final Budget and Actual

Year Ended June 30, 2022

	Original Budget	Final Budget	Actual	Variance with Final Budget - Positive (Negative)
Revenues:				
Local sources:				
Other local	$ 385,000	385,000	278,001	(106,999)
Interest	-	-	11,074	11,074
E-rate	725,822	725,822	794,449	68,627
Other sources - donations	-	-	33,222	33,222
Intergovernmental:				
City direct appropriations	3,000,000	3,000,000	3,000,000	-
State of Alaska	10,052,434	9,824,809	9,775,208	(49,601)
Federal sources	35,200	35,200	30,807	(4,393)
Total revenues	14,198,456	13,970,831	13,922,761	(48,070)
Expenditures:				
Current:				
Instruction	5,476,689	5,318,090	4,926,049	392,041
Special education instruction	1,387,054	1,189,580	926,573	263,007
Special education support services - students	239,345	248,618	232,327	16,291
Support services - students	324,250	310,294	304,721	5,573
Support services - instruction	1,721,761	1,734,215	1,624,213	110,002
School administration	795,978	803,132	785,782	17,350
School administration support services	352,138	382,390	363,956	18,434
District administration	306,930	305,568	302,244	3,324
District administration support services	910,001	851,077	738,347	112,730
Operations and maintenance of plant	2,696,805	2,928,908	2,929,698	(790)
Student activities	295,360	342,843	352,068	(9,225)
Community services	-	6,844	6,844	-
Total expenditures	14,506,311	14,421,559	13,492,822	928,737
Excess (deficiency) of revenues over expenditures	(307,855)	(450,728)	429,939	880,667
Other financing uses -				
Transfers out	(115,000)	(515,000)	(515,000)	-
Net change in fund balance	$ (422,855)	(965,728)	(85,061)	880,667
Fund balance, beginning of year			2,605,928	
Fund balance, end of year			$ 2,520,867	

The accompanying notes to Required Supplementary Information

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

Schedule of District's Proportionate Share of the Net Pension Liability

Public Employees' Retirement System (PERS)

June 30, 2022

Year	District's Proportion of the Net Pension Liability	District's Proportionate Share of the Net Pension Liability	State of Alaska Proportionate Share of the Net Pension Liability	Total Net Pension Liability	District's Covered Payroll	District's Proportionate Share of the Net Pension Liability as a Percentage of Covered Payroll	Plan Fiduciary Net Position as a Percentage of the Total Pension Liability
2015	0.0442%	$ 2,063,075	$ 1,988,775	$ 4,051,850	$ 1,984,403	103.96%	62.37%
2016	0.0756%	$ 3,664,413	$ 984,525	$ 4,648,938	$ 1,902,337	192.63%	63.96%
2017	0.0756%	$ 3,942,606	$ 498,163	$ 4,440,769	$ 1,794,827	219.66%	59.55%
2018	0.0602%	$ 3,110,761	$ 1,157,693	$ 4,268,454	$ 1,729,430	179.87%	63.37%
2019	0.0618%	$ 3,068,792	$ 892,968	$ 3,961,760	$ 1,755,118	174.85%	65.19%
2020	0.0452%	$ 2,476,540	$ 983,863	$ 3,460,403	$ 1,699,864	145.69%	63.42%
2021	0.0399%	$ 2,352,318	$ 973,047	$ 3,325,365	$ 1,931,032	121.82%	61.61%
2022	0.0570%	$ 2,091,976	$ 282,553	$ 2,374,529	$ 1,842,318	113.55%	74.46%

See accompanying notes to Required Supplementary Information.

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

Schedule of District's Proportionate Share of the Net OPEB Liability (Asset)

Public Employees' Retirement System (PERS)

June 30, 2022

Year	District's Proportion of the Net OPEB Liability (Asset)	District's Proportionate Share of the Net OPEB Liability (Asset)	State of Alaska Proportionate Share of the Net OPEB Liability (Asset)	Total Net OPEB Liability (Asset)	District's Covered Payroll	District's Proportionate Share of the Net OPEB Liability as a Percentage of Covered Payroll	Plan Fiduciary Net Position as a Percentage of the Total OPEB Liability (Asset)
Alaska Retiree Healthcare Trust Plan (ARHCT):							
2018	0.0602%	$ 508,539	$ 189,262	$ 697,801	$ 1,729,430	29.41%	89.68%
2019	0.0618%	$ 633,294	$ 183,507	$ 816,801	$ 1,755,118	36.08%	88.12%
2020	0.0451%	$ 66,878	$ 26,794	$ 93,672	$ 1,699,864	3.93%	98.13%
2021	0.0398%	$ (180,120)	$ (74,611)	$ (254,731)	$ 1,931,032	-9.33%	106.15%
2022	0.0573%	$ (1,469,122)	$ (193,823)	$ (1,662,945)	$ 1,842,318	-79.74%	135.54%
Occupational Death and Disability (ODD):							
2018	0.0901%	$ (12,789)	$ -	$ (12,789)	$ 1,729,430	-0.74%	212.97%
2019	0.0762%	$ (14,808)	$ -	$ (14,808)	$ 1,755,118	-0.84%	270.62%
2020	0.0536%	$ (12,999)	$ -	$ (12,999)	$ 1,699,864	-0.76%	297.43%
2021	0.0638%	$ (17,398)	$ -	$ (17,398)	$ 1,931,032	-0.90%	283.80%
2022	0.0636%	$ (27,967)	$ -	$ (27,967)	$ 1,842,318	-1.52%	374.22%
Retiree Medical Plan (RMP):							
2018	0.0901%	$ 4,700	$ -	$ 4,700	$ 392,864	1.20%	93.98%
2019	0.0762%	$ 9,702	$ -	$ 9,702	$ 359,677	2.70%	88.71%
2020	0.0675%	$ 16,137	$ -	$ 16,137	$ 304,986	5.29%	83.17%
2021	0.0797%	$ 5,650	$ -	$ 5,650	$ 452,109	1.25%	92.23%
2022	0.0747%	$ (20,055)	$ -	$ (20,055)	$ 459,636	-4.36%	115.10%

See accompanying notes to Required Supplementary Information.

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

Schedule of District's Contributions (Pensions)

Public Employees' Retirement System (PERS)

June 30, 2022

Year	Contractually Required Contribution	Contributions Relative to the Contractually Required Contribution	Contribution Deficiency (Excess)	District's Covered Payroll	Contributions as a Percentage of Covered Payroll
2015	$ 164,943	$ (164,943)	$ -	$ 1,902,337	8.67%
2016	$ 173,815	$ (173,815)	$ -	$ 1,794,827	9.68%
2017	$ 191,409	$ (191,409)	$ -	$ 1,729,430	11.07%
2018	$ 229,523	$ (229,523)	$ -	$ 1,755,118	13.08%
2019	$ 220,579	$ (219,945)	$ 634	$ 1,699,864	12.98%
2020	$ 226,054	$ (227,074)	$ (1,020)	$ 1,931,032	11.71%
2021	$ 228,205	$ (238,571)	$ (10,366)	$ 1,842,318	12.39%
2022	$ 225,991	$ (214,407)	$ 11,584	$ 1,696,077	13.32%

See accompanying notes to Required Supplementary Information.

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NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

Schedule of District's Contributions (OPEB)

Public Employees' Retirement System (PERS)

June 30, 2022

Year	Contractually Required Contribution	Contributions Relative to the Contractually Required Contribution	Contribution Deficiency (Excess)	District's Covered Payroll	Contributions as a Percentage of Covered Payroll
Alaska Retiree Healthcare Trust Plan (ARHCT):					
2018	$ 68,866	$ (68,866)	$ -	$ 1,755,118	3.92%
2019	$ 76,823	$ (76,823)	$ -	$ 1,699,864	4.52%
2020	$ 87,814	$ (87,814)	$ -	$ 1,931,032	4.55%
2021	$ 48,368	$ (48,368)	$ -	$ 1,842,318	2.63%
2022	$ 52,458	$ (52,458)	$ -	$ 1,696,077	3.09%
Occupational Death and Disability (ODD):					
2018	$ 1,381	$ (1,381)	$ -	$ 1,755,118	0.08%
2019	$ 2,189	$ (2,189)	$ -	$ 1,699,864	0.13%
2020	$ 2,799	$ (2,799)	$ -	$ 1,931,032	0.14%
2021	$ 3,385	$ (3,385)	$ -	$ 1,842,318	0.18%
2022	$ 3,087	$ (3,087)	$ -	$ 1,696,077	0.18%
Retiree Medical Plan (RMP):					
2018	$ 8,888	$ (8,888)	$ -	$ 359,677	2.47%
2019	$ 7,916	$ (7,916)	$ -	$ 304,986	2.60%
2020	$ 14,209	$ (14,209)	$ -	$ 452,109	3.14%
2021	$ 13,867	$ (13,867)	$ -	$ 459,636	3.02%
2022	$ 10,655	$ (10,655)	$ -	$ 420,591	2.53%

See accompanying notes to Required Supplementary Information.

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

Schedule of District's Proportionate Share of the Net Pension Liability

Teachers' Retirement System (TRS)

June 30, 2022

Year	District's Proportion of the Net Pension Liability	District's Proportionate Share of the Net Pension Liability	State of Alaska Proportionate Share of the Net Pension Liability	Total Net Pension Liability	District's Covered Payroll	District's Proportionate Share of the Net Pension Liability as a Percentage of Covered Payroll	Plan Fiduciary Net Position as a Percentage of the Total Pension Liability
2015	0.0832%	$ 2,495,425	$ 11,804,622	$ 14,300,047	$ 4,673,662	53.39%	55.70%
2016	0.2151%	$ 4,001,658	$ 4,946,597	$ 8,948,255	$ 4,976,332	80.41%	73.82%
2017	0.2781%	$ 6,350,471	$ 5,877,618	$ 12,228,089	$ 4,673,662	135.88%	68.40%
2018	0.2095%	$ 4,245,734	$ 5,786,624	$ 10,032,358	$ 4,700,743	90.32%	72.39%
2019	0.2130%	$ 4,078,378	$ 6,064,234	$ 10,142,612	$ 4,501,282	90.60%	74.09%
2020	0.1847%	$ 3,451,847	$ 5,119,986	$ 8,571,833	$ 4,052,747	85.17%	74.68%
2021	0.1682%	$ 3,419,793	$ 5,933,281	$ 9,353,074	$ 4,476,154	76.40%	72.81%
2022	0.2860%	$ 2,276,333	$ 1,931,664	$ 4,207,997	$ 4,596,696	49.52%	89.43%

See accompanying notes to Required Supplementary Information.

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

Schedule of District's Proportionate Share of the Net OPEB Liability (Asset)

Teachers' Retirement System (TRS)

June 30, 2022

Year	District's Proportion of the Net OPEB Liability (Asset)	District's Proportionate Share of the Net OPEB Liability (Asset)	State of Alaska Proportionate Share of the Net OPEB Liability (Asset)	Total Net OPEB Liability (Asset)	District's Covered Payroll	District's Proportionate Share of the Net OPEB Liability as a Percentage of Covered Payroll	Plan Fiduciary Net Position as a Percentage of the Total OPEB Liability (Asset)
Alaska Retiree Healthcare Trust Plan (ARHCT):							
2018	0.2088%	$ 384,039	$ 674,032	$ 1,058,071	$ 4,700,743	8.17%	93.75%
2019	0.2127%	$ 661,259	$ 985,960	$ 1,647,219	$ 4,501,282	14.69%	90.23%
2020	0.1846%	$ (282,079)	$ (419,481)	$ (701,560)	$ 4,052,747	-6.96%	105.50%
2021	0.1681%	$ (601,388)	$ (1,044,941)	$ (1,646,329)	$ 4,476,154	-13.44%	113.78%
2022	0.2973%	$ (3,456,719)	$ (2,691,707)	$ (6,148,426)	$ 4,596,696	-75.20%	145.41%
Occupational Death and Disability (ODD):							
2018	0.6574%	$ (21,484)	$ -	$ (21,484)	$ 4,700,743	-0.46%	1342.59%
2019	0.7308%	$ (25,621)	$ -	$ (25,621)	$ 4,501,282	-0.57%	1304.81%
2020	0.7067%	$ (28,417)	$ -	$ (28,417)	$ 4,052,747	-0.70%	1409.77%
2021	0.6811%	$ (29,319)	$ -	$ (29,319)	$ 4,476,154	-0.66%	931.08%
2022	0.6235%	$ (38,001)	$ -	$ (38,001)	$ 4,596,696	-0.83%	1254.36%
Retiree Medical Plan (RMP):							
2018	0.6574%	$ (31,161)	$ -	$ (31,161)	$ 1,147,033	-2.72%	118.16%
2019	0.7308%	$ (23,370)	$ -	$ (23,370)	$ 2,172,070	-1.08%	109.56%
2020	0.7062%	$ (27,090)	$ -	$ (27,090)	$ 2,417,771	-1.12%	110.03%
2021	0.6834%	$ (67,412)	$ -	$ (67,412)	$ 2,269,912	-2.97%	125.59%
2022	0.6222%	$ (124,930)	$ -	$ (124,930)	$ 2,147,834	-5.82%	142.54%

See accompanying notes to Required Supplementary Information.

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

Schedule of District's Contributions (Pensions)

Teachers' Retirement System (TRS)

June 30, 2022

Year	Contractually Required Contribution	Contributions Relative to the Contractually Required Contribution	Contribution Deficiency (Excess)	District's Covered Payroll	Contributions as a Percentage of Covered Payroll
2015	$ 197,303	$ (197,303)	$ -	$ 4,976,332	3.96%
2016	$ 180,778	$ (180,778)	$ -	$ 4,673,662	3.87%
2017	$ 200,341	$ (200,341)	$ -	$ 4,700,743	4.26%
2018	$ 219,437	$ (219,437)	$ -	$ 4,501,282	4.87%
2019	$ 140,384	$ (113,224)	$ 27,160	$ 4,052,747	3.46%
2020	$ 156,072	$ (156,327)	$ (255)	$ 4,476,154	3.49%
2021	$ 156,746	$ (156,746)	$ -	$ 4,596,696	3.41%
2022	$ 169,229	$ (168,902)	$ 327	$ 4,619,514	3.66%

See accompanying notes to Required Supplementary Information.

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

Schedule of District's Contributions (OPEB)

Teachers' Retirement System (TRS)

June 30, 2022

Year	Contractually Required Contribution	Contributions Relative to the Contractually Required Contribution	Contribution Deficiency (Excess)	District's Covered Payroll	Contributions as a Percentage of Covered Payroll
Alaska Retiree Healthcare Trust Plan (ARHCT):					
2018	$ 95,188	$ (95,188)	$ -	$ 4,501,282	2.11%
2019	$ 68,138	$ (68,138)	$ -	$ 4,052,747	1.68%
2020	$ 88,054	$ (88,054)	$ -	$ 4,476,154	1.97%
2021	$ 122,340	$ (122,340)	$ -	$ 4,596,696	2.66%
2022	$ 119,699	$ (119,699)	$ -	$ 4,619,514	2.59%
Occupational Death and Disability (ODD):					
2018	$ -	$ -	$ -	$ 4,501,282	0.00%
2019	$ 2,206	$ (2,206)	$ -	$ 4,052,747	0.05%
2020	$ 2,237	$ (2,237)	$ -	$ 4,476,154	0.05%
2021	$ 2,257	$ (2,257)	$ -	$ 4,596,696	0.05%
2022	$ 2,224	$ (2,224)	$ -	$ 4,619,514	0.05%
Retiree Medical Plan (RMP):					
2018	$ 23,903	$ (23,903)	$ -	$ 2,172,070	1.10%
2019	$ 21,785	$ (21,785)	$ -	$ 2,417,771	0.90%
2020	$ 30,486	$ (30,486)	$ -	$ 2,269,912	1.34%
2021	$ 26,234	$ (26,234)	$ -	$ 2,147,834	1.22%
2022	$ 23,075	$ (23,075)	$ -	$ 2,120,311	1.09%

See accompanying notes to Required Supplementary Information.

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1. Budgetary Information

Annual budgets are adopted by the School Board for all operating revenues, expenditures, and interfund transfers. Budgets are prepared and presented on the modified accrual basis of accounting. Unexpended balances of grants from state and federal governments lapse at June 30.

The adopted School Operating Fund budget is submitted to the City of Nome for approval of the local appropriation, then to the State of Alaska, Department of Education and Early Development for review to determine compliance with Alaska statutes and Department regulations.

The School Board authorizes formal budget revisions several times each year to adjust the revenues and expenditures to available resources and program needs. Both the original and final revised and approved budget are presented in the budgetary comparison statement. The final revised and approved budget is presented in the additional supplementary information. Expenditure authority for the School Operating Fund is limited to the total approved budget and functional areas of expenditures are not to be overspent.

Annual budgets for the Special Revenue Funds with primarily local revenue sources or those with state or federal revenue sources that do not require budgetary reporting follow the same guidelines as the School Operating Fund as noted in the preceding paragraph.

Annual budgets for the Special Revenue Funds are prepared in connection with the application for the special programs' award and are reviewed and approved by the School Board. Expenditure authority for Special Revenue Fund programs is limited to the actual combined revenues and transfers from other funds. Project budgets are adopted for Capital Project funds based on the lives of the construction projects. Expenditure authority is limited to the actual combined revenue and transfers from other funds.

The following functions had expenditures in excess of appropriation in the School Operating Fund:

Operations and maintenance of plant	$	790
Student activities	$	9,225

2. Public Employees' Retirement System

Schedule of District's Proportionate Share of Net Pension and OPEB Liability (Asset)

The table is presented based on the Plan measurement date which is one year prior to fiscal year end for all years presented.

Changes in Methods Since the Prior Valuation – June 30, 2020 to June 30, 2021:

There were no changes in actuarial methods since the prior valuation.

Changes in Assumptions Since the Prior Valuation – June 30, 2020 to June 30, 2021:

- Pension - Healthcare claim costs are updated annually. Retired member contributions were updated to reflect the 5% decrease from CY20 to CY21. The amounts included in the normal cost for administrative expenses were changed from $7,223,000 to $7,625,000 for pension, and from $4,934,000 to $5,531,000 for healthcare (based on the most recent two years of actual administrative expenses paid from plan assets). There were no other changes in actuarial assumptions since the prior valuation.

- OPEB ODD and RMP- Healthcare claim costs are updated annually. The amounts included in the normal cost for administrative expenses were changed from $1,000 to $16,000 for occupational death and disability, and from $20,000 to $24,000 for retiree medical (based on the most recent two years of actual administrative expenses paid from plan assets). There were no other changes in actuarial assumptions since the prior valuation.

Changes in Benefit Provisions Since the Prior Valuation – June 30, 2020 to June 30, 2021:

There were no changes in benefit provisions since the prior valuation.

GASB requires ten years of information be presented. However, until a full ten years of information is available, the District will present only those years for which information is available.

Schedule of District Contributions (Pension) and (OPEB)

The table valuation date is June 30, 2020 which was rolled forward to June 30, 2021. Actuarially determined contribution rates are calculated as of June 30th, two years prior to the fiscal year in which contributions are reported.

3. Teachers' Retirement System

Schedule of District's Proportionate Share of Net Pension and OPEB Liability (Asset)

The table is presented based on the Plan measurement date which is one year prior to fiscal year end for all years presented.

Changes in Methods Since the Prior Valuation – June 30, 2020 to June 30, 2021:

There were no changes in actuarial methods since the prior valuation.

Changes in Assumptions Since the Prior Valuation – June 30, 2020 to June 30, 2021:

- Pension - Healthcare claim costs are updated annually. The amounts included in the normal cost for administrative expenses were changed from $3,003,000 to $3,217,000 for pension, and from $1,362,000 to $1,604,000 for healthcare (based on the most recent two years of actual administrative expenses paid from plan assets). There were no other changes in actuarial assumptions since the prior valuation.
- OPEB ODD and RMP- Healthcare claim costs are updated annually. The amounts included in the normal cost for administrative expenses were changed from $0 to $5,000 for occupational death and disability, and from $8,000 to $22,000 for retiree medical (based on the most recent two years of actual administrative expenses paid from plan assets). There were no other changes in actuarial assumptions since the prior valuation.

Changes in Benefit Provisions Since the Prior Valuation – June 30, 2020 to June 30, 2021:

There were no changes in benefit provisions since the prior valuation.

GASB requires ten years of information be presented. However, until a full ten years of information is available, the District will present only those years for which information is available.

Schedule of District Contributions (Pension) and (OPEB)

The table valuation date is June 30, 2020 which was rolled forward to June 30, 2021. Actuarially determined contribution rates are calculated as of June 30th, two years prior to the fiscal year in which contributions are reported.

SUPPLEMENTARY INFORMATION

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

School Operating Fund

Schedule of Revenues, Expenditures, and Changes
in Fund Balance - Budget and Actual

Year Ended June 30, 2022

	Final Budget	Actual	Variance with Final Budget- Positive (Negative)
Revenues:			
Local sources:			
Other local	$ 385,000	278,001	(106,999)
Interest	-	11,074	11,074
E-rate	725,822	794,449	68,627
Other sources	-	33,222	33,222
Total local sources	1,110,822	1,116,746	5,924
Intergovernmental:			
City of Nome - direct appropriation	3,000,000	3,000,000	-
State of Alaska:			
Foundation program	8,827,771	8,828,694	923
Quality schools	27,390	27,390	-
Other state revenue	-	2,907	2,907
On-behalf TRS	865,362	805,842	(59,520)
On-behalf PERS	104,286	110,375	6,089
Total State of Alaska	9,824,809	9,775,208	(49,601)
Federal sources -			
Direct sources - Impact Aid	35,200	30,807	(4,393)
Total revenues	13,970,831	13,922,761	(48,070)
Expenditures:			
Instruction:			
Certificated salaries	2,940,949	2,892,157	48,792
Non-certificated salaries	177,033	154,677	22,356
Employee benefits	1,707,546	1,602,546	105,000
Transportation allowance	31,765	19,719	12,046
Professional and technical services	7,000	6,925	75
Student travel	2,575	2,342	233
Utility services	4,909	2,787	2,122
Other purchased services	23,319	18,004	5,315
Supplies, materials and media	413,494	219,281	194,213
Tuition- students and stipends	8,000	7,131	869
Other	1,500	480	1,020
Total instruction	5,318,090	4,926,049	392,041

(continued)

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

School Operating Fund

Schedule of Revenues, Expenditures, and Changes
in Fund Balance - Budget and Actual, Continued

	Final Budget	Actual	Variance with Final Budget- Positive (Negative)
Expenditures, continued:			
Special education instruction:			
Certificated salaries	$ 379,762	338,632	41,130
Non-certificated salaries	358,602	266,128	92,474
Employee benefits	429,816	303,240	126,576
Transportation allowance	3,115	1,914	1,201
Staff travel	400	-	400
Supplies, materials and media	17,735	16,659	1,076
Other	150	-	150
Total special education instruction	1,189,580	926,573	263,007
Special education support services - students:			
Certificated salaries	83,484	83,484	-
Non-certificated salaries	43,424	43,405	19
Employee benefits	103,664	98,102	5,562
Staff travel	546	545	1
Other purchased services	4,030	4,028	2
Supplies, materials and media	12,970	2,278	10,692
Other	500	485	15
Total special education support services - students	248,618	232,327	16,291
Support services - students:			
Certificated salaries	129,105	128,512	593
Non-certificated salaries	56,493	51,222	5,271
Employee benefits	119,978	120,768	(790)
Transportation allowance	800	302	498
Other purchased services	165	165	-
Supplies, materials and media	3,663	3,662	1
Other	90	90	-
Total support services - students	310,294	304,721	5,573
Support services - instruction:			
Certificated salaries	96,515	80,412	16,103
Non-certificated salaries	233,277	231,934	1,343
Employee benefits	173,633	187,872	(14,239)
Professional and technical services	1,609	1,609	-
Staff travel	1,448	947	501
Utility services	813,507	784,008	29,499
Other purchased services	2,255	49	2,206
Supplies, materials and media	381,684	307,690	73,994
Other	2,630	2,035	595
Equipment	27,657	27,657	-
Total support services - instruction	1,734,215	1,624,213	110,002

(continued)

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

School Operating Fund

Schedule of Revenues, Expenditures, and Changes
in Fund Balance - Budget and Actual, Continued

	Final Budget	Actual	Variance with Final Budget- Positive (Negative)
Expenditures, continued:			
School administration:			
Certificated salaries	$ 545,464	545,463	1
Employee benefits	246,513	232,929	13,584
Staff travel	182	181	1
Other purchased services	138	-	138
Supplies, materials and media	5,227	2,767	2,460
Other	5,608	4,442	1,166
Total school administration	803,132	785,782	17,350
School administration support services:			
Non-certificated salaries	186,602	181,055	5,547
Employee benefits	187,670	175,496	12,174
Other purchased services	6,268	6,267	1
Supplies, materials and media	1,850	1,138	712
Total school administration support services	382,390	363,956	18,434
District administration:			
Certificated salaries	154,193	154,193	-
Employee benefits	82,826	83,408	(582)
Professional and technical services	8,899	8,439	460
Staff travel	20,279	18,638	1,641
Insurance and bond premiums	225	-	225
Supplies, materials and media	3,725	2,149	1,576
Other	35,421	35,417	4
Total district administration	305,568	302,244	3,324
District administration support services:			
Non-certificated salaries	227,896	227,895	1
Employee benefits	264,458	219,148	45,310
Professional and technical services	278,779	278,779	-
Staff travel	12,287	11,108	1,179
Utility services	1,431	1,430	1
Other purchased services	13,809	8,872	4,937
Insurance and bond premiums	61,000	60,678	322
Supplies, materials and media	20,080	15,923	4,157
Other	21,337	21,105	232
Indirect cost recovery	(50,000)	(106,591)	56,591
Total district administration support services	851,077	738,347	112,730

(continued)

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

School Operating Fund

Schedule of Revenues, Expenditures, and Changes
in Fund Balance - Budget and Actual, Continued

	Final Budget	Actual	Variance with Final Budget- Positive (Negative)
Expenditures, continued:			
Operations and maintenance of plant:			
Non-certificated salaries	$ 124,535	124,534	1
Employee benefits	78,931	79,727	(796)
Professional and technical services	3,906	3,906	-
Staff travel	2,320	2,320	-
Utility services	83,965	83,963	2
Energy	1,158,607	1,158,605	2
Other purchased services	1,239,955	1,239,955	-
Insurance and bond premiums	185,332	185,331	1
Supplies, materials and media	51,337	51,337	-
Other	20	20	-
Total operations and maintenance of plant	2,928,908	2,929,698	(790)
Student activities:			
Certificated salaries	98,975	98,975	-
Non-certificated salaries	5,015	5,015	-
Employee benefits	25,526	29,267	(3,741)
Professional and technical services	7,360	7,360	-
Staff travel	6,675	3,343	3,332
Student travel	166,857	167,505	(648)
Other purchased services	11,341	11,341	-
Supplies, materials and media	19,794	27,962	(8,168)
Other	1,300	1,300	-
Total student activities	342,843	352,068	(9,225)
Community services -			
Other	6,844	6,844	-
Total expenditures	$ 14,421,559	13,492,822	928,737
Excess (deficiency) of revenues over expenditures	(450,728)	429,939	880,667
Other financing uses:			
Transfers to other funds:			
Food Service program	(75,000)	(75,000)	-
Pupil Transportation	(40,000)	(40,000)	-
General Capital Project Fund	(400,000)	(400,000)	-
Total transfers	(515,000)	(515,000)	-
Net change in fund balance	$ (965,728)	(85,061)	880,667
Fund balance, beginning of year		2,605,928	
Fund balance, end of year		$ 2,520,867	

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

General Capital Project Funds

Schedule of Revenues, Expenditures, and Changes
in Fund Balance

Year Ended June 30, 2022

Revenues	$	-
Expenditures:		
Operations and maintenance of plant:		
Professional and technical services		18,677
Other purchased services		331,752
Supplies, materials and media		42,658
Equipment		13,338
Total operations and maintenance of plant		406,425
Food services -		
Supplies, materials and media		40,532
Total expenditures		446,957
Excess (deficiency) of revenues over expenditures		(446,957)
Other financing sources -		
Transfers from School Operating Fund		400,000
Net change in fund balance		(46,957)
Fund balance, beginning of year		3,372,744
Fund balance, end of year	$	3,325,787

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

Other Governmental Funds

Combining Balance Sheet

June 30, 2022

	Special Revenue Funds									
	School Broadband Assistance	Pupil Transportation	Artists in Schools	Comprehensive State Literacy Development	Food Service Program	Alaska Nutritional Foods	Title VI-B IDEA	Title I-A Consolidated Admin Pool Program	Preschool Disabled	School Improvement
Assets										
Assets:										
Accounts receivable	$ 27,984	-	-	12,264	3,172	-	115,870	33,672	60	27,058
Due from other funds	-	306,690	2,000	-	182,402	8,193	-	-	-	-
Prepaid items	-	40,149	-	-	-	-	6,151	-	-	13,194
Total assets	$ 27,984	346,839	2,000	12,264	185,574	8,193	122,021	33,672	60	40,252
Liabilities and Fund Balances (Deficit)										
Liabilities:										
Accounts payable	$ -	-	-	-	1,095	-	18,135	-	-	909 -
Accrued payroll liabilities	-	-	-	-	-	-	-	-	-	10,875
Unearned revenue	-	-	-	-	-	8,193	-	-	-	-
Due to other funds	27,984	-	-	12,264	-	-	103,886	33,672	60	29,377
Total liabilities	27,984	-	-	12,264	1,095	8,193	122,021	33,672	60	40,252
Fund balances (deficit):										
Nonspendable	-	40,149	-	-	-	-	6,151	-	-	13,194
Restricted	-	-	-	-	-	-	-	-	-	-
Committed	-	306,690	2,000	-	184,479	-	-	-	-	-
Unassigned	-	-	-	-	-	-	(6,151)	-	-	(13,194)
Total fund balances (deficit)	-	346,839	2,000	-	184,479	-	-	-	-	-
Total liabilities and fund balances (deficit)	$ 27,984	346,839	2,000	12,264	185,574	8,193	122,021	33,672	60	40,252

(continued)

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

Other Governmental Funds

Combining Balance Sheet, Continued

	Special Revenue Funds									
	Title II-A	Title IV-A	Title I-A Basic	Title I-C Migrant Education	Migrant Book Program	Carl Perkins	Safe Children's Act	COVID-19 (ESSERF)	Elementary and Secondary School Emergency Relief II	Elementary and Secondary School Emergency Relief III
Assets										
Assets:										
Accounts receivable	$ 21,957	16,764	57,244	131,135	9,077	19,012	-	7,231	235,156	244,521
Due from other funds	-	-	-	-	-	-	93	-	-	-
Prepaid items	22,892	-	-	375	-	-	-	-	-	-
Total assets	$ 44,849	16,764	57,244	131,510	9,077	19,012	93	7,231	235,156	244,521
Liabilities and Fund Balances (Deficit)										
Liabilities:										
Accounts payable	$ 7,200	-	5,129	1,777	-	-	-	-	12,438	41,495
Accrued payroll liabilities	-	-	-	691	-	-	-	-	-	910 -
Unearned revenue	-	-	-	-	-	-	93	-	-	-
Due to other funds	37,649	16,764	52,115	129,042	9,077	19,012	-	7,231	222,718	203,026
Total liabilities	44,849	16,764	57,244	131,510	9,077	19,012	93	7,231	235,156	244,521
Fund balances (deficit):										
Nonspendable	22,892	-	-	375	-	-	-	-	-	-
Restricted	-	-	-	-	-	-	-	-	-	-
Committed	-	-	-	-	-	-	-	-	-	-
Unassigned	(22,892)	-	-	(375)	-	-	-	-	-	-
Total fund balances (deficit)	-	-	-	-	-	-	-	-	-	-
Total liabilities and fund balances (deficit)	$ 44,849	16,764	57,244	131,510	9,077	19,012	93	7,231	235,156	244,521

(continued)

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

Other Governmental Funds

Combining Balance Sheet, Continued

	Special Revenue Funds								
Assets	REAP - RLIS Education	Indian Education	Johnson O'Malley	UAF TASK	UAF Future Educators	Inupiaq Immersion Program	Arts and Culture	Nome-Beltz Apartments	Albro Gregory Scholarship Program
Assets:									
Accounts receivable	$ 14,993	76,721	-	-	-	-	25,111	-	-
Due from other funds	-	-	17,549	1,991	4,550	50,686	24,889	1,773,132	5,374
Prepaid items	-	-	-	-	-	-	-	500	-
Total assets	$ 14,993	76,721	17,549	1,991	4,550	50,686	50,000	1,773,632	5,374
Liabilities and Fund Balances (Deficit)									911
Liabilities:									
Accounts payable	$ -	-	-	-	4,550	-	-	15,013	-
Accrued payroll liabilities	-	-	-	-	-	-	-	-	-
Unearned revenue	-	-	17,549	1,991	-	-	50,000	-	-
Due to other funds	14,993	76,721	-	-	-	-	-	-	-
Total liabilities	14,993	76,721	17,549	1,991	4,550	-	50,000	15,013	-
Fund balances (deficit):									
Nonspendable	-	-	-	-	-	-	-	500	-
Restricted	-	-	-	-	-	50,686	-	-	5,374
Committed	-	-	-	-	-	-	-	1,758,119	-
Unassigned	-	-	-	-	-	-	-	-	-
Total fund balances (deficit)	-	-	-	-	-	50,686	-	1,758,619	5,374
Total liabilities and fund balances (deficit)	$ 14,993	76,721	17,549	1,991	4,550	50,686	50,000	1,773,632	5,374

(continued)

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

Other Governmental Funds

Combining Balance Sheet, Continued

	Special Revenue Funds			Capital Project Funds						
	Student Activities Fund	Games of Chance and Skill	Total Special Revenue Funds	NBHS Partial Roof Replacement	NBHS and NES DDC Control System Upgrade	NES Fire Alarm System Replacement	NBHS Generator Addition	Nome Teacher VPSO Housing	Total Capital Project Funds	Total Other Governmental Funds
Assets										
Assets:										
Accounts receivable	$ 4,196	-	1,083,198	-	-	-	-	388	388	1,083,586
Due from other funds	430,514	15,365	2,823,428	556,667	-	-	-	-	556,667	3,380,095
Prepaid items	334	-	83,595	-	-	-	-	-	-	83,595
Total assets	$ 435,044	15,365	3,990,221	556,667	-	-	-	388	557,055	4,547,276
Liabilities and Fund Balances (Deficit)										
Liabilities:										
Accounts payable	$ 2,998	-	109,830	1,763	-	-	-	388	2,151	111,981
Accrued payroll liabilities	-	-	11,566	-	-	-	-	-	-	11,566
Unearned revenue	-	-	77,826	554,904	-	-	-	-	554,904	632,730
Due to other funds	-	-	995,591	-	27,338	5,195	4,500	-	37,033	1,032,624
Total liabilities	2,998	-	1,194,813	556,667	27,338	5,195	4,500	388	594,088	1,788,901
Fund balances (deficit):										
Nonspendable	334	-	83,595	-	-	-	-	-	-	83,595
Restricted	431,712	15,365	503,137	-	-	-	-	-	-	503,137
Committed	-	-	2,251,288	-	-	-	-	-	-	2,251,288
Unassigned	-	-	(42,612)	-	(27,338)	(5,195)	(4,500)	-	(37,033)	(79,645)
Total fund balances (deficit)	432,046	15,365	2,795,408	-	(27,338)	(5,195)	(4,500)	-	(37,033)	2,758,375
Total liabilities and fund balances (deficit)	$ 435,044	15,365	3,990,221	556,667	-	-	-	388	557,055	4,547,276

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

Other Governmental Funds

Combining Statement of Revenues, Expenditures and Changes in Fund Balances (Deficit)

Year Ended June 30, 2022

	Special Revenue Funds								
	School Broadband Assistance	Pupil Transportation	Artists in Schools	Comprehensive State Literacy Development	Food Service Program	Title VI-B IDEA	Title I-A Consolidated Admin Pool Program	Preschool Disabled	School Improvement
Revenues:									
Local sources:									
Charges for services	$ -	-	-	-	5,592	-	-	-	-
Other local	-	-	-	-	-	-	-	-	-
Intergovernmental:									
State of Alaska	27,984	456,602	-	-	-	-	-	-	-
Federal sources:									
Direct	-	-	-	-	-	-	-	-	-
Pass-through	-	-	-	39,690	522,911	274,632	96,022	11,223	37,823
Total revenues	27,984	456,602	-	39,690	528,503	274,632	96,022	11,223	37,823
Expenditures:									
Current:									
Instruction	-	-	-	10,619	-	-	-	-	20,958
Special education instruction	-	-	-	-	-	230,448	-	9,288	-
Special education support services - students	-	-	-	-	-	26,006	-	1,224	-
Support services - students	-	-	-	-	-	-	-	-	-
Support services - instruction	27,984	-	-	26,558	-	788	96,022	-	14,470
School administration	-	-	-	-	-	-	-	-	-
School administration support services	-	-	-	-	-	-	-	-	-
District administration	-	-	-	-	-	-	-	-	-
District administration support services	-	-	-	2,513	-	17,390	-	711	2,395
Operations and maintenance of plant	-	-	-	-	-	-	-	-	-
Student activities	-	-	-	-	-	-	-	-	-
Student transportation - to and from school	-	487,278	-	-	-	-	-	-	-
Student transportation - school activities	-	2,650	-	-	-	-	-	-	-
Community services	-	-	-	-	-	-	-	-	-
Food services	-	-	-	-	610,764	-	-	-	-
Construction and facilities acquisition	-	-	-	-	-	-	-	-	-
Total expenditures	27,984	489,928	-	39,690	610,764	274,632	96,022	11,223	37,823
Excess (deficiency) of revenues over expenditures	-	(33,326)	-	-	(82,261)	-	-	-	-
Other financing sources - Transfers from School Operating Fund	-	40,000	-	-	75,000	-	-	-	-
Net change in fund balance	-	6,674	-	-	(7,261)	-	-	-	-
Fund balance (deficit), beginning of year	-	340,165	2,000	-	191,740	-	-	-	-
Fund balance (deficit), end of year	$ -	346,839	2,000	-	184,479	-	-	-	-

(continued)

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

Other Governmental Funds

Combining Statement of Revenues, Expenditures and Changes in Fund Balances (Deficit), Continued

	Special Revenue Funds								
	Title II-A	Title IV-A	Title I-A Basic	Title I-C Migrant Education	Migrant Book Program	Carl Perkins	COVID-19 (ESSERF)	Elementary and Secondary School Emergency Relief II	Elementary and Secondary School Emergency Relief III
Revenues:									
Local sources:									
Charges for services	$ -	-	-	-	-	-	-	-	-
Other local	-	-	-	-	-	-	-	-	-
Intergovernmental:									
State of Alaska	-	-	-	-	-	-	-	-	-
Federal sources:									
Direct	-	-	-	-	-	-	-	-	-
Pass-through	72,021	21,907	179,473	332,627	9,077	36,435	41,479	354,738	413,873
Total revenues	72,021	21,907	179,473	332,627	9,077	36,435	41,479	354,738	413,873
Expenditures:									
Current:									
Instruction	2,329	11,992	151,980	153,711	8,502	30,601	24,098	153,602	90,885
Special education instruction	-	-	11,000	-	-	-	-	17,678	-
Special education support services - students	-	-	-	-	-	-	-	2,106	-
Support services - students	-	-	-	105,261	-	-	-	14,880	41,617
Support services - instruction	65,132	425	5,129	38,728	-	4,099	-	16,847	13,136
School administration	-	-	-	-	-	-	-	15,720	-
School administration support services	-	-	-	-	-	-	-	10,751	-
District administration	-	-	-	-	-	-	-	-	987
District administration support services	4,560	1,008	11,364	27,605	575	1,735	2,626	27,977	10,753
Operations and maintenance of plant	-	-	-	-	-	-	2,830	80,024	249,205
Student activities	-	8,482	-	-	-	-	874	471	5,400
Student transportation - to and from school	-	-	-	6,370	-	-	-	7,500	1,890
Student transportation - school activities	-	-	-	952	-	-	-	-	-
Community services	-	-	-	-	-	-	-	7,182	-
Food services	-	-	-	-	-	-	11,051	-	-
Construction and facilities acquisition	-	-	-	-	-	-	-	-	-
Total expenditures	72,021	21,907	179,473	332,627	9,077	36,435	41,479	354,738	413,873
Excess (deficiency) of revenues over expenditures	-	-	-	-	-	-	-	-	-
Other financing sources - Transfers from School Operating Fund	-	-	-	-	-	-	-	-	-
Net change in fund balance	-	-	-	-	-	-	-	-	-
Fund balance (deficit), beginning of year	-	-	-	-	-	-	-	-	-
Fund balance (deficit), end of year	$ -	-	-	-	-	-	-	-	-

(continued)

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

Other Governmental Funds

Combining Statement of Revenues, Expenditures and Changes in Fund Balances (Deficit), Continued

	Special Revenue Funds							
	REAP - RLIS Education	Indian Education	Johnson O'Malley	UAF TASK	NSEDC Concession Stand Renovation	NSEDC Culture Club Travel	UAF Future Educators	Inupiaq Immersion Program
Revenues:								
Local sources:								
Charges for services	$ -	-	-	-	-	-	-	-
Other local	-	-	-	-	24,664	2,500	7,510	-
Intergovernmental:								
State of Alaska	-	-	-	-	-	-	-	-
Federal sources:								
Direct	14,993	217,815	-	-	-	-	-	-
Pass-through	-	-	6,736	31,964	-	-	-	-
Total revenues	14,993	217,815	6,736	31,964	24,664	2,500	7,510	-
Expenditures:								
Current:								
Instruction	11,254	204,023	4,779	31,964	-	-	7,510	44,864
Special education instruction	-	-	-	-	-	-	-	-
Special education support services - students	-	-	-	-	-	-	-	-
Support services - students	-	-	-	-	-	-	-	-
Support services - instruction	2,790	-	-	-	-	-	-	-
School administration	-	-	-	-	-	-	-	-
School administration support services	-	-	-	-	-	-	-	-
District administration	-	-	-	-	-	-	-	-
District administration support services	949	13,792	427	-	-	-	-	-
Operations and maintenance of plant	-	-	-	-	24,664	-	-	-
Student activities	-	-	-	-	-	2,500	-	-
Student transportation - to and from school	-	-	200	-	-	-	-	-
Student transportation - school activities	-	-	1,330	-	-	-	-	-
Community services	-	-	-	-	-	-	-	-
Food services	-	-	-	-	-	-	-	-
Construction and facilities acquisition	-	-	-	-	-	-	-	-
Total expenditures	14,993	217,815	6,736	31,964	24,664	2,500	7,510	44,864
Excess (deficiency) of revenues over expenditures	-	-	-	-	-	-	-	(44,864)
Other financing sources - Transfers from School Operating Fund	-	-	-	-	-	-	-	-
Net change in fund balance	-	-	-	-	-	-	-	(44,864)
Fund balance (deficit), beginning of year	-	-	-	-	-	-	-	95,550
Fund balance (deficit), end of year	$ -	-	-	-	-	-	-	50,686

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(continued)

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

Other Governmental Funds

Combining Statement of Revenues, Expenditures and Changes in Fund Balances (Deficit), Continued

	Special Revenue Funds							
	SNC Culture Camp	Arts and Culture	NSEDC Large Infrastructure Program	Nome-Beltz Apartments Program	Albro Gregory Scholarship Program	Student Activities	Games of Chance and Skill	Total Special Revenue Funds
Revenues:								
Local sources:								
Charges for services	$ -	-	-	233,163	-	-	-	238,755
Other local	-	25,111	17,961	-	-	326,198	11	403,955
Intergovernmental:								
State of Alaska	-	-	-	-	-	-	-	484,586
Federal sources:								
Direct	-	-	-	-	-	-	-	232,808
Pass-through	-	-	-	-	-	-	-	2,482,631
Total revenues	-	25,111	17,961	233,163	-	326,198	11	3,842,735
Expenditures:								
Current:								
Instruction	-	5,929	-	-	-	995	-	970,595
Special education instruction	-	19,182	-	-	-	-	-	287,596
Special education support services - students	-	-	-	-	-	-	-	29,336
Support services - students	-	-	-	-	-	-	-	161,758
Support services - instruction	18,500	-	-	-	-	24	-	330,632
School administration	-	-	-	-	-	-	-	15,720
School administration support services	-	-	-	-	-	-	-	10,751
District administration	-	-	-	-	-	-	-	987
District administration support services	-	-	-	-	-	-	-	126,380
Operations and maintenance of plant	-	-	17,961	192,633	-	-	-	567,317
Student activities	-	-	-	-	-	292,883	-	310,610
Student transportation - to and from school	-	-	-	-	-	-	-	503,238
Student transportation - school activities	-	-	-	-	-	-	-	4,932
Community services	-	-	-	-	-	-	-	7,182
Food services	-	-	-	-	-	-	-	621,815
Construction and facilities acquisition	-	-	-	-	-	-	-	-
Total expenditures	18,500	25,111	17,961	192,633	-	293,902	-	3,948,849
Excess (deficiency) of revenues over expenditures	(18,500)	-	-	40,530	-	32,296	11	(106,114)
Other financing sources - Transfers from School Operating Fund	-	-	-	-	-	-	-	115,000
Net change in fund balance	(18,500)	-	-	40,530	-	32,296	11	8,886
Fund balance (deficit), beginning of year	18,500	-	-	1,718,089	5,374	399,750	15,354	2,786,522
Fund balance (deficit), end of year	$ -	-	-	1,758,619	5,374	432,046	15,365	2,795,408

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(continued)

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

Other Governmental Funds

Combining Statement of Revenues, Expenditures and Changes in Fund Balances (Deficit), Continued

	Capital Project Fund						
	NBHS Partial Roof Replacement	NBHS and NES DDC Control System Upgrade	NES Fire Alarm System Replacement	NBHS Generator Addition	Nome Teacher VPSO Housing	Total Capital Project Funds	Total Other Governmental Funds
Revenues:							
Local sources:							
Charges for services	$ -	-	-	-	-	-	238,755
Other local	-	-	-	-	-	-	403,955
Intergovernmental:							
State of Alaska	5,796	-	-	-	16,470	22,266	506,852
Federal sources:							
Direct	-	-	-	-	-	-	232,808
Pass-through	-	-	-	-	-	-	2,482,631
Total revenues	5,796	-	-	-	16,470	22,266	3,865,001
Expenditures:							
Current:							
Instruction	-	-	-	-	-	-	970,595
Special education instruction	-	-	-	-	-	-	287,596
Special education support services - students	-	-	-	-	-	-	29,330
Support services - students	-	-	-	-	-	-	161,758
Support services - instruction	-	-	-	-	-	-	330,632
School administration	-	-	-	-	-	-	15,720
School administration support services	-	-	-	-	-	-	10,751
District administration	-	-	-	-	-	-	987
District administration support services	-	-	-	-	-	-	126,380
Operations and maintenance of plant	-	-	-	-	-	-	567,317
Student activities	-	-	-	-	-	-	310,610
Student transportation - to and from school	-	-	-	-	-	-	503,238
Student transportation - school activities	-	-	-	-	-	-	4,932
Community services	-	-	-	-	-	-	7,182
Food services	-	-	-	-	-	-	621,815
Construction and facilities acquisition	5,796	-	-	4,500	16,470	26,766	26,766
Total expenditures	5,796	-	-	4,500	16,470	26,766	3,975,615
Excess (deficiency) of revenues over expenditures	-	-	-	(4,500)	-	(4,500)	(110,614)
Other financing sources - Transfers from School Operating Fund	-	-	-	-	-	-	115,000
Net change in fund balance	-	-	-	(4,500)	-	(4,500)	4,386
Fund balance (deficit), beginning of year	-	(27,338)	(5,195)	-	-	(32,533)	2,753,989
Fund balance (deficit), end of year	$ -	(27,338)	(5,195)	(4,500)	-	(37,033)	2,758,375

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

School Broadband Assistance Special Revenue Fund

Schedule of Revenues, Expenditures, and Changes
in Fund Balance- Budget and Actual

Year Ended June 30, 2022

	Budget	Actual	Variance with Final Budget- Positive (Negative)
Revenues:			
Intergovernmental -			
State of Alaska	$ 27,984	27,984	-
Expenditures:			
Support services - instruction -			
Utility services	27,984	27,984	-
Excess of revenues over expenditures	$ -	-	-
Fund balance, beginning of year		-	
Fund balance, end of year		$ -	

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

Pupil Transportation Special Revenue Fund

Schedule of Revenues, Expenditures, and Changes
in Fund Balance - Budget and Actual

Year Ended June 30, 2022

	Budget	Actual	Variance with Final Budget- Positive (Negative)
Revenues:			
Intergovernmental -			
State of Alaska	$ 432,180	456,602	24,422
Expenditures:			
Student transportation - to and from school -			
Other purchased services	472,180	487,278	(15,098)
Student transportation - school activities -			
Other purchased services	-	2,650	(2,650)
Total expenditures	472,180	489,928	(17,748)
Excess (deficiency) of revenues over expenditures	(40,000)	(33,326)	6,674
Other financing sources -			
Transfers from School Operating Fund	40,000	40,000	-
Net change in fund balance	$ -	6,674	6,674
Fund balance, beginning of year		340,165	
Fund balance, end of year		$ 346,839	

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

Artists In Schools Special Revenue Fund

Schedule of Revenues, Expenditures, and Changes
in Fund Balance - Budget and Actual

Year Ended June 30, 2021

	Budget	Actual	Variance with Final Budget- Positive (Negative)
Revenues:	$ -	-	-
Expenditures:	-	-	-
Excess (deficiency) of revenues over expenditures	-	-	-
Net change in fund balance	$ -	-	-
Fund balance, beginning of year		2,000	
Fund balance, end of year		$ 2,000	

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

Comprehensive State Literacy Development Special Revenue Fund

Schedule of Revenues, Expenditures, and Changes
in Fund Balance - Budget and Actual

Year Ended June 30, 2022

	Budget	Actual	Variance with Final Budget- Positive (Negative)
Revenues:			
Intergovernmental -			
Federal sources - through the State of Alaska	$ 170,427	39,690	(130,737)
Expenditures:			
Instruction:			
Certificated salaries	44,660	-	44,660
Non-certificated salaries	3,215	650	2,565
Employee benefits	4,459	56	4,403
Professional and technical services	73,992	-	73,992
Supplies, materials and media	12,000	9,913	2,087
Total instruction	138,326	10,619	127,707
Support services - instruction:			
Professional and technical services	21,310	21,310	-
Staff travel	-	5,248	(5,248)
Total support services - instruction	21,310	26,558	(5,248)
District administration support services -			
Indirect cost	10,791	2,513	8,278
Total expenditures	170,427	39,690	130,737
Excess of revenues over expenditures	$ -	-	-
Fund balance, beginning of year		-	
Fund balance, end of year		$ -	

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

Food Service Program Special Revenue Fund

Schedule of Revenues, Expenditures, and Changes
in Fund Balance - Budget and Actual

Year Ended June 30, 2022

	Budget	Actual	Variance with Final Budget- Positive (Negative)
Revenues:			
Local sources -			
Charges for services- food services	$ -	5,592	5,592
Intergovernmental -			
Federal sources - through			
the State of Alaska	530,000	522,911	(7,089)
Total revenues	530,000	528,503	(1,497)
Expenditures:			
Food services:			
Other purchased services	605,000	568,592	36,408
Supplies, materials and media	-	30,798	(30,798)
Other expenses	-	5,930	(5,930)
Equipment	-	5,444	(5,444)
Total expenditures	605,000	610,764	(5,764)
Excess (deficiency) of revenues over expenditures	(75,000)	(82,261)	(7,261)
Other financing sources -			
Transfers from School Operating Fund	75,000	75,000	-
Net change in fund balance	$ -	(7,261)	(7,261)
Fund balance, beginning of year		191,740	
Fund balance, end of year		$ 184,479	

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

Title VI-B IDEA Special Revenue Fund

Schedule of Revenues, Expenditures, and Changes
in Fund Balance - Budget and Actual

Year Ended June 30, 2022

	Budget	Actual	Variance with Final Budget- Positive (Negative)
Revenues:			
Intergovernmental -			
Federal sources - through the State of Alaska	$ 326,744	274,632	(52,112)
Expenditures:			
Special education instruction:			
Certificated salaries	20,000	5,600	14,400
Non-certificated salaries	4,000	-	4,000
Employee benefits	7,909	-	7,909
Professional and technical services	195,312	183,512	11,800
Staff travel	15,555	1,293	14,262
Other purchased services	1,000	-	1,000
Supplies, materials and media	54,033	40,043	13,990
Other	400	-	400
Total special education instruction	298,209	230,448	67,761
Special education support services - students:			
Certificated salaries	5,600	-	5,600
Non-certificated salaries	2,100	3,500	(1,400)
Employee benefits	-	1,309	(1,309)
Staff travel	-	7,725	(7,725)
Supplies, materials and media	-	13,072	(13,072)
Other	-	400	(400)
Total special education support services - students	7,700	26,006	(18,306)
Support services - instruction :			
Certificated salaries	-	766	(766)
Employee benefits	-	22	(22)
Total support services - instruction	-	788	(788)
District administration support services -			
Indirect costs	20,835	17,390	3,445
Total expenditures	326,744	274,632	52,112
Excess of revenues over expenditures	$ -	-	-
Fund balance, beginning of year		-	
Fund balance, end of year		$ -	

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

Title I-A Consolidated Admin Pool Program Special Revenue Fund

Schedule of Revenues, Expenditures, and Changes
in Fund Balance - Budget and Actual

Year Ended June 30, 2022

	Budget	Actual	Variance with Final Budget- Positive (Negative)
Revenues:			
Intergovernmental -			
Federal sources - through the State of Alaska	$ 96,022	96,022	-
Expenditures:			
Support services - instruction:			
Certificated salaries	68,043	69,193	(1,150)
Employee benefits	21,597	23,276	(1,679)
Staff travel	6,382	3,553	2,829
Total expenditures	96,022	96,022	-
Excess of revenues over expenditures	$ -	-	-
Fund balance, beginning of year		-	
Fund balance, end of year		$ -	

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

Preschool Disabled Special Revenue Fund

Schedule of Revenues, Expenditures, and Changes
in Fund Balance - Budget and Actual

Year Ended June 30, 2022

	Budget	Actual	Variance with Final Budget- Positive (Negative)
Revenues:			
Intergovernmental -			
Federal sources - through the State of Alaska	$ 11,261	11,223	(38)
Expenditures:			
Special education instruction:			
Professional and technical services	9,227	9,227	-
Other purchased services	1,321	-	1,321
Supplies, materials and media	-	61	(61)
Total special education instruction	10,548	9,288	1,260
Special education support services - students -			
Professional and technical services	-	1,224	(1,224)
District administration support services-			
Indirect costs	713	711	2
Total expenditures	11,261	11,223	38
Excess of revenues over expenditures	$ -	-	-
Fund balance, beginning of year		-	
Fund balance, end of year		$ -	

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

School Improvement Special Revenue Fund

Schedule of Revenues, Expenditures, and Changes
in Fund Balance - Budget and Actual

Year Ended June 30, 2022

	Budget	Actual	Variance with Final Budget- Positive (Negative)
Revenues:			
Intergovernmental -			
Federal sources - through the State of Alaska	$ 50,000	37,823	(12,177)
Expenditures:			
Instruction:			
Certified salaries	36,001	10,620	25,381
Employee benefits	-	255	(255)
Supplies, materials and media	10,833	10,083	750
Total instruction	46,834	20,958	25,876
Support services - instruction -			
Staff travel	-	14,470	(14,470)
District administration support services -			
Indirect costs	3,166	2,395	771
Total expenditures	50,000	37,823	12,177
Excess of revenues over expenditures	$ -	-	-
Fund balance, beginning of year		-	
Fund balance, end of year		$ -	

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

Title II-A Special Revenue Fund

Schedule of Revenues, Expenditures, and Changes
in Fund Balance - Budget and Actual

Year Ended June 30, 2022

	Budget	Actual	Variance with Final Budget- Positive (Negative)
Revenues:			
Intergovernmental -			
Federal sources - through the State of Alaska	$ 117,891	72,021	(45,870)
Expenditures:			
Instruction:			
Certificated salaries	-	1,108	(1,108)
Non-certificated salaries	4,070	-	4,070
Employee benefits	-	296	(296)
Staff travel	-	105	(105)
Supplies, materials and media	-	820	(820)
Total instruction	4,070	2,329	1,741
Support services - instruction:			
Certificated salaries	44,742	26,308	18,434
Employee benefits	3,975	2,259	1,716
Professional and technical services	25,262	12,703	12,559
Staff travel	14,233	15,782	(1,549)
Supplies, materials and media	3,894	2,337	1,557
Other	14,250	5,743	8,507
Total support services - instruction	106,356	65,132	41,224
District administration support services-			
Indirect costs	7,465	4,560	2,905
Total expenditures	117,891	72,021	45,870
Excess of revenues over expenditures	$ -	-	-
Fund balance, beginning of year		-	
Fund balance, end of year		$ -	

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

Title IV-A Special Revenue Fund

Schedule of Revenues, Expenditures, and Changes
in Fund Balance - Budget and Actual

Year Ended June 30, 2022

	Budget	Actual	Variance with Final Budget- Positive (Negative)
Revenues:			
Intergovernmental -			
Federal sources - through			
the State of Alaska	$ 40,781	21,907	(18,874)
Expenditures:			
Instruction:			
Student travel	-	6,000	(6,000)
Equipment	-	5,992	(5,992)
Total instruction	-	11,992	(11,992)
Support services- instruction			
Staff Travel	1,930	425	1,505
District administration support services -			
Indirect costs	2,582	1,008	1,574
Student activities:			
Certificated salaries	4,000	4,000	-
Non-certificated salaries	8,750	-	8,750
Employee benefits	283	598	(315)
Professional and technical services	575	-	575
Supplies, materials and media	22,661	3,884	18,777
Total student activities	36,269	8,482	27,787
Total expenditures	40,781	21,907	18,874
Excess of revenues			
over expenditures	$ -	-	-
Fund balance, beginning of year		-	
Fund balance, end of year		$ -	

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

Title I-A Basic Program Special Revenue Fund

Schedule of Revenues, Expenditures, and Changes
in Fund Balance - Budget and Actual

Year Ended June 30, 2022

	Budget	Actual	Variance with Final Budget- Positive (Negative)
Revenues:			
Intergovernmental -			
Federal sources - through the State of Alaska	$ 293,484	179,473	(114,011)
Expenditures:			
Instruction:			
Certificated salaries	100,092	85,075	15,017
Non-certificated salaries	47,164	40,396	6,768
Employee benefits	51,668	24,931	26,737
Transportation allowance	460	400	60
Supplies, materials and media	60,517	1,178	59,339
Total instruction	259,901	151,980	107,921
Special education instruction-			
Professional and technical services	15,000	11,000	4,000
Support services - instruction:			
Professional and technical services	-	2,394	(2,394)
Staff travel	-	2,735	(2,735)
Total support services - instruction	-	5,129	(5,129)
District administration support services-			
Indirect costs	18,583	11,364	7,219
Total expenditures	293,484	179,473	114,011
Excess of revenues over expenditures	$ -	-	-
Fund balance, beginning of year		-	
Fund balance, end of year		$ -	

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

Title I-C Migrant Education Special Revenue Fund

Schedule of Revenues, Expenditures, and Changes
in Fund Balance - Budget and Actual

Year Ended June 30, 2022

	Budget	Actual	Variance with Final Budget- Positive (Negative)
Revenues:			
Intergovernmental -			
Federal sources - through the State of Alaska	$ 503,969	332,627	(171,342)
Expenditures:			
Instruction:			
Certificated salaries	56,800	24,440	32,360
Non-certificated salaries	76,746	32,312	44,434
Employee benefits	88,767	12,216	76,551
Other purchased services	-	1,360	(1,360)
Supplies, materials and media	53,047	17,203	35,844
Tuition - students and stipends	58,750	66,180	(7,430)
Total instruction	334,110	153,711	180,399
Support services - students:			
Certificated salaries	83,153	81,826	1,327
Employee benefits	-	23,435	(23,435)
Total support services - students	83,153	105,261	(22,108)
Support services - instruction:			
Non-certificated salaries	-	21,259	(21,259)
Employee benefits	-	13,253	(13,253)
Professional and technical services	-	420	(420)
Staff travel	-	3,796	(3,796)
Total support services - instruction	-	38,728	(38,728)
District administration support services:			
Non-certificated salaries	25,500	7,244	18,256
Employee benefits	-	3,490	(3,490)
Staff travel	250	-	250
Indirect costs	28,191	16,871	11,320
Total district administration support services	53,941	27,605	26,336
Student activities:			
Certificated salaries	5,000	-	5,000
Non-certificated salaries	8,000	-	8,000
Other purchased services	4,425	-	4,425
Total student activities	17,425	-	17,425
Student transportation - to and from school -			
Other purchased services	-	6,370	(6,370)
Student transportation - school activities -			
Other purchased services	15,340	952	14,388
Total expenditures	503,969	332,627	171,342
Excess of revenues over expenditures	$ -	-	-
Fund balance, beginning of year		-	
Fund balance, end of year		$ -	

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

Migrant Book Program Special Revenue Fund

Schedule of Revenues, Expenditures, and Changes
in Fund Balance - Budget and Actual

Year Ended June 30, 2022

	Budget	Actual	Variance with Final Budget- Positive (Negative)
Revenues:			
Intergovernmental -			
Federal sources - through the State of Alaska	$ 11,400	9,077	(2,323)
Expenditures:			
Instruction -			
Supplies, materials and media	10,678	8,502	2,176
District administration support services -			
Indirect costs	722	575	147
Total expenditures	11,400	9,077	2,323
Excess of revenues over expenditures	$ -	-	-
Fund balance, beginning of year		-	
Fund balance, end of year		$ -	

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

Carl Perkins Special Revenue Fund

Schedule of Revenues, Expenditures, and Changes
in Fund Balance - Budget and Actual

Year Ended June 30, 2022

	Budget	Actual	Variance with Final Budget- Positive (Negative)
Revenues:			
Intergovernmental -			
Federal sources - through the State of Alaska	$ 37,830	36,435	(1,395)
Expenditures:			
Instruction:			
Professional and technical services	2,500	2,500	-
Other purchased services	9,382	9,570	(188)
Supplies, materials and media	19,976	18,511	1,465
Other	20	20	-
Total instruction	31,878	30,601	1,277
Support services - instruction:			
Certificated salaries	1,434	1,400	34
Employee benefits	51	32	19
Professional and technical services	2,667	2,667	-
Total support services - instruction	4,152	4,099	53
District administration support services -			
Indirect costs	1,800	1,735	65
Total expenditures	37,830	36,435	1,395
Excess of revenues over expenditures	$ -	-	-
Fund balance, beginning of year		-	
Fund balance, end of year		$ -	

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

COVID-19 (ESSERF) Special Revenue Fund

Schedule of Revenues, Expenditures, and Changes
in Fund Balance - Budget and Actual

Year Ended June 30, 2022

	Budget	Actual	Variance with Final Budget- Positive (Negative)
Revenues:			
Intergovernmental -			
Federal sources - through the State of Alaska	$ 41,471	41,479	8
Expenditures:			
Instruction -			
Supplies, materials and media	38,845	24,098	14,747
District administration support services -			
Indirect costs	2,626	2,626	-
Operations and maintenance of plant -			
Supplies, materials and media	-	2,830	(2,830)
Student activities:			
Non-certificated salaries	-	854	(854)
Employee benefits	-	20	(20)
Total student activities	-	874	(874)
Food services:			
Non-certificated salaries	-	10,795	(10,795)
Employee benefits	-	256	(256)
Total food services	-	11,051	(11,051)
Total expenditures	41,471	41,479	(8)
Excess of revenues over expenditures	$ -	-	-
Fund balance, beginning of year		-	
Fund balance, end of year		$ -	

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

Elementary and Secondary School Emergency Relief II Special Revenue Fund

Schedule of Revenues, Expenditures, and Changes
in Fund Balance - Budget and Actual

Year Ended June 30, 2022

	Budget	Actual	Variance with Final Budget- Positive (Negative)
Revenues:			
Intergovernmental -			
Federal sources - through the State of Alaska	$ 313,164	354,738	41,574
Expenditures:			
Instruction:			
Certificated salaries	62,250	125,711	(63,461)
Non-certificated salaries	-	4,938	(4,938)
Employee benefits	6,945	17,881	(10,936)
Supplies, materials, media	8,750	5,072	3,678
Total instruction	77,945	153,602	(75,657)
Special education instruction:			
Certificated salaries	-	12,190	(12,190)
Non-certificated salaries	7,500	3,553	3,947
Employee benefits	-	1,935	(1,935)
Total special education instruction	7,500	17,678	(10,178)
Special education support services - students:			
Certificated salaries	-	2,000	(2,000)
Employee benefits	-	106	(106)
Total special education support services - students	-	2,106	(2,106)
Support services - students:			
Certificated salaries	-	8,599	(8,599)
Non-certificated salaries	-	2,009	(2,009)
Employee benefits	-	4,272	(4,272)
Total support services - students	-	14,880	(14,880)
Support services - instruction:			
Certificated salaries	-	5,000	(5,000)
Non-certificated salaries	-	1,917	(1,917)
Employee benefits	-	930	(930)
Professional and technical services	9,000	9,000	-
Total support services - instruction	9,000	16,847	(7,847)
School administration :			
Certificated salaries	-	14,283	(14,283)
Employee benefits	-	1,437	(1,437)
Total school administration	$ -	15,720	(15,720)

(Continued)

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

Elementary and Secondary School Emergency Relief II Special Revenue Fund

Schedule of Revenues, Expenditures, and Changes
in Fund Balance - Budget and Actual, Continued

	Budget	Actual	Variance with Final Budget- Positive (Negative)
Expenditures, continued:			
School administration support services:			
Certificated salaries	$ -	5,000	(5,000)
Non-certificated salaries	-	3,861	(3,861)
Employee benefits	-	1,890	(1,890)
Total school administration support services	-	10,751	(10,751)
District administration support services:			
Certificated salaries	-	3,000	(3,000)
Non-certificated salaries	-	1,743	(1,743)
Employee benefits	-	772	(772)
Indirect costs	19,829	22,462	(2,633)
Total district administration support services	19,829	27,977	(8,148)
Operations and maintenance of plant:			
Certificated salaries	-	2,000	(2,000)
Employee benefits	-	411	(411)
Other purchased services	100,000	60,908	39,092
Supplies, materials, media	74,450	16,705	57,745
Total operations and maintenance of plant	174,450	80,024	94,426
Student activities:			
Non-certificated salaries	-	440	(440)
Employee benefits	-	31	(31)
Total student activities	-	471	(471)
Student transportation - to and from school -			
Other purchased services	6,440	7,500	(1,060)
Community services -			
Other	-	7,182	(7,182)
Food services -			
Supplies, materials, media	18,000	-	18,000
Total expenditures	313,164	354,738	(41,574)
Excess of revenues over expenditures	$ -	-	-
Fund balance, beginning of year		-	
Fund balance, end of year		$ -	

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

Elementary and Secondary School Emergency Relief III Special Revenue Fund

Schedule of Revenues, Expenditures, and Changes
in Fund Balance - Budget and Actual

Year Ended June 30, 2022

	Budget	Actual	Variance with Final Budget- Positive (Negative)
Revenues:			
Intergovernmental -			
Federal sources - through the State of Alaska	$ 1,315,907	413,873	(902,034)
Expenditures:			
Instruction:			
Non-certificated salaries	100,400	8,702	91,698
Employee benefits	62,000	2,724	59,276
Staff travel	-	415	(415)
Student travel	-	15,000	(15,000)
Supplies, materials, media	233,000	64,044	168,956
Total instruction	395,400	90,885	304,515
Support services - students:			
Non-certificated salaries	80,000	26,996	53,004
Employee benefits	-	14,621	(14,621)
Total support services - students	80,000	41,617	38,383
Support services - instruction -			
Staff travel	-	13,136	(13,136)
District administration -			
Staff travel	-	987	(987)
District administration support services -			
Indirect costs	32,667	10,753	21,914
Operations and maintenance of plant:			
Other purchased services	-	5,153	(5,153)
Other capital outlay	800,000	244,052	555,948
Total operations and maintenance of plant	800,000	249,205	550,795
Student activities -			
Student travel	-	5,400	(5,400)
Student transportation - to and from school -			
Other purchased services	7,840	1,890	5,950
Total expenditures	1,315,907	413,873	902,034
Excess of revenues over expenditures	$ -	-	-
Fund balance, beginning of year		-	
Fund balance, end of year		$ -	

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

REAP - RLIS Education Special Revenue Fund

Schedule of Revenues, Expenditures, and Changes
in Fund Balance - Budget and Actual

Year Ended June 30, 2022

	Budget	Actual	Variance with Final Budget- Positive (Negative)
Revenues:			
Intergovernmental -			
Federal sources - direct	$ 14,993	14,993	-
Expenditures:			
Instruction:			
Certificated salaries	-	11,254	(11,254)
Supplies, materials, media	14,993	-	14,993
Total instruction	14,993	11,254	3,739
Support services - instruction -			
Staff travel	-	2,790	(2,790)
District administration support services -			
Indirect costs	-	949	(949)
Total expenditures	14,993	14,993	-
Excess of revenues over expenditures	$ -	-	-
Fund balance, beginning of year		-	
Fund balance, end of year		$ -	

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

Indian Education Special Revenue Fund

Schedule of Revenues, Expenditures, and Changes
in Fund Balance - Budget and Actual

Year Ended June 30, 2022

	Budget	Actual	Variance with Final Budget- Positive (Negative)
Revenues:			
Intergovernmental -			
Federal sources - direct	$ 217,815	217,815	-
Expenditures:			
Instruction:			
Certificated salaries	107,639	105,050	2,589
Non-certificated salaries	39,535	43,073	(3,538)
Employee benefits	57,084	55,520	1,564
Transportation allowance	-	380	(380)
Total instruction	204,258	204,023	235
District administration support services -			
Indirect costs	13,557	13,792	(235)
Total expenditures	217,815	217,815	-
Excess of revenues over expenditures	$ -	-	-
Fund balance, beginning of year		-	
Fund balance, end of year		$ -	

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

Johnson O'Malley Special Revenue Fund

Schedule of Revenues, Expenditures, and Changes
in Fund Balance - Budget and Actual

Year Ended June 30, 2022

	Budget	Actual	Variance with Final Budget- Positive (Negative)
Revenues:			
Intergovernmental -			
Federal sources - through other intermediate agencies	$ 13,754	6,736	(7,018)
Expenditures:			
Instruction:			
Supplies, materials and media	12,757	4,779	7,978
Other	150	-	150
Total instruction	12,907	4,779	8,128
District administration support services-			
Indirect costs	847	427	420
Student transportation - to and from school -			
Other purchased services	-	200	(200)
Student transportation - school activities -			
Other purchased services	-	1,330	(1,330)
Total expenditures	13,754	6,736	7,018
Excess of revenues over expenditures	$ -	-	-
Fund balance, beginning of year		-	
Fund balance, end of year		$ -	

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

UAF TASK Special Revenue Fund

Schedule of Revenues, Expenditures, and Changes
in Fund Balance

Year Ended June 30, 2022

	Budget	Actual	Variance with Final Budget- Positive (Negative)
Revenues:			
Intergovernmental -			
Federal sources - through other intermediate agencies	$ 33,300	31,964	(1,336)
Expenditures:			
Instruction:			
Student travel	25,300	23,699	1,601
Supplies, materials and media	8,000	8,265	(265)
Total expenditures	33,300	31,964	1,336
Excess of revenues over expenditures	$ -	-	-
Fund balance, beginning of year		-	
Fund balance, end of year		$ -	

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

NSEDC Concession Stand Renovation Special Revenue Fund

Schedule of Revenues, Expenditures, and Changes
in Fund Balance - Budget and Actual

Year Ended June 30, 2022

	Budget	Actual	Variance with Final Budget- Positive (Negative)
Revenues:			
Local sources - other local	$ 24,664	24,664	-
Expenditures:			
Operations and maintenance of plant -			
Other purchased services	24,664	24,664	-
Excess of revenues over expenditures	$ -	-	-
Fund balance, beginning of year		-	
Fund balance, end of year		$ -	

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

NSEDC Culture Club Travel Special Revenue Fund

Schedule of Revenues, Expenditures, and Changes
in Fund Balance - Budget and Actual

Year Ended June 30, 2022

	Budget	Actual	Variance with Final Budget- Positive (Negative)
Revenues :			
Local sources - other local	$ 2,500	2,500	-
Expenditures:			
Student activities -			
Supplies, materials and media	2,500	2,500	-
Excess of revenues over expenditures	$ -	-	-
Fund balance, beginning of year		-	
Fund balance, end of year		$ -	

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

UAF Future Educators Special Revenue Fund

Schedule of Revenues, Expenditures, and Changes
in Fund Balance - Budget and Actual

Year Ended June 30, 2022

	Budget	Actual	Variance with Final Budget- Positive (Negative)
Revenues:			
Local sources - other local	$ 7,510	7,510	-
Expenditures:			
Instruction -			
Student travel	7,510	7,510	-
Excess of revenues over expenditures	$ -	-	-
Fund balance, beginning of year		-	
Fund balance, end of year		$ -	

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

Inupiaq Immersion Program Special Revenue Fund

Schedule of Revenues, Expenditures, and Changes
in Fund Balance

Year Ended June 30, 2022

Revenues:	$	-
Expenditures:		
Instruction:		
Certificated salaries		500
Non-certificated salaries		34,209
Employee benefits		10,155
Total expenditures		44,864
Excess (deficiency) of revenues over expenditures		(44,864)
Fund balance, beginning of year		95,550
Fund balance, end of year	$	50,686

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

SNC Culture Camp Special Revenue Fund

Schedule of Revenues, Expenditures, and Changes
in Fund Balance

Year Ended June 30, 2022

Revenues:	$ -
Expenditures :	
Support services - instruction -	
Other purchased services	18,500
Excess (deficiency) of revenues over expenditures	(18,500)
Fund balance, beginning of year	18,500
Fund balance, end of year	$ -

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

Arts and Culture Special Revenue Fund

Schedule of Revenues, Expenditures, and Changes
in Fund Balance - Budget and Actual

Year Ended June 30, 2022

		Actual
Revenues:		
Local sources - other local	$	25,111
Expenditures:		
Instruction:		
Non-certificated salaries		2,790
Employee benefits		3,139
Total instruction		5,929
Special education instruction -		
Certificated salaries		19,182
Total expenditures		25,111
Excess of revenues over expenditures		-
Fund balance, beginning of year		-
Fund balance, end of year	$	-

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

NSEDC Large Infrastructure Program Special Revenue Fund

Schedule of Revenues, Expenditures, and Changes
in Fund Balance - Budget and Actual

Year Ended June 30, 2022

	Budget	Actual	Variance with Final Budget- Positive (Negative)
Revenues:			
Local sources - other local	$ 17,961	17,961	-
Expenditures:			
Operations and maintenance of plant - Equipment	17,961	17,961	-
Excess of revenues over expenditures	$ -	-	-
Fund balance, beginning of year		-	
Fund balance, end of year		$ -	

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

Nome-Beltz Apartments Program Special Revenue Fund

Schedule of Revenues, Expenditures, and Changes
in Fund Balance

Year Ended June 30, 2022

	Actual
Revenues:	
Local sources -	
Charges for services - rental receipts	$ 233,163
Expenditures:	
Operations and maintenance of plant:	
Utility services	5,331
Energy	20,842
Other purchased services	88,386
Supplies, materials and media	77,497
Other	577
Total expenditures	192,633
Excess of revenues over expenditures	40,530
Fund balance, beginning of year	1,718,089
Fund balance, end of year	$ 1,758,619

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

Albro Gregory Scholarship Program Special Revenue Fund

Schedule of Revenues, Expenditures, and Changes
in Fund Balance

Year Ended June 30, 2022

Revenues	$	-
Expenditures		-
Excess of revenues over expenditures		-
Fund balance, beginning of year		5,374
Fund balance, end of year	$	5,374

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

Student Activities Special Revenue Fund

Schedule of Revenues, Expenditures, and Changes
in Fund Balance

Year Ended June 30, 2022

Revenues -		
Local sources - other local	$	326,198
Expenditures:		
Instruction -		
Supplies, materials and media		995
Support services - instruction -		
Supplies, materials and media		24
Student activities:		
Certified salaries		3,000
Employee benefits		195
Professional and technical services		363
Staff travel		460
Student travel		173,918
Other purchased services		2,613
Supplies, materials and media		97,581
Other		14,753
Total student activities		292,883
Total expenditures		293,902
Excess of revenues over expenditures		32,296
Fund balance, beginning of year		399,750
Fund balance, end of year	$	432,046

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

Games of Chance and Skill Special Revenue Fund

Schedule of Revenues, Expenditures, and Changes in Fund Balance

Year Ended June 30, 2022

Revenues -		
Local sources - other local	$	11
Expenditures		-
Excess of revenues over expenditures		11
Fund balance, beginning of year, as restated		15,354
Fund balance, end of year	$	15,365

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

NBHS Partial Roof Replacement Capital Project Fund

Schedule of Revenues, Expenditures, and Changes
in Fund Balance

Year Ended June 30, 2022

Revenues:		
Intergovernmental -		
State of Alaska	$	5,796
Expenditures:		
Construction and facilities acquisition:		
Professional and technical services		5,317
Other		479
Total expenditures		5,796
Excess of revenues over expenditures		-
Fund balance, beginning of year		-
Fund balance, end of year	$	-

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

NBHS and NES DDC Control System Upgrade Capital Project Fund

Schedule of Revenues, Expenditures, and Changes
in Fund Balance (Deficit)

Year Ended June 30, 2022

Revenues	$	-
Expenditures		-
Excess of revenues over expenditures		-
Fund balance (deficit), beginning of year		(27,338)
Fund balance (deficit), end of year	$	(27,338)

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

NES Fire Alarm System Replacement Capital Project Fund

Schedule of Revenues, Expenditures, and Changes
in Fund Balance (Deficit)

Year Ended June 30, 2022

Revenues	$ -
Expenditures	-
Excess of revenues over expenditures	-
Fund balance (deficit), beginning of year	(5,195)
Fund balance (deficit), end of year	$ (5,195)

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

NBHS Generator Addition Capital Project Fund

Schedule of Revenues, Expenditures, and Changes
in Fund Balance (Deficit)

Year Ended June 30, 2022

Revenues:	$ -
Expenditures:	
Construction and facilities acquisition -	
Professional and technical services	4,500
Excess (deficiency) of revenues over expenditures	(4,500)
Fund balance, beginning of year	-
Fund balance (deficit), end of year	$ (4,500)

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

Nome Teacher VPSO Housing Capital Project Fund

Schedule of Revenues, Expenditures, and Changes
in Fund Balance

Year Ended June 30, 2022

Revenues:		
Intergovernmental-		
State of Alaska	$	16,470
Expenditures -		
Construction and facilities acquisition -		
Professional and technical services		16,470
Excess of revenues over expenditures		-
Fund balance, beginning of year		-
Fund balance, end of year	$	-

Nome Public Schools
(A component Unit of the City of Nome

Student Activity

Schedule of Changes in Assets and Fund Balances

For the Year Ended June 30, 2022

	Beginning Balance	Increases	Decreases	Ending Balance
Assets:				
Accounts receivable	$ 724	3,472	-	4,196
Prepaid items	-	334	-	334
Due from School Operating Fund	400,863	29,651	-	430,514
	$ 401,587	33,457	-	435,044
Liabilities:				
Accounts Payable	$ 1,837	1,161	-	2,998
Fund Balances:				
Districtwide				
Technology	-	12,000	24	11,976
Middle/High school:				
ACSA -- 8th Grade Class of 2020 DC Trip	21,265	-	-	21,265
ACSA -- 8th Grade Class of 2022 DC Trip	1,117	27,323	7,093	21,347
ACSA -- 8th Grade Class of 2023 DC Trip	259	147	-	406
ACSA -- 8th Grade Class of 2024 DC Trip	-	131	-	131
ACSA -- Action	1,335	-	-	1,335
ACSA - Class of 2021 DC Trip	5,437	-	-	5,437
ACSA -- DC Ticket Account	33,457	2,647	23,261	12,843
ACSA - Ski & Bike Mechanics	-	-	-	-
ACSA -- Student Council	5,723	-	-	5,723
Archery Club	40	-	-	40
Boys Varsity Basketball	19,591	30,506	18,902	31,195
Breakfast Snack	71	-	71	-
Class of 2022	-	-	-	-
Class of 2023	-	12,838	9,422	3,416
Cross Country	10,127	3,408	8,920	4,615
Culinary Club	929	-	-	929
Culture Club	350	990	28	1,312
Design Technology	83	-	-	83
Drama Club	2,686	2,231	-	4,917
EdRising	-	8,233	5,680	2,553
Esports	2,601	1,665	1,617	2,649
General	2,273	4,166	5,664	775
Girls Varsity Basketball	31,027	11,299	5,066	37,260
Gym Banners	8,473	16,780	7,145	18,108
Honor Society	267	160	-	427
HS Student Council	1,852	-	-	1,852
Jr. High Basketball Tournament	2,572	-	-	2,572
Jr. High Boys Basketball	22,657	23,488	16,700	29,445
Jr. High Cheerleading	-	2,600	-	2,600
Jr. High Girls Basketball	6,155	16,871	20,193	2,833
Jr. High Student Council	2,776	1,243	-	4,019
Jr. High Volleyball	13,619	7,136	14,901	5,854
Jr. High Wrestling	(6,341)	7,787	(4,773)	6,219

(continued)

Nome Public Schools
(A component Unit of the City of Nome

Student Activity

Schedule of Changes in Assets and Fund Balances, Continued

	Beginning Balance	Increases	Decreases	Ending Balance
Fund balances, continued:				
Middle/High school, continued:				
JV Boys Basketball	883	-	-	883
JV Girls Basketball	1,278	9,360	-	10,638
JV Volleyball	323	-	-	323
Let Us Buy - Student Store	2,078	4,474	2,196	4,356
Lisa Leeper's - Lego Robotics	9,680	-	-	9,680
Music/Choir	12,358	-	(5,389)	17,747
Nanook News	(35)	350	-	315
Native Youth Leadership NNYLO	1,080	-	-	1,080
Native Youth Olympics NYO	13,351	750	10,516	3,585
NB Class of 2022	4,371	-	4,371	-
NBHS Athletics	939	-	-	939
NBHS Close Up/DC Trip	27,527	62,555	62,745	27,337
Norton Sound Shootout	4,385	-	-	4,385
NSEDC - Outdoor Activities	-	-	-	-
NSEDC - Student Activity Travel	-	-	-	-
NYO Junior Account	3,010	-	-	3,010
Skills USA VICA	24,913	-	-	24,913
Ski Team	-	3,072	1,226	1,846
Speech & Debate Club	1,036	-	-	1,036
Spirit Committee	650	-	-	650
Student Career Exploration Trips	-	320	9,495	(9,175)
Subway Showdown	6,441	-	5,708	733
Suicide, Alcohol and/or Substance Abuse Prevention	1,500	-	1,500	-
Swim Team	895	300	-	1,195
The PRIDE Club	-	401	-	401
Varsity Cheerleading	6,710	2,730	2,656	6,784
Varsity Volleyball	42,834	14,936	17,487	40,283
Varsity Wrestling	16,653	4,751	8,560	12,844
Yearbook	-	1,600	-	1,600
Youth Dance Group	3,980	-	-	3,980
Total Middle/High School	377,241	287,248	260,961	403,528

(continued)

Nome Public Schools
(A component Unit of the City of Nome

Student Activity

Schedule of Changes in Assets and Fund Balances, Continued

	Beginning Balance	Increases	Decreases	Ending Balance
Fund balances, continued:				
Elementary school:				
NES Basketball	27	-	-	27
NES Cross Country	175	-	-	175
NES Library Club	6,745	500	2,995	4,250
NES Student Council	663	-	-	663
NES Wrestling	7,640	-	-	7,640
NES Youth Activities	2,462	-	-	2,462
Nome Elementary General Activities	4,598	-	-	4,598
SBA Breakfast	-	-	-	-
SBA Pep Rally	-	-	-	-
Ski Team	250	-	-	250
Swimming	-	-	-	-
Youth Basketball	(51)	-	3,472	(3,523)
Total Elementary School	22,509	500	6,467	16,542
Total fund balance	399,750	299,748	267,452	432,046
Total liabilities and fund balance	$ 401,587	300,909	267,452	435,044

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

Schedule of Compliance - AS 14.17.505

June 30, 2022

Total fund balance - School Operating Fund	$ 2,520,867		
less exemptions per 4 AAC 09.160(a)			
Inventory	39,430		
Prepaid items	600,084		
Federal impact aid received	30,807		
Fund Balance Subject to 10% Limitation	$ 1,850,546		
Nonexempt fund balance as a percentage of current year expenditures:			
Fund balance subject to limitation	1,850,546	=	13.72%
Current year expenditures	13,492,822		

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

Schedule of Expenditures of Federal Awards

Year Ended June 30, 2022

Grant Title	Grant Number	Pass through Number	Assistance Listing Number	Total Grant Award	Federal Share of Expenditures
U.S. Department of Education:					
Direct programs:					
Impact Aid	S041B220165		84.041	$ 30,807	30,807
Indian Education	S060A210518		84.060A	217,815	217,815
REAP - RLIS	S358C210020		84.358C	14,993	14,993
Passed through the State of Alaska,					
Department of Education and Early Development:					
Title II-A Consolidated Admin Pool Program		IP 22.NPSD.01	84.367	800	800
Title II-A		IP 22.NPSD.01	84.367	117,891	72,021
Total ALN 84.367				118,691	72,821
Title IV-A Consolidated Admin Pool Program		IP 22.NPSD.01	84.424	500	500
Title IV-A		IP 22.NPSD.01	84.424A	40,781	21,907
Total ALN 84.424				41,281	22,407
Special Education Cluster:					
Title VI-B IDEA		SE 22.NPSD.01	84.027	270,889	270,801
Title VI-B IDEA ARP		SE 22.NPSD.01	84.173X	58,155	3,831
Preschool Disabled Section 619		SE 22.NPSD.01	84.173	6,249	6,211
Preschool Disabled Section 619 IDEA ARP		SE 22.NPSD.01	84.173X	5,012	5,012
Total Special Education Cluster				340,305	285,855
Carl Perkins		EK 22.NPSD.01	84.048	35,812	34,435
Carl Perkins		EK 22.NPSD.01	84.048A	2,000	2,000
Total ALN 84.048				37,812	36,435
Title I-A Basic		IP 22.NPSD.01	84.010	293,596	179,473
Title I-A Basic Consolidated Admin Pool Program		IP 22.NPSD.01	84.010	41,500	41,500
School Improvement		SI 22.NPSD.01	84.010	75,100	37,823
Total ALN 84.010				410,196	258,796
COVID-19 Elementary & Secondary School Emergency Relief Fund I		ER.22.NPSD.01	84.425D	41,479	41,479
COVID-19 Elementary & Secondary School Emergency Relief Fund II		ER.22.NPSD.01	84.425D	633,919	354,738
COVID-19 Elementary & Secondary School Emergency Relief Fund III		ER.22.NPSD.01	84.425U	1,819,955	413,873
Total ALN 84.425				2,495,353	810,090
Comprehensive State Literacy Development		AL 22.NPSD.01	84.371C	170,427	39,690
Title I-C Migrant Education		IP 22.NPSD.01	84.011	615,055	332,627
Title I-C Basic Consolidated Admin Pool Program		IP 22.NPSD.01	84.011	53,222	53,222
Migrant Literacy		MB 22.NPSD.01	84.011	11,400	9,077
Total ALN 84.011				679,677	394,926
Passed through University of Alaska Fairbanks -					
TASK		G12390	84.362A	33,300	31,964
Total Department of Education				4,590,657	2,216,599
U.S. Department of the Interior -					
Passed through Kawerak, Inc. -					
Johnson O'Malley		FY22	15.130	10,530	6,736
U.S. Department of Agriculture:					
Passed through the State of Alaska,					
Department of Education and Early Development:					
Child Nutrition Cluster:					
National School Breakfast Program		03501	10.553	147,049	147,049
National School Lunch Program		03501	10.555	323,510	323,510
Emergency Operating Costs		03501	10.555	1,171	1,171
Commodity Supplemental Food Program		FY22	10.555	26,707	26,707
Supply Chain Assistance Funds		03501	10.555	19,680	19,680
Total Child Nutrition Cluster				518,117	518,117
Food Distribution Admin Fee Reimbursement		FD 21.NPSD.01	10.560	4,180	4,180
COVID-19 CNP P-EBT Admin Costs		03501	10.649	614	614
Total Department of Agriculture				522,911	522,911
Total Expenditures of Federal Awards				$ 5,124,098	2,746,246

See accompanying notes to the Schedule

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome, Alaska)

Notes to Schedule of Expenditures of Federal Awards

Year Ended June 30, 2022

Note 1. Basis of Presentation

The accompanying schedule of expenditures of federal awards (the "Schedule") includes the federal award activity of Nome Public Schools under programs of the federal government for the year ended June 30, 2022. The information in this Schedule is presented in accordance with the requirements of *Title 2 U.S. Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance)*. Because the Schedule presents only a selected portion of the operations of Nome Public Schools, it is not intended to and does not present the basic financial statements of Nome Public Schools.

Note 2. Summary of Significant Accounting Policies

Expenditures reported on the Schedule are reported on the modified accrual basis of accounting. Such expenditures are recognized following the cost principles contained in the Uniform Guidance, wherein certain types of expenditures are not allowable or are limited as to reimbursement. Negative amounts shown on the Schedule represent adjustments or credits made in the normal course of business to amounts reported as expenditures in prior years. Nome Public Schools has elected not to use the 10% de minimis indirect cost rate allowed under the Uniform Guidance.

Note 3. Non-monetary Assistance

Non-monetary assistance is reported in the schedule at fair market value of commodities received and disbursed. For the year ended June 30, 2022, the District received $26,707 in commodities.

Note 4. Passed Through Awards

No amounts were passed through to subrecipients.

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

Schedule of State Financial Assistance

Year Ended June 30, 2022

Grant Title	Grant Number	Grant Award	Eligible Expenditures
State of Alaska, Department of Education and Early Development:			
Direct:			
# Foundation	None	$ 8,828,694	8,828,694
Quality Schools	None	27,390	27,390
Student Transportation	None	456,602	456,602
NBHS Partial Roof Replacement	GR-19-018	1,556,442	5,796
Dividend Raffle Funds	None	2,907	2,907
Broadband Assistance	None	27,984	27,984
Total Department of Education and Early Development		10,900,019	9,349,373
Alaska Housing Finance Corporation -			
Direct -			
Nome Teacher VPSO Housing	THP-20-NPS-1	500,000	16,470
Total state financial assistance		$ 12,471,433	9,365,843

See accompanying notes to schedule.

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome, Alaska)

Notes to Schedule of State Financial Assistance

Year Ended June 30, 2022

Note 1. Basis of Presentation

The accompanying schedule of state financial assistance (the "Schedule") includes the state award activity of Nome Public Schools under programs of the State of Alaska for the year ended June 30, 2022. The information in this Schedule is presented in accordance with the requirements of the *State of Alaska Audit Guide and Compliance Supplement for State Single Audits*. Because the Schedule presents only a selected portion of the operations of Nome Public Schools, it is not intended to and does not present the basic financial statements of Nome Public Schools.

Note 2. Summary of Significant Accounting Policies

Expenditures reported on the Schedule are reported on the modified accrual basis of accounting, which is described in Note I to the District's basic financial statements.

Note 3. Subrecipients

No state funds were passed through to Subrecipients.

Note 4. Major Programs

# denotes a major program for compliance audit purposes.

Note 5. Reconciliation of State Expenditures to the Financial Statements

The following programs are reported as Intergovernmental-State of Alaska revenues, however are not subject to compliance in accordance with the *State of Alaska Audit Guide and Compliance Supplement for State Single Audits*:

Total Schedule of State Financial Assistance	$ 9,365,843
PERS On-Behalf	110,375
TRS On-Behalf	805,842
Total State Financial Assistance	$ 10,282,060

COMPLIANCE SECTION

Altman, Rogers & Co. CERTIFIED PUBLIC ACCOUNTANTS

Report on Internal Control over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with *Government Auditing Standards*

Independent Auditor's Report

Members of the School Board
Nome Public Schools
Nome, Alaska

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of the governmental activities, each major fund, and the aggregate remaining fund information of Nome Public Schools, a component unit of the City of Nome, Alaska, as of and for the year ended June 30, 2022, and the related notes to the financial statements, which collectively comprise Nome Public Schools' basic financial statements, and have issued our report thereon dated November 7, 2022.

Report on Internal Control over Financial Reporting

In planning and performing our audit of the financial statements, we considered Nome Public Schools' internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinions on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of Nome Public Schools' internal control. Accordingly, we do not express an opinion on the effectiveness of Nome Public Schools' internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

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Offices in Juneau and Soldotna A Professional Corporation

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses or significant deficiencies may exist that were not identified.

Report on Compliance and Other Matters

As part of obtaining reasonable assurance about whether Nome Public Schools' financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the entity's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Altman, Rogers & Co.

Anchorage, Alaska
November 7, 2022

Altman, Rogers & Co. CERTIFIED PUBLIC ACCOUNTANTS

Report on Compliance for Each Major Federal Program and Report on Internal Control Over Compliance Required by *the Uniform Guidance*

Independent Auditor's Report

Members of the School Board
Nome Public Schools
Nome, Alaska

Report on Compliance for Each Major Federal Program

Opinion on Each Major Federal Program

We have audited Nome Public Schools' compliance with the types of compliance requirements identified as subject to audit in the *OMB Compliance Supplement* that could have a direct and material effect on each of Nome Public Schools' major federal programs for the year ended June 30, 2022. Nome Public Schools' major federal programs are identified in the summary of auditor's results section of the accompanying Federal Schedule of Findings and Questioned costs.

In our opinion, Nome Public Schools complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended June 30, 2022.

Basis for Opinion on Each Major Federal Program

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America (GAAS); the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States (Government Auditing Standards); and the audit requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Our responsibilities under those standards and the Uniform Guidance are further described in the Auditor's Responsibilities for the Audit of Compliance section of our report.

We are required to be independent of Nome Public Schools and to meet our other ethical responsibilities, in accordance with relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion on compliance for each major federal program. Our audit does not provide a legal determination of Nome Public Schools' compliance with the compliance requirements referred to above.

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Responsibilities of Management for Compliance

Management is responsible for compliance with the requirements referred to above and for the design, implementation, and maintenance of effective internal control over compliance with the requirements of laws, statutes, regulations, rules, and provisions of contracts or grant agreements applicable to Nome Public Schools' federal programs.

Auditor's Responsibilities for the Audit of Compliance

Our objectives are to obtain reasonable assurance about whether material noncompliance with the compliance requirements referred to above occurred, whether due to fraud or error, and express an opinion on Nome Public Schools' compliance based on our audit. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards, *Government Auditing Standards*, and the Uniform Guidance will always detect material noncompliance when it exists. The risk of not detecting material noncompliance resulting from fraud is higher than for that resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Noncompliance with the compliance requirements referred to above is considered material if there is a substantial likelihood that, individually or in the aggregate, it would influence the judgment made by a reasonable user of the report on compliance about Nome Public Schools' compliance with the requirements of each major federal program as a whole.

In performing an audit in accordance with generally accepted auditing standards, *Government Auditing Standards*, and the Uniform Guidance, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material noncompliance, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding Nome Public Schools' compliance with the compliance requirements referred to above and performing such other procedures as we considered necessary in the circumstances.
- Obtain an understanding of Nome Public Schools' internal control over compliance relevant to the audit in order to design audit procedures that are appropriate in the circumstances and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of Nome Public Schools' internal control over compliance. Accordingly, no such opinion is expressed.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and any significant deficiencies and material weaknesses in internal control over compliance that we identified during the audit.

Members of the School Board
Nome Public Schools

Report on Internal Control over Compliance

A *deficiency in internal control over compliance* exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A *material weakness in internal control over compliance* is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described Auditor's Responsibilities for the Audit of Compliance section above and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies in internal control over compliance. Given these limitations, during our audit we did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above. However, material weaknesses or significant deficiencies in internal control over compliance may exist that were not identified.

Our audit was not designed for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, no such opinion is expressed.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

Altman, Rogers & Co.

Anchorage, Alaska
November 7, 2022

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome, Alaska)

Federal Schedule of Findings and Questioned Costs

Year Ended June 30, 2022

Section I – Summary of Auditor's Results

Financial Statements

Type of report the auditor issued on whether the financial statements audited were prepared in accordance with GAAP:	*Unmodified*			
Is a going concern emphasis-of-matter paragraph included in the audit report?	____	Yes	X	No
Internal control over financial reporting:				
Material weakness identified?	____	Yes	X	No
Significant deficiency identified?	____	Yes	X	None reported
Noncompliance material to the financial statements noted?	____	Yes	X	No

Federal Awards

Internal control over major federal programs (2 CFR 200.516(a)(1)):				
Material weakness identified?	____	Yes	X	No
Significant deficiency identified?	____	Yes	X	None reported
Any material noncompliance with provisions of laws, regulations, contracts, or grant agreements related to a major program (2 CFR 200.516(a)(2))?	____	Yes	X	No
Type of auditor's report issued on compliance for major federal programs:	*Unmodified*			
Any audit findings disclosed that are required to be reported in accordance with Uniform Guidance, 2 CFR 200.516(a)(3) or (4)?	____	Yes	X	No

Identification of major programs:

Assistance Listing Number(s)	Name of Federal Program or Cluster
84.425	Education Stabilization Fund

Dollar threshold used to distinguish between Type A and Type B programs:	$ 750,000			
Auditee qualified as low-risk auditee?	X	Yes	_____	No

Section II – Financial Statement Findings

Nome Public Schools did not have any findings that relate to the financial statements.

Section III – Federal Award Findings

Nome Public Schools did not have any findings that relate to the federal awards.

Altman, Rogers & Co. CERTIFIED PUBLIC ACCOUNTANTS

Report on Compliance For Each Major State Program and Report on Internal Control Over Compliance Required by the *State of Alaska Audit Guide and Compliance Supplement for State Single Audits*

Independent Auditor's Report

Members of the School Board
Nome Public Schools
Nome, Alaska

Report on Compliance for Each Major State Program

Opinion on Each Major State Program

We have audited Nome Public Schools' compliance with the types of compliance requirements identified as subject to audit in the *State of Alaska Audit Guide and Compliance Supplements* that could have a direct and material effect on each of Nome Public Schools' major state programs for the year ended June 30, 2022. Nome Public Schools' major state programs are identified in the accompanying Schedule of State Financial Assistance.

In our opinion, Nome Public Schools complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major state programs for the year ended June 30, 2022.

Basis for Opinion on Each Major State Program

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America (GAAS); the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States (Government Auditing Standards); and the audit requirements in the *State of Alaska Audit Guide*. Our responsibilities under those standards and the *State of Alaska Audit Guide* are further described in the Auditor's Responsibilities for the Audit of Compliance section of our report.

We are required to be independent of Nome Public Schools and to meet our other ethical responsibilities, in accordance with relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion on compliance for each major state program. Our audit does not provide a legal determination of Nome Public Schools' compliance with the compliance requirements referred to above.

Responsibilities of Management for Compliance

Management is responsible for compliance with the requirements referred to above and for the design, implementation, and maintenance of effective internal control over compliance with the requirements of laws, statutes, regulations, rules and provisions of contracts or grant agreements applicable to Nome Public Schools' state programs.

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Auditor's Responsibilities for the Audit of Compliance

Our objectives are to obtain reasonable assurance about whether material noncompliance with the compliance requirements referred to above occurred, whether due to fraud or error, and express an opinion on Nome Public Schools' compliance based on our audit. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS, *Government Auditing Standards*, and *State of Alaska Audit Guide* requirements will always detect material noncompliance when it exists. The risk of not detecting material noncompliance resulting from fraud is higher than for that resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Noncompliance with the compliance requirements referred to above is considered material, if there is a substantial likelihood that, individually or in the aggregate, it would influence the judgment made by a reasonable user of the report on compliance about Nome Public Schools' compliance with the requirements of each major state program as a whole.

In performing an audit in accordance with GAAS, *Government Auditing Standards*, and the *State of Alaska Audit Guide*, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material noncompliance, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding Nome Public Schools' compliance with the compliance requirements referred to above and performing such other procedures as we considered necessary in the circumstances.
- Obtain an understanding of Nome Public Schools' internal control over compliance relevant to the audit in order to design audit procedures that are appropriate in the circumstances and to test and report on internal control over compliance in accordance with the State of Alaska requirements, but not for the purpose of expressing an opinion on the effectiveness of Nome Public Schools' internal control over compliance. Accordingly, no such opinion is expressed.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and any significant deficiencies and material weaknesses in internal control over compliance that we identified during the audit.

Report on Internal Control Over Compliance

A *deficiency in internal control over compliance* exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a state program on a timely basis. A *material weakness in internal control over compliance* is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a state program will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a state program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Members of the School Board
Nome Public Schools

Our consideration of internal control over compliance was for the limited purpose described in the Auditor's Responsibilities for the Audit of Compliance section above and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies in internal control over compliance. Given these limitations, during our audit we did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above. However, material weaknesses or significant deficiencies in internal control over compliance may exist that were not identified.

Our audit was not designed for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, no such opinion is expressed.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the State of Alaska. Accordingly, this report is not suitable for any other purpose.

Altman, Rogers & Co.

Anchorage, Alaska
November 7, 2022

NOME PUBLIC SCHOOLS
(A Component Unit of the City of Nome)

State Schedule of Findings and Questioned Costs

Year Ended June 30, 2022

Section I – Summary of Auditor's Results

Financial Statements

Type of auditor's report issued:	*Unmodified*			
Internal control over financial reporting:				
Material weakness identified?	____	Yes	X	No
Significant deficiency identified?	____	Yes	X	None reported
Noncompliance material to the financial statements noted?	____	Yes	X	No

State Awards

Internal control over major programs:				
Material weakness identified?	____	Yes	X	No
Significant deficiency identified?	____	Yes	X	None reported
Type of auditor's report issued on compliance for major programs:	*Unmodified*			
Dollar threshold used to distinguish between Type A and Type B programs:	$ 750,000			
Auditee qualified as low-risk auditee?	X	Yes	____	No

Section II – Financial Statement Findings

Nome Public Schools did not have any findings related to the financial statements.

Section III – State Award Findings and Questioned Costs

Nome Public Schools did not have any findings related to state awards.

Nome Public Schools
PO Box 131
Nome, AK 99762
907-443-2231 – www.nomeschools.org

SCHOOL BOARD COMMUNICATION

Title: Approval of Updated Sex Education Curriculum

Date: December 9, 2022

Administrator: Jamie Burgess, Superintendent

Attachments: Sex Ed Materials for Grades 6-8 and 9-12 from Alaska Public Health

X	**Action Needed**		**For Discussion**		**Information**		**Other**

BACKGROUND INFORMATION

As required by Board Policy, the Board must formally approve all materials for use in sex education lessons within the curriculum. Alaska Public Health has recently adopted a new curriculum for these presentations, and the material is presented to the Board for approval.

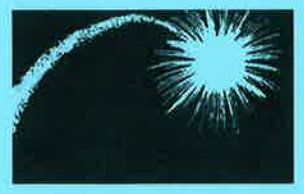
The materials will now made available in the front office of Nome-Beltz for public viewing prior to the information being taught to students. Public notification will occur to allow any parents to make a decision whether to opt their students out of the lessons; an alternative activity will be prepared for those students. These materials will be presented to students at Nome-Beltz and Anvil City Science Academy (grades 6-8 only) in spring semester.

ADMINISTRATIVE RECOMMENDATION

The administration recommends approval of the updated sex education materials for grades 6-12 as presented by Alaska Public Health.

Sample Motion: I move to approve the updated sex education materials for grades 6-12 as presented by Alaska Public Health.

Middle School FLASH



Grades 6-8

2nd Edition

Authors

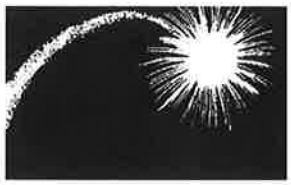
Andrea Gerber, Lead Author
Kari Kesler, Lead Author
Mo Lewis
Rebecca Milliman
Becky Reitzes

Public Health
Seattle & King County

Printed in March 2022

978

Middle School FLASH



Grades 6-8

2nd Edition

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Public Health
Seattle & King County

Printed in March 2022

979

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FLASH is created and owned by the Family Planning Program of Public Health - Seattle & King County. The Public Health Family Planning Health Education team partners with communities, schools and other Public Health programs to implement science- and evidence-based interventions that reduce unintended pregnancy, teen pregnancy, STD rates and sexual violence. In addition to publishing FLASH, they provide training for local and national audiences on best practices in the reproductive health field and ensure access to family planning clinical services in King County.

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FLASH is available in both an online and hard copy format.

To purchase FLASH licenses for online access, printed FLASH binders, or remote FLASH training:
https://flash.braincert.com

For questions about the curriculum, ordering, or training:
FLASH@kingcounty.gov

To download free FLASH lessons at the elementary and special education levels:
www.kingcounty.gov/health/health

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What's New in the 2nd Edition?

Middle School FLASH has been redesigned to make it more teacher-friendly and to better achieve the goals of the curriculum:

- Preventing teen pregnancy
- Preventing STDs including HIV
- Preventing sexual violence
- Improving family communication
- Increasing knowledge about sexual and reproductive health

Standards
The 2nd edition of Middle School FLASH has been aligned to the CDC's National Health Education Standards for Sexual Health (HECAT) and the National Sexuality Education Standards. Each lesson lists the standards that are covered in that lesson. A curriculum alignment grid is provided for both sets of standards.

Assessments
Each lesson now contains assessments based on the standards it is aligned to. Additionally, each lesson concludes with an exit ticket activity, for on the spot assessment of material covered that day.

Layout
The lessons now begin with a brief summary, so teachers can see at a glance what the lesson covers. Additionally, a timed table of activities is provided on the first page, to assist teachers in staying on track and help them easily see where the bulk of the time on each activity is dedicated. Teacher scripting has been clearly demarcated from lesson instructions, to make the lessons easier to follow. In the online version, scripting can be hid completely for teachers who are experienced users of the lesson.

Number of Lessons
This new curriculum is designed to be more easily implemented in middle schools in its entirety. The 2nd edition contains seven lessons, so that it can easily be implemented in less than two weeks in a classroom setting. For those who are able to dedicate more instructional time to this important topic area, additional lessons will be released in the future.

Curriculum Contents

Introduction and Credits

Lesson Plans

1. Reproductive System and Pregnancy
2. Sexual Orientation and Gender Identity
3. Rules of Dating
4. Saying No
5. Preventing STDs
6. Condoms to Prevent HIV and Other STDs
7. Birth Control Methods

Appendices

1. Letters to Families Introducing Middle School FLASH
2. Laws Relevant to a Sexual Health Unit
3. Recognizing and Reporting Sexual Abuse and Assault
4. Guidance for Utilizing Guest Speakers

Goals & Philosophy of FLASH

The FLASH curriculum is designed to prevent teen pregnancy, STDs and sexual violence, increase family communication, and improve young people's knowledge about sexual and reproductive health. FLASH is a comprehensive curriculum, emphasizing abstinence, condoms and birth control to prevent pregnancy and STDs. FLASH lessons prepare students to:

- Successfully navigate puberty
- Abstain from sex
- Use condoms and birth control when they do have sex
- Confirm consent before engaging in sexual activity
- Report sexual abuse
- Communicate with their family about sexual health
- Make decisions that minimize risk to their sexual health
- Seek medical care in order to take care of their reproductive health

Theoretical Basis for FLASH

The FLASH curriculum is based on the Theory of Planned Behavior. It is designed to support young people in making healthy choices: abstain from sex, use protection when they do have sex, seek health care when they need it, communicate effectively with their families, and respect other's decisions not to have sex.

The Theory of Planned Behavior posits that the combination of attitudes toward behavior, subjective norms, and self-efficacy shape an individual's behaviors. As such, FLASH includes a variety of strategies designed to create positive attitudes, beliefs and norms and to build skills and self-efficacy in order to reduce rates of pregnancy, STDs and sexual violence.

- There are activities that focus on building positive attitudes about abstinence, condoms and birth control
- There are activities that focus on building positive peer norms about abstinence, condoms, birth control and respecting other's decisions no to have sex
- There are activities that focus on building self-efficacy, by teaching skills and offering ample and appropriately scaffolded practice, so that students can have the experience of successfully using the new skill.

The sexual violence prevention lessons are further based on the Social-Ecological Model and the Confluence Model. The Social Ecological Model addresses factors at the (1) individual, (2) relationship, (3) community and (4) society levels that put people at risk of experiencing violence as a victim or perpetrator. FLASH focuses primarily on the levels 2, 3 and 4. The use of scenarios, introspective work and social norm re-setting addresses these levels. Visit the CDC's Violence Prevention website for more information.

The Confluence Model of Sexual Aggression has long been used to explain sexual violence, but has only recently begun to be applied in the realm of prevention. This model posits that adverse developmental experiences during childhood have a detrimental impact on the ways in which individuals view themselves and others, and their ability to form meaningful and healthy relationships. In particular, these experiences can lead to a rigid, violent and objectifying view of women, which is a significant risk factor for perpetrating sexual violence (CDC). FLASH addresses this risk factor by focusing heavily on increasing respect for all genders and breaking down harmful gender stereotypes.

Recommended Policy, Procedure & Practice

TEACH ACCURATE INFORMATION

Sexual health education instruction should be medically and scientifically accurate. Sources of reliable information include government agencies (e.g., the U.S. Centers for Disease Control and Prevention, your state or local health department), major universities, and the peer-reviewed journals and websites of major national professional associations. Materials should be reviewed for accuracy on a regular basis as science continually evolves.

TEACH AGE APPROPRIATE CONTENT

Sexual health education instruction should be age appropriate and should anticipate students' growth and development. Content and skills should be taught before students will need them in their own lives, when possible. There is no risk that introducing material before students are sexually active will hasten their sexual debut. The American Academy of Pediatrics reports that "There is no evidence that increased sexual knowledge…affects the likelihood of adolescents having sexual intercourse at a younger age."[1]

TEACH IN WAYS THAT INCLUDE EVERY CHILD

In sexual health education it's crucial to validate and affirm every student with conscious regard for the probable diversity in the room including aspects of diversity that may not be readily apparent. Students will be much more able to personalize health information and acquire new skills if they feel seen and respected for their genders and gender identities, races and ethnicities, abilities and disabilities, sexual orientations, and varying body types.

TEACH IN THE USUAL CO-ED SETTING

Teaching sexual health education in co-ed classrooms has many advantages. It ensures that all students are receiving the same information, in the same way, thus decreasing any sense of secrecy associated with these topics. The experience of respectful discussion in a co-ed classroom cuts down on disrespectful communication between genders when students have less supervision, such as in hallways, recess, cafeteria, and outside of school etc. It prepares all students to communicate about sexual health related topics with a future partner, regardless of their gender. It supports sexual violence prevention by not creating false distinctions between men and women. And finally, it does not place an undue burden on gender variant and transgender children to choose a classroom to affiliate themselves with.

PREVIEW VISUAL AIDS

It's important to preview any YouTube or other films before showing them in class. Previewing is important regardless of a film's subject matter, both to ensure teachers are familiar with the

content and to address any technological difficulties.

TEACH COMPREHENSIVELY
The most effective sexual health education programs take a comprehensive approach, teaching about abstinence, birth control and condoms. The FLASH curriculum reinforces the national norm that the majority of teens do, in fact, abstain from intercourse. It teaches the refusal skills needed to effectively use abstinence. The FLASH curriculum also teaches the benefits of birth control, including condoms. It teaches skills needed to use birth control effectively, including condom use skills and skills in accessing health care. It promotes positive attitudes and positive peer norms about birth control, condoms and abstinence.

DISPLAY BIRTH CONTROL METHODS
Best practice in middle and high school is to show and handle the actual birth control methods, including condoms, in order to model your comfort with them. In middle school, people need to learn the steps for correct condom use. In high school, students should practice doing those steps in class. Students in both middle and high school should be allowed to handle other birth control methods.

PROMOTE A SUPPORTIVE CLASSROOM ENVIRONMENT
Best practice is to establish in the beginning of a semester that the learning community will be harassment-free. Students can better learn this sensitive material in a safe and supportive environment. Every class has students who have experienced sexual abuse or rape, as well as students who have suffered other traumas related to their sexuality. The sexual health education classroom must not be a site of further trauma. It is important to treat bullying that is based on gender, sexual orientation, or gender identity with similar gravity and consequences as you would any other bullying.

PARTNER WITH FAMILIES
Families are children's first and most important sexuality educators. Research has shown that when parents value delaying sex and using contraception and when they communicate with their child about sexuality openly and comfortably, the child is less likely to take sexual risks. Hence, one of the goals of the FLASH curriculum is to foster increased communication between students and their families about dating, relationships, and sexual health. Families should also receive adequate notice in advance of the sexual health unit so that they can preview materials, ask any questions they have, and choose whether or not their child will participate. Parents who have concerns should be invited to silently observe a class in which their child is not participating.

EXCUSE STUDENTS
In many states, families have the right to excuse their child from planned sexual health lessons. FLASH considers that best practice. Families who choose to have their student excused can be offered FLASH lessons and Family Homework activities to use at home if they wish. Best practice is for teachers to handle the student's leaving class in a discreet and respectful way and to give them meaningful alternative work to do elsewhere.

ANSWER ALL QUESTIONS
It's the philosophy of the FLASH curriculum that every student's question deserves an accurate, age-appropriate answer. Sometimes students ask questions in crude or shocking ways out of anxiety, peer pressure or to testing limits. Treating all questions seriously changes the climate quickly to a more mature one. Guidelines for handling questions follow in this Introduction.

PROTECT STUDENTS' PRIVACY & SEEK HELP WHEN APPROPRIATE
It is important to keep student disclosures and personal information confidential within legal boundaries. Never reveal one student's private information to another student. Talk with another staff person only in private and only when necessary. If students disclose information that requires a report to Child Protective Services, afford the student as much control as possible. Invite the student to do the telling themselves, if they prefer, with the teacher present for support and to ensure that it happens. Disclose only what is necessary.

Getting Prepared

TRAINING
The FLASH curriculum is written to be as user-friendly as possible, and training is not required. Nevertheless, teachers consistently report that they find FLASH training extremely useful. Professional training enables participants to practice and refine skills under the guidance of professional sexual health educators, increasing their skill and confidence delivering the curriculum and answering student question. For questions about training, please contact FLASH@kingcounty.gov.

SEXUAL HEALTH EDUCATION LAWS
It is important to follow all policy governing sexual health education, including state laws, State Department of Education guidelines, and local School Board policy. Be aware that current practices are sometimes based on "the way things are done" rather than policy or law, and may require further discussion among staff and administration. For more information about relevant laws, see Appendix 2.

Partnering with Your Administrator

It is best practice to involve building administrators prior to teaching the FLASH unit. The principal must be informed about the unit in order to respond to parents' questions and concerns. Discuss the course content, materials, activities, parent communication, outside speakers (if used), and question answering protocols with your building principal.

Partnering with Families

Helping Families Decide If Their Child Should Participate

Every family wants the best for their child. It is important to understand their questions and concerns to help address them.

- Are they worried that their child will be embarrassed or that there will be a lot of teasing and harassment as a result of these lessons?
- Is their primary concern that their family's conservative or progressive values might be disrespected? Are they from a culture or a religious tradition with values very different from those they see in mainstream media?

- Do they fear that participating might encourage their child to have sex sooner than she or he otherwise would have?
- Are they afraid that their child's sexual assault experience or her having had an abortion will make the class difficult for him or her? Is their child gay and they worry he'll feel invisible in this unit? Is she adopted and they want her not to feel disrespected for that? Does their child have a medical condition or surgery that they worry classmates will learn about?

Families need to feel heard and understood. Reflect back what you hear and ask clarifying questions. But, most important: the clearer you can be about what they're worrying about, the easier it will be to offer a helpful response.

If part of their concern is the content or tone of the lessons, offer them a chance to look at the lesson plans. Make copies of the lessons for them or make the curriculum available in the office for them to read.

If part of their concern is how you will handle values, explain the use of the FLASH Values Question Protocol. The wide range of beliefs about non-universal values will be respected and acknowledged. Students will always be encouraged to find out what their families believe about these issues. The teacher will never share their own values about these topics with the class. Universal values will be reinforced (e.g. forcing someone to have sex is wrong, etc.)

If part of their concern is their child's emotional safety, you might describe how you go about establishing ground rules. Explain that you revisit them as often as necessary and that your top priority is that your students feel recognized and unafraid.

If part of their concern is whether their child is ready, it may help them to realize that many students already have acquired a lot of misinformation and disrespectful modeling from peers and from the media. Explain that your class will work to replace misinformation with accurate content and disrespectful attitudes with respect. Make sure they know that researchers have found that programs similar to FLASH can actually help teens abstain longer and use better protection later on. But also be clear that you'll respect their decision if they choose to waive their child's participation.

If one topic in particular is of concern to them, you can invite them to waive their child from that lesson instead of the whole unit.

The bottom line is that students and their families are the best judges of what is best for them.

SUPPORTING FAMILY COMMUNICATION

FLASH will be far more effective in reducing teen pregnancy, STDs, and sexual assault among your students if their families communicate about these issues at home while you teach about them in school.

FAMILY HOMEWORK

FLASH provides ten-minute homework assignments that encourage communication, particularly regarding the adult's and the child's personal feelings and beliefs, and those of their cultures and religions. When you use these Family Homework assignments, please follow these guidelines:

a. Explain that the student can do the assignment with an adult family member, or someone who is like family (e.g. guardian, foster parent, etc.)

b. Always offer an alternative Individual Homework assignment for students who may not be able to talk with an adult in the family or whose family prefers not to do Family Homework. The same credit should be available for either kind of assignment, so that nobody gets punished for not completing Family Homework.

c. Never ask students to report on the content of these conversations - only that they did talk. To ask about a student's or family's beliefs or feelings would violate their privacy. The child gets credit just for having talked with a trusted adult.

REFER HOME
When issues arise in the classroom where there's diversity of opinion, always use the FLASH Values Question Protocol (explained in detail in this introduction). On occasions when you don't have time to use the whole protocol, such as when the bell is about to ring, remember to refer students to their families.

Teaching the Unit

FLASH is designed to be teacher friendly. It does not require many outside materials or much advance preparation. Ample teacher scripting is provided to support delivery of new lessons and activities. The first page of each lesson plan includes a timed agenda. Most lessons offer italicized scripts, not to lock you into our language, but as a tool to translate into your own words as needed. If you access Middle School or High School FLASH online, this italicized script can be hidden once you are familiar with the lesson, if you prefer.

The following best practice guidelines in the teaching of sexual health education will provide additional support for teachers:

- Use medical terminology, except when reading a student question that contains slang. Follow the guidance provided later in the introduction for answering student questions that contain slang. Model comfort and ease with medical words for body parts.

- Promote positive attitudes and beliefs about abstinence, condoms, and all birth control methods. Don't let your personal beliefs and values influence your positive portrayal of these important topics.

- Teach inclusively. Make sure your language and examples represent the diversity of young people in your school, including gay, lesbian, bisexual and transgender young people, teens who are and who are not yet sexually active, students with disabilities, students who have experienced trauma, etc.

- Teach with a kind and matter of fact tone. It's important not to joke about or trivialize sexual health education. However, it is also not helpful to be stern or overly serious. A matter of fact tone, coupled with kind and supportive words, will put students at ease and help them learn.

- Teach as if an administrator or parent were in the room. In other words, there are no secrets – never say or do anything you wouldn't be proud to find on the internet.

Making Referrals

There are times you will need to refer students for services that aren't within your scope of practice. It's important to know ahead of time if minor's can consent for their own care in your state, or what the age restrictions are. School nurses are often great resources for learning about youth-friendly, non-biased services that exist in your community. There are several lessons in both Middle School and High School FLASH that offer additional guidance on offering appropriate referrals, as well as a template for creating your own local sexual health resource sheet, or a generic national resource sheet that can be used instead.

PREGNANCY
You may need to refer a student for a pregnancy test or for services related to an existent pregnancy. The most appropriate referral is usually to a family planning clinic. They can perform a pregnancy test and can make additional referrals if a student is pregnant. Remember that when referring a student to any community-based provider, not just those that are pregnancy-related, only offer resources that give complete, unambiguous answers over the phone regarding their missions, services, funding and what they will or will not refer for. Most legitimate family planning clinics in the U.S. receive Title X ("Title Ten") federal funding. These clinics provide the full range of FDA-approved contraceptives. They also provide unbiased pregnancy options counseling and referral for all legal options.

To find a Family Planning clinic in your area, call the National Women's Health Information Center (1-800-994-9662 or go to http://www.hhs.gov/opa/title-x-family-planning/initiatives-and-resources/title-x-grantees-list/), a service of the U.S. Department of Health and Human Services.

SEXUAL ORIENTATION & GENDER IDENTITY
There is no reason to believe that a student needs a mental health referral simply because they are lesbian, gay, bisexual or transgender (LGBT). Being LGBT is not a pathology and does not require treatment. However, if a student is struggling with their sexual orientation or gender identity, or if an LGBT student needs mental health counseling about a different issue, it is important that they receive a referral to a professional who is qualified to work with them.

The American Psychological Association "advises that parents, guardians, young people and their families avoid sexual orientation treatments that portray homosexuality as a mental illness or developmental disorder and instead seek psychotherapy, social support and educational services that provide accurate information on sexual orientation and sexuality, increase family and school support and reduce rejection of sexual minority youth."[2] For solid advice on this subject, see *Just the Facts about Sexual Orientation and Youth: A Primer for Principals, Educators and School Personnel* at: www.apa.org/pi/lgbt/resources/just-the-facts.pdf. To find a reputable provider in your area, check with a local LGBT agency, PFLAG chapter, or university mental health clinic.

Answering Students' Questions

The surest way to meet students where they are developmentally is to make time for them to ask questions and to honor them with answers.

In this section, we will discuss the place of values in the classroom and offer a model for addressing value-laden questions, called the FLASH Values Question Protocol. We will also discuss strategies for addressing other questions students ask, including questions containing slang, personal questions, and questions about sexual technique.

The Place of Values in the Classroom

It's neither possible nor desirable to provide value-free education. Every moment someone spends in the classroom they are communicating some of what they believe about sexuality. When a teacher talks about their students' families, when they talk about their own family, when they intervene in sexual bullying, all of these things communicate values.

FLASH is not value-free. But those who work in public schools need to distinguish between two different *types* of values. They need to be handled differently.

There are some values that are relatively universal. These are values shared by 95% of families in public schools. They are values teachers aren't only *permitted* to express; they are obligated to reinforce them.

There are other values that are not universal. These need to be answered with care to avoid hurting or offending a child and their family.

Relatively universal values include such things as:
- Forcing someone to have sex with you is wrong.
- Knowingly spreading disease is wrong.
- Taking care of your reproductive health is important.
- Sex between children and adults is wrong.
- Elementary school-aged children should not have sex.

Values that are not universal - those without consensus in the United States – are ones where a teacher should NEVER teach or express a particular belief. But that doesn't mean these topics should be avoided altogether. The teacher's role is to provide information on these matters and to facilitate respectful discussion about them.

Examples of non-universal issues where there is a wide range of values in the community include:
- Abortion
- Birth control
- Masturbation
- Sex outside of marriage
- Cohabitation
- At what age & under what circumstances it's ok to start having sex

Parents and guardians, unlike teachers, should feel free to ask their children about their feelings and beliefs and to share their own with their children. In fact, this sort of dialogue within families is very important. Children need a chance at home to explore feelings and beliefs with adults they love, just as they need a chance to learn factual information and to have universal, community values reinforced at school. Employees of public schools and other public agencies,

unlike family members, have an ethical obligation not to share their personal beliefs in these non-universal arenas; and not to side with one family or one religious perspective.

Just because it's inappropriate in a public school setting to teach *particular* non-universal values doesn't mean one can't teach *about* the issues. It just means that it must be done with respect for the diversity of opinion within the community. For example, a teacher may discuss abortion - what it is, where abortions are performed, the fact that it is legal in the United States - but it is not appropriate for that teacher to share their beliefs about the rightness or wrongness of abortion.

When answering a question about an issue where there is diversity of opinion, utilize the FLASH Values Question Protocol that follows.

FLASH Values Question Protocol

1. **Listen to the question or read it aloud verbatim.**
2. **Validate the question.**
3. **Identify it as a belief question.**
4. **Answer the factual part, if there is one.**
5. **Help the class describe the community's range of beliefs.**
6. **Refer to family, clergy and other trusted adults.**

Example:
Q: *"What do you believe about masturbation?"*
A: *"That's an interesting question; a lot of kids wonder about masturbation. This is not a fact question like most of the ones you've been asking me. It's one where families might believe different things. I can tell you what masturbation is. It's when a person touches their genitals for pleasure. What kinds of beliefs have you heard about masturbation? Some people believe … [pause] Uh, huh, and some people believe … [pause, listen, nod] Some people believe … [pause]. So the point is: there are lots of different perspectives about masturbation. Only your family can tell you what they believe about it. It would be a good idea for you to talk with someone in your family, and ask them what their beliefs are.*

You will eventually tailor your use of the protocol, only using *every* step the first time a topic comes up. It's important to practice the protocol step by step until it becomes a natural part of teaching.

Read the question:
Read it verbatim, if you can. Use your judgment, of course, but even reading aloud relatively crude language - as long as you do it with a matter of fact tone and facial expression - conveys your respect for the child who asked the question. It is likely to promote respect in return. Sometimes students need, for social status' sake or out of embarrassment, to ask in ways that seem intended to challenge teachers even though the underlying question is completely legitimate and they have a serious need for an answer. Even when they don't, someone else in the class may. And if not, taking the question seriously will still set a vitally important tone. More information about questions containing slang can be found in the section titled "Other Types of Questions."

Validate the question:
"I am glad someone asked this one." Or *"That's an interesting question." Or "People ask this every year." Or "This one is really compassionate/respectful/thoughtful."*
This will encourage your students to keep asking while also discouraging snide remarks about whoever asked that particular question.

Identify it as a belief question:
"Most of the questions you've been asking have been 'fact questions' where I could look up an answer that all the experts agree upon. This one is more of a 'value question' where different families may have different beliefs."
Teaching your students to distinguish facts from opinions is at least as important as any content you will convey.

Answer the factual part, if there is one:
"Before we get to differing beliefs about masturbation, let me just make sure you know it doesn't cause people to go blind or mentally ill or to grow hair on their palms or anything like that."
Even if the question is about the rightness or wrongness of masturbation, you need to make sure that your class understands what it is and that - values notwithstanding - no physical harm results from masturbating.

Some questions that are apparently fact questions may need a discussion of the underlying values, but always start by answering them:
"Can girls masturbate?" "This is a common question. Masturbation is when someone touches their own genitals for pleasure. Both boys and girls are able to masturbate. People do have different ideas, though, about whether or not masturbation is OK..."

Help the class describe the community's range of beliefs:
"Tell me some of the things you've heard that people believe about that."
"Some people believe ___?"
"Um, hmm, and some people believe ___?"

On sensitive issues such as sex and religion, it is unfair and potentially illegal to ask individual students their own beliefs. But it is very appropriate to ask them to think about what they have heard.

In a class that is used to thinking about the range of community values, you will be able to draw a full assortment of answers from the students. In other groups, especially younger ones, you may draw only a dichotomy (*"Some people believe masturbation is wrong."* and *"Some people believe it is right."*) In any case, your role is two-fold:

1. to make sure that every belief gets expressed - or paraphrased - respectfully, hopefully just the way the person who believed it might express it, and
2. to make sure that a complete a range of beliefs gets expressed, even if you have to supplement the few values the group can think of:

"That's right, some people believe that masturbation is wrong under any circumstances and that people should never do it. And some believe masturbation is a good and healthy thing, as long as it's done in private. Some people believe it's OK for little kids to masturbate but that after a certain age, children should be taught not to. Others believe there's no age limit. Some people think masturbating is fine for people who are single but that once you are in a relationship it's

better to stop. Other people think masturbation is a fine thing to do regardless of whether you are single or in a relationship."

Refer to family, clergy and other trusted adults:
"Because people have such different beliefs about masturbation, I really want to encourage you to talk with someone in your family, or an adult who is like family to you about this topic. Only they can tell you what they believe."

Notice that this encouragement didn't assume that every child has a parent they can talk with. Young people may be living in foster care or group homes, with extended family, or even on their own. It's important they they be encouraged to talk with family members or adults who are like family to them, while also being very sensitive to the range of living situations students may be residing in.

Other Types of Questions

Most questions students ask will not be value-laden. New teachers are often relieved to discover that *most* questions asked in a sexual health unit, like most in other units, are straightforward fact questions: ones for which there is a factual answer.

Some types of questions can be more challenging. Rather than a formal protocol, like the one offered for value-laden questions, the following pages contain tips and strategies for use with different types of questions.

Questions Using Slang
Student questions often contain slang. Most often, students use slang because it is the terminology they are most familiar with, or because they have a question about the meaning of the term.

Slang terms range from widely used, common terms to words that some may find inappropriate or off-putting. When students use slang it is an opportunity to teach the class the medical or standard term. It is also an opportunity to maintain a respectful environment and diffuse the need to test or shock the teacher.

Strategies:

- Validate questions with slang, just as you would all other types of student questions.
- When reading a written question aloud, read the question verbatim. Identify the slang as such, in a non-judgmental way, and translate it into medical/standard language. Let the class know we'll all be using the medical/standard term in class.
- Assume good intent on the part of your students. Students typically use the language they have been exposed to, including by family members. Don't denigrate students for using slang; simply instruct the class to use the medical/standard term in health class.
- Handle slang as a learning opportunity, in your regular calm and respectful manner. This greatly reduces students need to test or shock you.
- Your answer might include the FLASH Values Question Protocol.

- Let your administrator know, in advance, how you handle slang in your classroom.

- Slurs fall into a different category than slang. If students use a slur in sexual health class (e.g. for women, people who are gay, etc.), use the following steps: (1) validate question by saying you're glad this important topic came up; (2) identify the term as an offensive word; (3) let the class know we won't be using this word in school, ever, because it is hurtful. It is helpful to proceed as though the speaker didn't mean harm because it will help them save face and more readily adopt more respectful language.

The Personal Question
Students sometimes ask questions that contain a personal element. The question could be about you, such as, "How old were you the first time you had sex?" It could be about the student himself or herself, such as, "I have a rash that I am worried about, what should I do?" Or, it could be a personal question about someone else, such as, "Is Mr. Smith gay?"

Students ask these questions for a variety of reasons. They are curious about the trusted adults in their life, they are newly learning about boundaries, and they are seeking to normalize their own experiences. They are also applying the things they are learning in sexual health class to themselves and the people in their lives. Finally, they find teachers to be a credible and accurate source of information about things that are important to them.

There are many useful strategies for answering these questions in a helpful way, while also teaching about privacy and appropriate boundaries.

Strategies:
- Validate personal questions, just like other student questions. Be cautious about inadvertently embarrassing or shaming students for asking personal questions.

- Use personal questions as an opportunity to model and teach about healthy boundaries.

- Do not share information about your sexual experiences or history. Sometimes teachers want to share this information to set a positive example or to share a cautionary story. Even though the intent is good, it is still inappropriate to share with students. It is also less helpful to students than one might hope.

- When you decline to answer a question about yourself, follow these steps: (1) affirm that students are often curious about the adults in their life; (2) reframe the question, so that it is general, not personal; and (3) answer with factual information and/or the FLASH Values Question Protocol.

- When students ask a written questions about themselves or someone else, paraphrase the question to the third person. Answer the question about people in general, not this specific person.

- When students ask questions out loud about themselves or someone else, remind the class about respecting people's privacy, and answer the question about people in general, not this specific person.

The Sexual Technique Question
Technique questions are about how to perform a sexual act. They are often worded as "How do you…", "How does a person…" or "What's the best way to…"

Clearly, giving guidance about sexual performance is inappropriate. Yet there are helpful, age appropriate ways to respond to these questions. Most questions that appear to be about technique (to adults) are just a student's way of getting more information about a topic. The intent of the question is usually "What is…"

Even during those times when an actual sexual technique question is being asked, there is usually a general factual question embedded in it that can be answered instead.

Strategies:

- Validate questions worded in this way, just as you would all other types of question.
- Reframe technique questions as factual questions. Answer the factual aspect of the question.
- If you think the question is really asking for information on how to perform sexual acts, let the class know that teachers, school nurses, etc. don't give sex advice. Instead, use the student's question as an opportunity to give accurate information about the topic in general.
- Your answer might include the FLASH Values Question Protocol.

Final Considerations

Sexual health education is an important part of young people's school experience. In additional to giving them factual information they need about their bodies and feelings, it teaches important skills that students will use to keep themselves healthy well into their adulthood. Young people who become pregnant while still in school are at high risk of dropping out of school. STDs acquired while an adolescent may stay with that person for the rest of their lives. Risk of sexual assault is at its highest during high school and college years. The information taught in FLASH has a real impact on the health, happiness, and futures of young people.

If you have any further questions that were not covered in this introduction, please contact the developers of this curriculum. You can also find additional information on the FLASH website, in the appendices of the FLASH curriculum, and in the Rationale sections of the lessons.

References

[1] Committee on Public Education, American Academy of Pediatrics. (2001) Sexuality, Education and the Media. *Pediatrics, 107*(1), 192.

[2] American Psychological Association. (2009, August 5). *Insufficient Evidence that Sexual Orientation Change Efforts Work, Says APA.* Retrieved from www.apa.org/news/press/releases/2009/08/therapeutic.aspx.

Reproductive System and Pregnancy

Grades 6–8, Lesson 1

Summary

An overview of basic reproductive organs and their functions is provided in a lecture format, while students follow along on a worksheet. Small groups compete for points by answering questions related to pregnancy and the reproductive system. The lesson concludes with an explanation of FLASH Family Homework.

Student Learning Objectives

The student will be able to …

1. Describe basic reproductive organs and their functions.
2. Describe conception and its relation to the menstrual cycle.
3. Describe the signs and symptoms of pregnancy.

Lesson Timing

Warm up	Bell work + 3 minutes
Purpose of lesson	2 minutes
Review reproductive system and conception	15 minutes
Reproductive system and pregnancy game	22 minutes
Explain homework	5 minutes
Exit ticket	3 minutes
Total	50 minutes

FLASH Key Concepts

People's bodies can look very different from each other. These differences are normal and healthy.

The reproductive systems of males and females have many similarities.

Standards

National Health Education Standards (SHECAT)

Standard 1	Students will comprehend concepts related to health promotion and disease prevention to enhance health.
SH1.8.28	Describe conception and its relationship to the menstrual cycle.
SH1.8.27	Summarize basic male and female reproductive body parts and their functions.

National Sexuality Education Standards

AP.8.CC.1	Describe male and female sexual and reproductive systems including body parts and their functions.
AP.8.AI.1	Identify accurate and credible sources of information about sexual health.
PR.8.CC.1	Define sexual intercourse and its relationship to human reproduction.
PR.8.CC.5	Describe the signs and symptoms of a pregnancy.
PR.8.CC.6	Identify prenatal practices that can contribute to a healthy pregnancy.
PR.8.AI.3	Identify medically accurate sources of pregnancy-related information and support including pregnancy options, safe surrender policies and prenatal care.

Rationale

This lesson provides basic information about reproductive organs and their functions, fertilization, sexual intercourse, conception, signs and symptoms of pregnancy, and basic prenatal practices, pregnancy options and safe surrender laws, following the guidance of the National Sexuality Education Standards and National Health Education Standards (SHECAT). Knowledge of the reproductive system and pregnancy helps students better understand later lessons on abstinence, birth control, STDs and HIV.

This lesson emphasizes similarities between male and female reproductive anatomy. The purpose is twofold.

- First, it creates a schema for better comprehension (e.g., egg and sperm are both sex cells; the ovaries and testicles both produce sex hormones; the fallopian tube and vas deferens are both passageways for sex cells, etc.). The pairing of functions and processes, where they exist, makes the information about the reproductive system easier to understand and remember.

- Second, it supports sexual violence prevention concepts taught elsewhere in FLASH. According to the CDC, adherence to rigid gender stereotypes is a risk factor for perpetration of sexual violence.[1] Historically, these stereotypes are projected onto reproductive functions in health and science education (e.g. active sperm, passive egg). This lesson provides the framework and scripting to avoid unintentional gender stereotypes, to offer equitable and accurate information, and to discuss differences respectfully.

Materials Needed

Student Materials

- *Reproductive System Worksheets 1, 2, 3, 4*
- *Individual Homework: Reproductive System and Pregnancy*
- *Family Homework: Talking About the Reproductive System and Pregnancy,* available in English, Spanish, Russian, Chinese, Vietnamese and Arabic
- *To Parents & Guardians: Introducing FLASH Family Homework,* available in multiple languages on the FLASH website
- *Lesson 1 Exit Ticket*

Classroom Materials

- *Lesson 1 Warm Up*
- *Reproductive System Visuals 1, 2, 3, 4*
- *Sexual Health Resources - King County, U.S.,* or develop a local resource sheet

Teacher Materials

- *Developing a Local Sexual Health Resources List: Teacher Guide* for those developing a local resource sheet

Teacher Preparation

1. Prepare Visuals for document camera or projector.

2. Using the guidance in *Developing a Local Sexual Health Resources List* create a resource sheet specific to your community, or choose instead to use the *Sexual Health Resources in the U.S.* handout. Post the resource sheet in the classroom. You will hand out copies to the students in a later lesson.

Activities

1. Warm Up

Display warm up as bell work.

Prompt:
Today is the first day of our sexual health education unit. We will be covering the following topics:

- Reproductive system
- Pregnancy
- Identity
- Dating and healthy relationships
- Saying no to sex
- Condoms
- STDs, including HIV
- Birth control

I hope this unit is helpful and interesting for everyone!

Write down one fact you already know about any one of these topics. You may have learned it from your family or guardian, doctor, television, books, friends, etc.

2. Explain the purpose of the lesson

Let students know they will be learning about the reproductive system and pregnancy today and list the other topics they will be covering during the FLASH unit. Point out the *Sexual Health Resource Sheet* you have posted in the room and let them know you will be handing out copies during a later lesson.

Today we are going to learn about the human reproductive system, which includes all of the body parts involved in creating a pregnancy. For the rest of our FLASH *lessons we will be talking about staying healthy, including having healthy relationships, how to avoid getting or giving STDs, and how to prevent pregnancy if someone is having sex but doesn't want to become pregnant. I want you to notice that I've posted a resource sheet here at the front of the room, with information about where you could go to get help with some of these topics. Learning this information today will be useful for later lessons.*

3. Review reproductive organs and process of conception

Show students *Reproductive System Visuals 1, 2, 3 and 4*. Fill in the names and describe the functions of the organs while students write the names of the body parts and take notes on the corresponding *Reproductive System Worksheets*. Explain that they can use these worksheets and their notes later when they play a game to review what they have learned.

Visual 1 (front view)
This is a picture of the reproductive organs that are on the inside of someone's body. These are the parts that women usually have in their bodies. Let's start here with the ***ovary*** *(1). As you can see, there are two ovaries. Who knows what they do? That's right, egg cells are released from the ovaries about once a month after puberty. That's called* ***ovulation****. The ovaries also make the hormone estrogen. A person with ovaries is born with all the egg cells*

they will ever have.
After ovulation, the egg cell travels down the ***fallopian tube*** ***(2)*** *toward the uterus. If the egg meets a sperm cell while it is in the fallopian tube and they join together, that is called* ***fertilization****. If the fertilized egg lives, it will begin dividing into many cells. The fertilized egg will try to attach to the wall of the uterus, which is called* ***implantation****. If the fertilized egg is able to implant, that is the beginning of a pregnancy. This process of fertilization and implantation is called* ***conception****.*

Does anyone know what some symptoms are that might let someone know that they are pregnant? That's right, a common symptom is missing a period. Other symptoms include swollen breasts, feeling very tired, feeling sick to the stomach, and needing to urinate more often. Of course, anyone who had vaginal sex without using a condom or other birth control could be pregnant, even if they didn't have any symptoms. After a person is pregnant it is important they take steps to have a healthy pregnancy, whether they intend to continue the pregnancy or not. That includes visiting the doctor right away and not smoking, drinking alcohol or doing other drugs.

An egg cell might meet a sperm cell in the fallopian tube because a couple had vaginal sex without using a condom or other birth control. Other times, a person may have used donated sperm to create a pregnancy. Most months, the egg cell will not meet any sperm cells. In that case, the egg cell will simply disintegrate. If a couple was having vaginal sex, but did not want to become pregnant, they could use a condom or the woman could use a hormonal birth control method. Birth control stops ovulation, which means there would be no egg available to fertilize.

This is the ***uterus*** ***(3)****. It is where a pregnancy would grow if a person was pregnant, and it is where period blood comes from. Each month the uterus prepares for pregnancy, just in case it happens. It prepares by building up a lining of blood along its walls. About 14 days after ovulation, if conception didn't happen, this lining of blood leaves the body, passing through the cervix and out through the vagina. That's called* ***menstruation****, or having a period.*

The ***cervix*** ***(4)*** *is the name for the bottom part of the uterus. You can also think of it as the back wall of the vagina. The vagina stops where the cervix begins. You will notice that the cervix has a small opening. This opening is just big enough for sperm to swim through and for period blood to come out of. When someone gives birth to a baby through the vagina, the cervix opens up much bigger to allow the baby out.*

This is the ***vagina*** ***(5)****. It is where period blood comes out. When we talk about vaginal sex, we are talking about a penis going in the vagina. When a person gives birth to a baby, the baby either comes out here through the vagina, or a doctor makes a cut through the abdomen and uterus to deliver the baby via an operation called a* ***cesarean section****.*

Visual 2 (side view)
Now, let's look at the same parts from the side. Number 1 is the ovary. Who remembers what it does? Exactly.

Continue to review the parts in this way for the following: (1) ovary, (2) fallopian tube, (3) uterus, (4) cervix, (5) vagina.

There are two parts listed here that are on the outside of the body. The ***labia*** ***(6)*** *are folds of*

*skin that cover and protect the vagina and clitoris. The **clitoris** (7) is a small organ just above the opening of the urethra. It is made of the same kind of special tissue, called erectile tissue, that the penis is made of. The clitoris can become erect because it was touched, because a person is sexually aroused, or sometimes for no particular reason.*

*You can see several parts that are in this same area of the body, but that aren't part of the reproductive system. The **bladder** (8), which stores urine, or pee, and the **urethra** (9), which is the tube through which urine leaves the body. The **anus** (10) is where feces, or poop, comes out of the body. When we talk about anal sex, we are talking about putting a penis in another person's anus.*

Visual 3 (front view)
*This is a picture of the reproductive organs that are on the inside of someone's body. These are the parts that men usually have in their bodies. Let's start here with the **testicles** (1). As you can see there are two testicles. The testicles are where sperm are made, beginning in puberty. They also make the hormone testosterone. Does anyone remember the parts from the female reproductive system that are similar to the testicles? There are two of them, they make hormones, and they store the egg cells. That's right, the testicles are similar to the ovaries.*

*The testicles are inside of a muscular sac of skin called the **scrotum** (2). The testicles need to be at a certain temperature to make sperm. The scrotum pulls the testicles up closer to the body to keep the warm, or moves the testicles away from the body to cool them off, in order to keep them the right temperature.*

*After sperm cells are made in the testicles they move into this part here, called the **epididymis** (3). It is a really long, tightly coiled up tube where the sperm stay for 2 to 3 months while they finish maturing. Sperm stay in the testicles and epididymis until a person ejaculates. **Ejaculation** is when semen is released from the penis. This only happens when the penis has an **erection**. Remember, the penis is made of erectile tissue, like the clitoris. It can become erect when it is touched, or if the person is feeling sexually turned on, or sometimes for no particular reason.*

*When a person ejaculates, sperm travel from the epididymis up into these tubes called the **vas deferens** (4). You may notice that the vas deferens connects up with the testicles much like the fallopian tubes connect with the ovaries. The fluid that is released when a person ejaculates is called **semen**. Semen has sperm in it, but it is also made up of other fluid that helps the sperm to live. The fluid is made by the **seminal vesicles** (5) and the **prostate gland** (6).*

*The semen leaves the body through the **urethra** (7). This is the same tube that carries urine from the **bladder** (8) out of the body, although only one of these fluids can leave the body at a time. The urethra is inside of the **penis** (9). The penis is made of the same kind of special tissue, called erectile tissue, that the clitoris is made of. The penis can become erect because it was touched, because a person is sexually aroused, or sometimes for no particular reason. When we talk about vaginal and anal sex, we are usually talking about the penis going into the vagina or anus.*

*Just before semen is ejaculated, a fluid from the **Cowper's glands** (10) is released. This fluid, sometimes also known as pre-cum, protects the sperm from the acidic environment left*

in the urethra from the urine, so they can leave the body unharmed. If a couple did not want to get pregnant or transmit an STD, a person could wear a condom on the penis while having sex. The condom would keep the semen out of the other person's body.

Visual 4 (side view)
Now, let's look at the same parts from the side. Number 1 is the testicle. Who remembers what it does?

Continue to review the parts in this way for the following: (1) testicle, (2) scrotum, (3) epididymis, (4) vas deferens, (5) seminal vesicles, (6) prostate gland, (7) urethra, (8) bladder, (9) penis, (10) Cowper's glands.

There is one part listed here that wasn't shown in the front view of this body. You may remember it from the other side view picture, though. It isn't part of the reproductive system. Who remembers what this part here is called? That's right, it's the ***anus*** *(11), where feces, or poop, leaves the body.*

Good work everyone! Are there any questions about the reproductive system before we move on?

4. Reproductive System and Pregnancy Game

Divide the class into 6 teams. Ask the following questions, giving all groups 30 seconds to come up with an answer. Have the small groups take turns having the first chance to answer a question. If they answer correctly, they get a point. If they don't answer correctly, any group can raise their hands to try to answer the question correctly and steal the point.

We just talked about how a pregnancy starts, including the body parts involved in starting a pregnancy and in giving birth. Now we're going to have a competition. I'm going to divide you into teams. When I ask a question, the teams will have 30 seconds to quietly consult with each other and come up with your best answer. Each team will have a turn to be the first to answer a question. If your team answers correctly, you get a point. If you answer incorrectly, other teams can raise their hands to try to answer the question correctly and take the point. Guessing is OK. Any questions?

Play the game, using the following questions.

Questions

1. Name the two kinds of cells needed to start a pregnancy.

   Answer: *Egg cell and sperm cell.*

2. True or False? The menstrual period lasts about a day each month.

   Answer: *False. It usually takes between 2 and 10 days for the uterus to completely empty. There are about 4 to 6 tablespoons of blood and tissue in all.*

3. The different stages of pregnancy are called "trimesters." How many trimesters are in a pregnancy?

Answer: *3. How could a person guess 3, even if they never heard of a trimesters in pregnancy? Tri means 3.*

4. The end of the uterus that opens into the vagina is called the _____.

   Answer: *Cervix. It's not a separate part; it's just the bottom part of the uterus. It has a small opening that sperm can swim through and that period blood can come out of. The opening gets much bigger when a person is giving birth to let the baby out.*

5. True or False? The human sperm cell is about as big as an apple seed?

   Answer: *False. A sperm cell is so small you cannot see it without looking through a microscope.*

6. Write down 3 reasons a person might think they were pregnant.

   Possible Answers:
   - *Had vaginal sex without using a condom or other birth control*
   - *Took a pregnancy test that turned out positive*
   - *Missed period*
   - *Swollen breasts*
   - *Feeling very tired*
   - *Nausea*
   - *Urinating more often*

7. What is the name of the sac that holds the testes?

   Answer: *The scrotum. The scrotum holds the testes and controls their temperature. Sperm can only grow at temperatures a little cooler than normal body temperature of 98.6 degrees. The testes have to be outside the body, in the scrotum, in order to be cool enough to make sperm.*

8. True or false: Alcohol is harmful for a pregnancy.

   Answer: *True. Alcohol can cause dangerous health problems and learning problems for the baby.*

   Bonus question: What are three things someone can do to have a healthy pregnancy?

   Possible Answers:
   - *Don't drink alcohol*
   - *Don't do drugs*
   - *Don't smoke*
   - *Visit a doctor*
   - *Take vitamins*

9. True or False? Ovulation usually happens during a person's menstrual period.

   Answer: *False. Ovulation usually happens 2 weeks before the next period. If the person does not get pregnant, the extra lining in the uterus is not needed. So after 2 weeks, it comes out. That's called menstruating or "having a period."*

10. True or False? All men's reproductive systems look exactly the same, as do all women's reproductive systems.

    Answer: *False. People's genitals and their internal reproductive organs can look very different, but still be normal and healthy. A person's penis, clitoris or labia can be different sizes or a person might have only one testicle or ovary. Some people might have testes as well as vagina. The pictures we looked at in class today do not look like everyone's bodies.*

11. An abortion is when a person ends their pregnancy with the help of a doctor. Abortion is legal in all 50 states. True or False?

    Answer: *True, abortion is legal in the United States. States have different laws about when a person can have an abortion and how old a person needs to be to get an abortion without a parent's permission.* (You may need to remind the class that you are sharing factual information and not inviting students to debate the different beliefs about abortion.)

12. The liquid that carries sperm is called _____.

    Answer: *Semen. Semen is the fluid that helps sperm live. It is made up of fluids from the Cowper's glands, the prostate and the seminal vesicles. A teaspoonful or less of semen comes out each time a person ejaculates.*

13. True or False? A human egg cell is the size of a grain of sand.

    Answer: *True. It is big enough to see without a microscope, but still very small.*

14. Adoption is when people become the legal parent of a child that is not their biological son or daughter. Is it true or false that adoption is very uncommon in the United States?

    Answer: *False, there are nearly 2 million adopted kids in the United States.*[2]

15. When the penis or clitoris fills with blood and becomes larger, it's called an _____.

    Answer: *Erection. People can get an erection if the clitoris or penis is touched, if they are feeling sexually aroused, or sometimes for no particular reason.*

16. True or False? If someone cannot care for their infant child, they can leave the child with an employee at a hospital without getting in trouble.

    Answer: *True, this is called a Safe Haven Law. Even though it might sound uncaring, the purpose of these laws is to make sure that all babies are cared for and safe.*

17. Is a pregnancy most likely to start *during* a person's period, just *before* a period, or in *between* periods?

    Answer: *In between periods. Of course, a pregnancy could start anytime because people do not always release eggs on schedule. But the most likely time for fertilization to be possible is about 2 weeks before a menstrual period.*

18. What is it called when sperm come out of the body?

    Answer: *Ejaculation. A person might ejaculate during sex, while masturbating, or n their sleep, which is also called a wet dream.*

19. True or False? The male and female reproductive systems have many similarities.

    Answer: *True. There are many similarities: the clitoris and penis are both made of erectile tissue and both get erections; the ovaries and testicles both produce sex cells (sperm and egg) and make hormones; the fallopian tubes and vas deferens are both two sets of tubes connecting the ovaries or testicles to the rest of the reproductive system. One reason there are so many similarities is because all embryos start out with the same parts. An embryo could go on to develop into either sex, depending on what chromosomes are present.*

20. Where can a person get a pregnancy test?

    Answer: *A store or a reliable clinic. Reliable clinics have medical staff working there, and they provide information about all pregnancy options without trying to encourage one choice over another. Reliable clinics in this community include [insert clinics from local sexual health resource sheet].*

5. Introduce FLASH homework expectations

Hand out the *FLASH Family Homework Letter* for students to take home to their parents or guardians. The purpose of FLASH family homework is to encourage family discussion about the lesson content.

Explain that every FLASH lesson has family homework. The student and an adult family member or other adult who is like family complete the assignment together. The family member signs the homework in order for the student to get credit. Family homework is available in multiple languages, and can be printed from free PDFs online at www.etr.org/flash/ under the "Family Resources" tab. Students who choose not to do the family homework may complete the individual homework for the same credit.

Every FLASH lesson has family homework. You can complete family homework with any adult family member or with a trusted adult who is like family. The purpose is to help adult family members and teens talk about these topics. Even though it might be uncomfortable at first for some people, a lot of students say they really like this part of the unit.

The homework has questions for the student and adult to ask each other about that day's lesson. The questions focus on people's beliefs and values. No particular knowledge or experience is required to do the homework, and no one is required to ask or answer any personal questions. It takes about 10 minutes. To get credit, the adult signs a slip saying that you did the assignment together. You won't be asked to report back on anything you talked about.

The family homework is available in a number of different languages. Let me know what language you need.

For students who can't complete the family homework, or who don't want to, each lesson has an individual homework assignment that can be completed instead for the same credit.

Tonight, you have two homework assignments. Your Family Homework letter needs to be signed, and you have a short family homework assignment. I will also hand out an individual

homework assignment if you can't complete the family homework.
Good work today!

6. Assign homework

Allow students to choose between the individual or family homework and explain the assignments as needed. Everyone should bring back a signed slip from the family homework letter.

Introducing FLASH Family Homework, available in English, Spanish, Russian, Chinese, Vietnamese and Arabic

Individual Homework: Reproductive System and Pregnancy

Family Homework: Talking About the Reproductive System and Pregnancy, available in multiple languages on the FLASH website

7. Exit ticket

Hand out the *Lesson 1 Exit Ticket*.

Question: Circle the organs that produce hormones. HINT – Two items on the list should be circled.

- Testicles
- Penis
- Scrotum
- Ovaries
- Clitoris
- Vagina

Answer: Testicles, Ovaries

Warm Up

Visual

Today is the first day of our sexual health education unit. We will be covering the following topics:

- Reproductive system
- Pregnancy
- Identity
- Dating and healthy relationships
- Saying no to sex
- Condoms
- STDs, including HIV
- Birth control

I hope this unit is helpful and interesting for everyone!

Write one fact that you already know about any one of these topics. You may have learned it from your family or guardian, doctor, television, books, friends, etc.

Sexual Health Resources In King County

Handout

Confidential
Teens of any age can get all the services listed on this handout confidentially in Washington State. Confidential services include birth control, condoms, emergency contraception, pregnancy tests, STD and HIV tests, prenatal care, abortion and adoption.

Birth Control and STD Clinics
These clinics have birth control, condoms, emergency contraception, pregnancy tests, STD tests and HIV tests. Services are confidential. Teens in Washington State can sign up for free birth control insurance, called Take Charge, at Public Health and Planned Parenthood.

Public Health – Seattle & King County
Free or low cost teen clinics
206-263-1505
www.teenclinic.com

Planned Parenthood Great Northwest
1-800-769-0045
www.plannedparenthood.org

- Birth control method information (World Health Organization): Scroll down to see chart. http://www.who.int/mediacentre/factsheets/fs351/en/
- STD information (Centers for Disease Control): http://www.cdc.gov/std/
- HPV vaccine information (Centers for Disease Control): http://www.cdc.gov/vaccines/vpd-vac/hpv/

Help Finding a Clinic and Other Services
Community Health Access Program
(CHAP Line)
206-284-0331 or 1-800-756-5437
Also helps people apply for health insurance
chap@kingcounty.gov

Teen Link
1-866-833-6546
www.866teenlink.org

Prenatal Care
Public Health – Seattle & King County
Maternity Support Clinics and WIC
206-263-1505
www.kingcounty.gov/healthservices/health/personal/MSS.aspx

Abortion Clinics
Cedar River Clinics
(425) 255-0471
www.cedarriverclinics.org

Planned Parenthood
1-800-769-0045
http://www.plannedparenthood.org/planned-parenthood-great-northwest

Adoption Agencies
Amara
(206) 260-1700
http://amaraparenting.org

Open Adoption & Family Services
1-800-772-1115
http://www.openadopt.org/

Sexual Health Resources In the U.S.

Handout

Confidential
Click on the map to find out if sexual health services are confidential in your state.
http://sexetc.org/action-center/sex-in-the-states/

Birth Control and STD Clinics
There are many websites and phone numbers to help teens find birth control, condoms, emergency contraception, pregnancy tests, STD tests and HIV tests.

- Enter your zip code or call to find the nearest Planned Parenthood clinic.
  www.plannedparenthood.org 1-800-230-PLAN
- Enter your zip code to find the nearest birth control clinic that is free or low cost.
  http://www.hhs.gov/opa/
- Enter your zip code to find a clinic for HIV tests, birth control, counseling and other services.
  www.aids.gov
- Enter your zip code to find the nearest place to get emergency contraception.
  www.not-2-late.com
- Call your local public health department to get information about local birth control and STD clinics.
- Birth control method information (World Health Organization): Scroll down to see chart.
  http://www.who.int/mediacentre/factsheets/fs351/en/
- STD Information (Centers for Disease Control): http://www.cdc.gov/std/
- HPV Vaccine Information (Centers for Disease Control): http://www.cdc.gov/vaccines/vpd-vac/hpv/

Help Finding a Clinic and Other Services

- Enter your address to find the nearest health clinics that are free or low cost. These clinics are for all health issues, not just sexual health.
  http://findahealthcenter.hrsa.gov/

Prenatal Care

- Scroll to your state to find the phone number for the Women, Infants, Children (WIC) Program.
  http://www.fns.usda.gov/wic/toll-free-numbers-wic-state-agencies
- WIC is a nutrition program that helps pregnant women, new mothers, and young children eat well, learn about nutrition and stay healthy. They also give information about where to get prenatal care.

Abortion Clinics

- Click on the map to see a list of abortion clinics in your state.
  http://prochoice.org/think-youre-pregnant/find-a-provider/
- Call 1-877-257-0012 to find the nearest abortion clinic.
- Call 1-800-772-9100 to get more information about abortion and where to get financial help.

Adoption Agencies

- Call 1-800-772-1115 to talk with an adoption counselor at Open Adoption and Family Services.
- The phone line is open 24 hours a day.

Developing a Local Sexual Health Resources List

Teacher Guide

In order to ensure that students have access to the health care services they need, it is important for teachers to develop a sexual health resource sheet specific to their geographic area. FLASH provides a resource sheet for King County, Washington, as an example that can be used as a template. If you are not familiar with the resources in your area, the following national resources will help you in compiling a local resource sheet. If, for some reason, you cannot develop a local resource sheet, a national resource sheet has been provided for you.

FLASH recommends referring young people to clinics and agencies that are teen and LGBT friendly, culturally competent, supportive of all pregnancy options, and that consider the teen to be their primary client. When creating your local resource sheet, keep these criteria in mind.

Confidential
Individual state policies on teens accessing reproductive health care are provided by Sex, etc., a project of Rutgers University. http://sexetc.org/action-center/sex-in-the-states/

Birth Control and STD Clinics
To find local birth control and STD clinics, call your local health department. If you need further assistance finding clinics that offer a full array of services, the following links may be of help.

- www.plannedparenthood.org to find a local Planned Parenthood clinic
- http://www.hhs.gov/opa/ to find a local Title X clinic
- www.not-2-late to find locations for accessing emergency contraception
- http://locator.aids.gov/ to find HIV testing locations

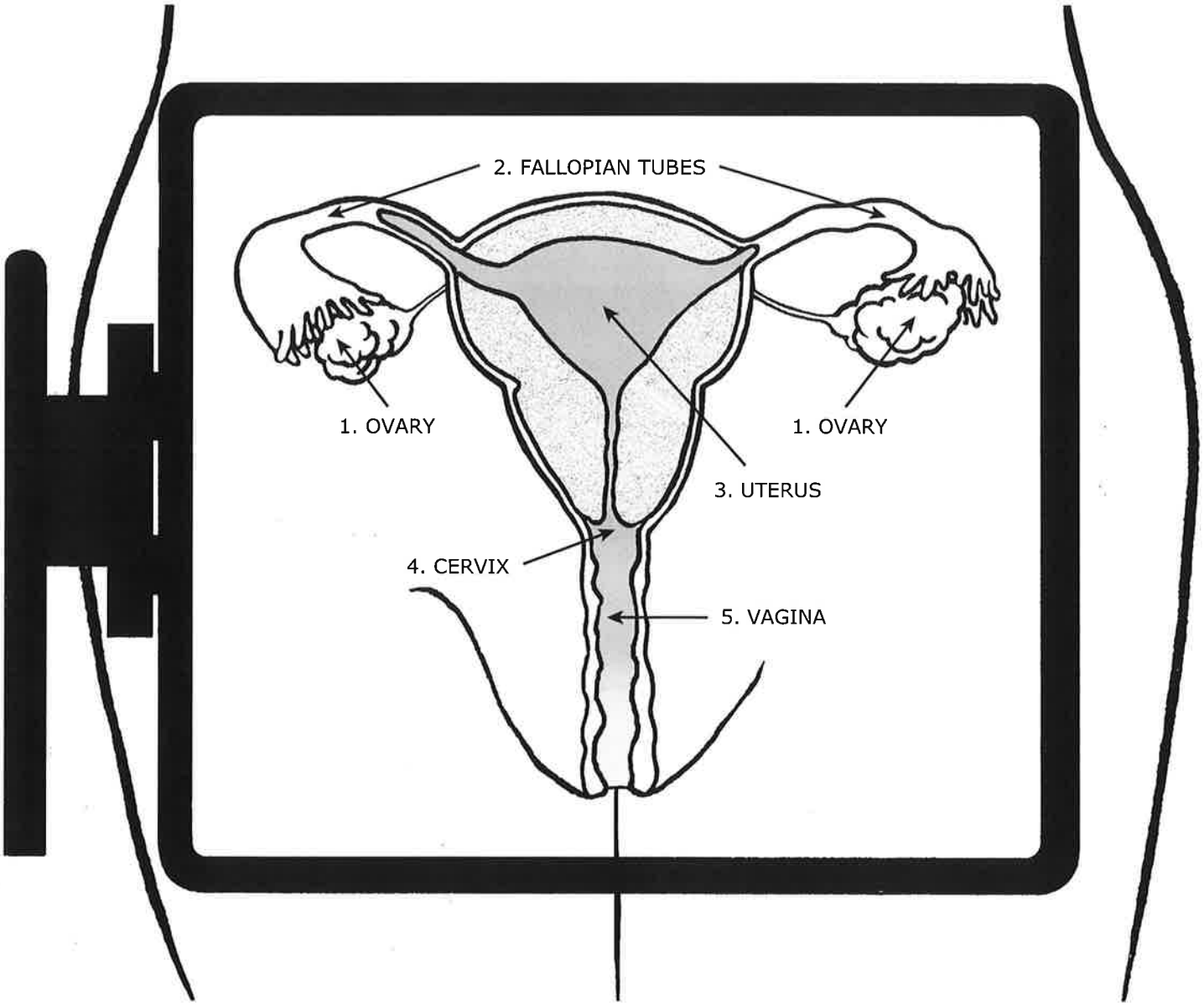
Help Finding a Clinic and Other Services
The U.S. Department of Health and Human Services, Health Resources and Services Administration maintains a list of sliding scale or free clinics across the United States.
http://findahealthcenter.hrsa.gov/

Prenatal Care
To find prenatal care providers who serve teens, call your local WIC provider. The link below provides a State number, that can direct you to a local provider.
www.fns.usda.gov/wic/toll-free-numbers-wic-state-agencies

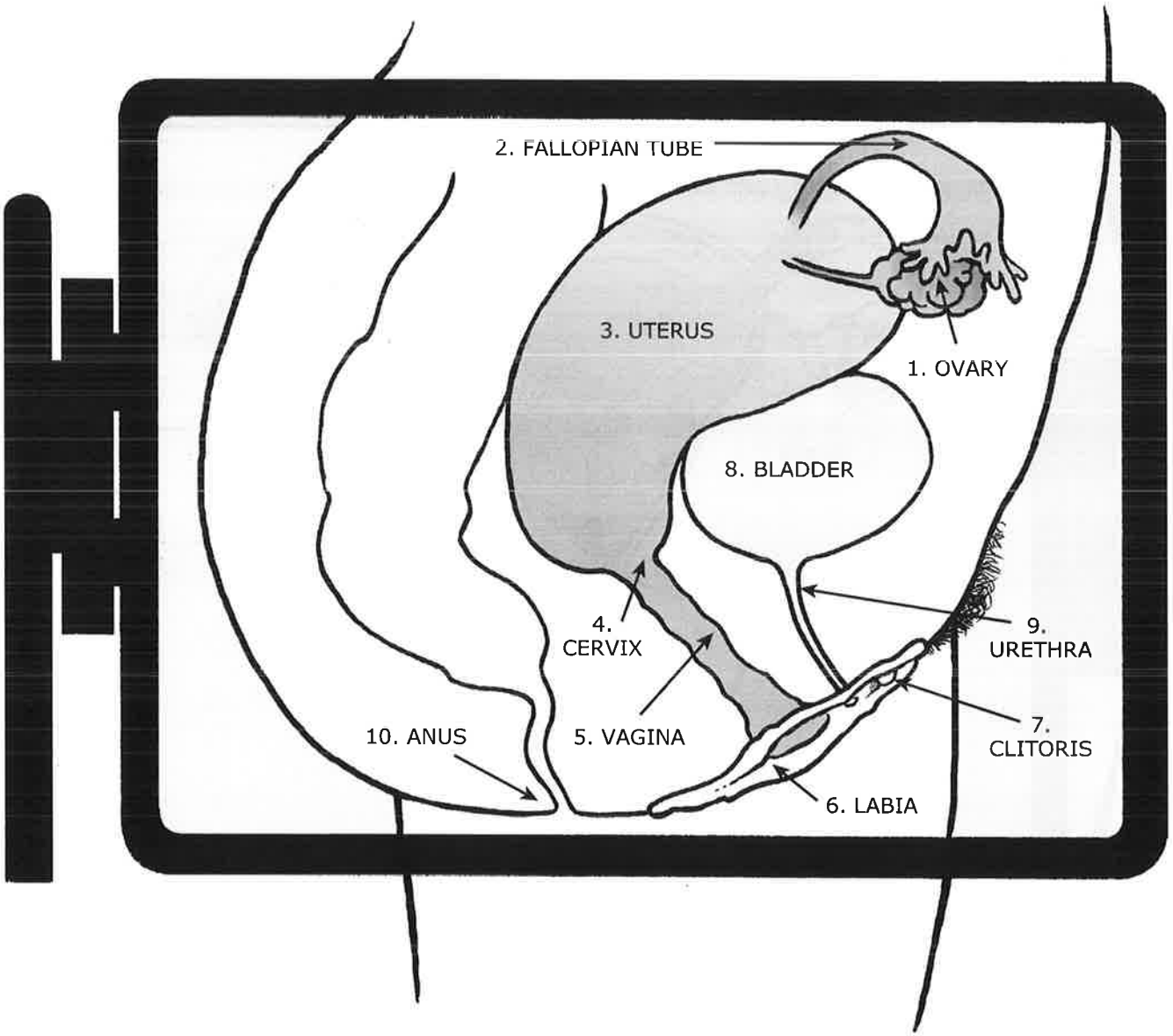
Abortion Clinics
The National Abortion Federation maintains a list of abortion providers by state.
http://prochoice.org/think-youre-pregnant/find-a-provider/

Adoption Agencies
Open Adoption and Family Services works with clients from across the nation. Should a client prefer a local resource, they will work with her to identify a local provider.
http://www.openadopt.org/

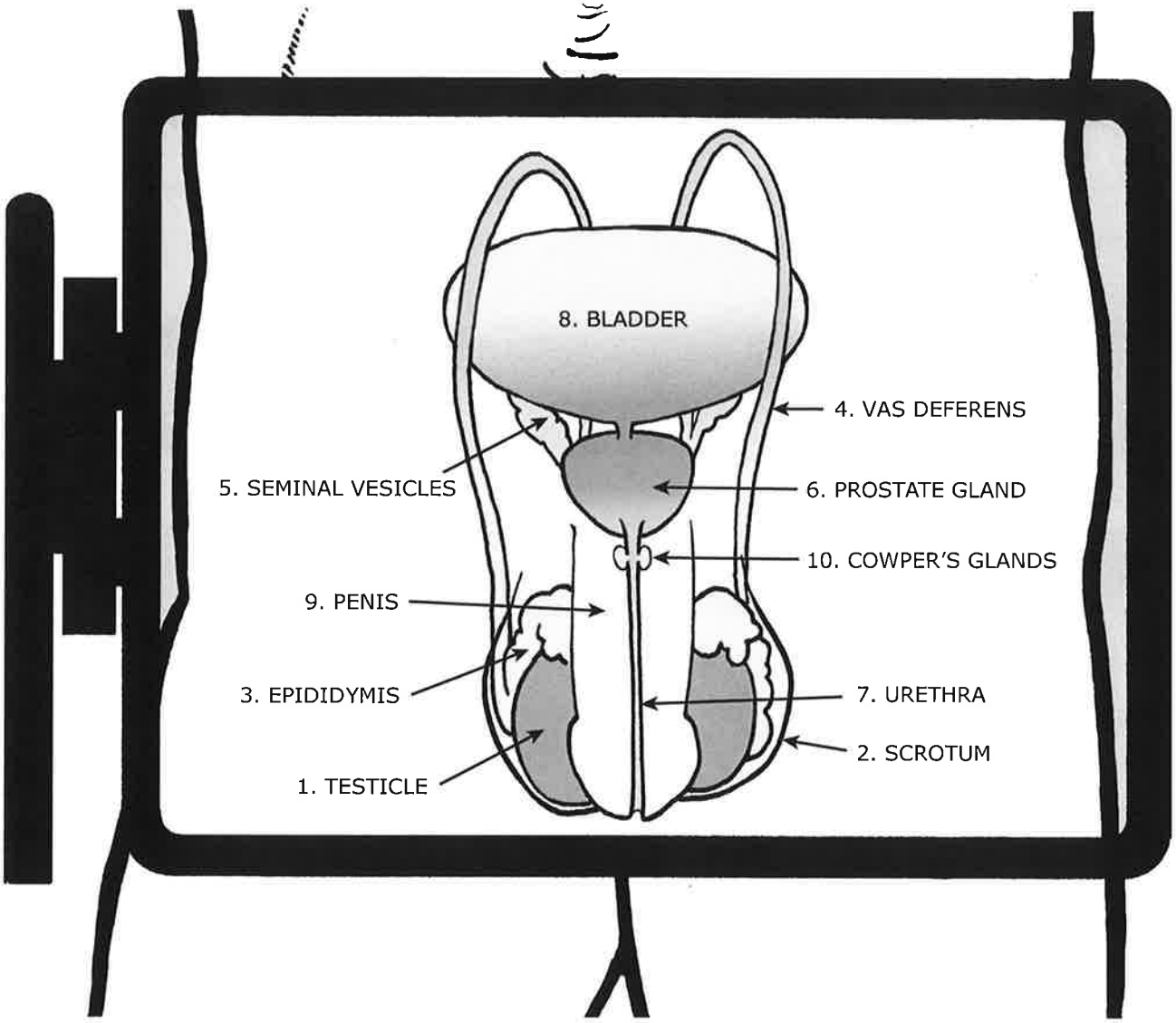
Reproductive System Visual 1



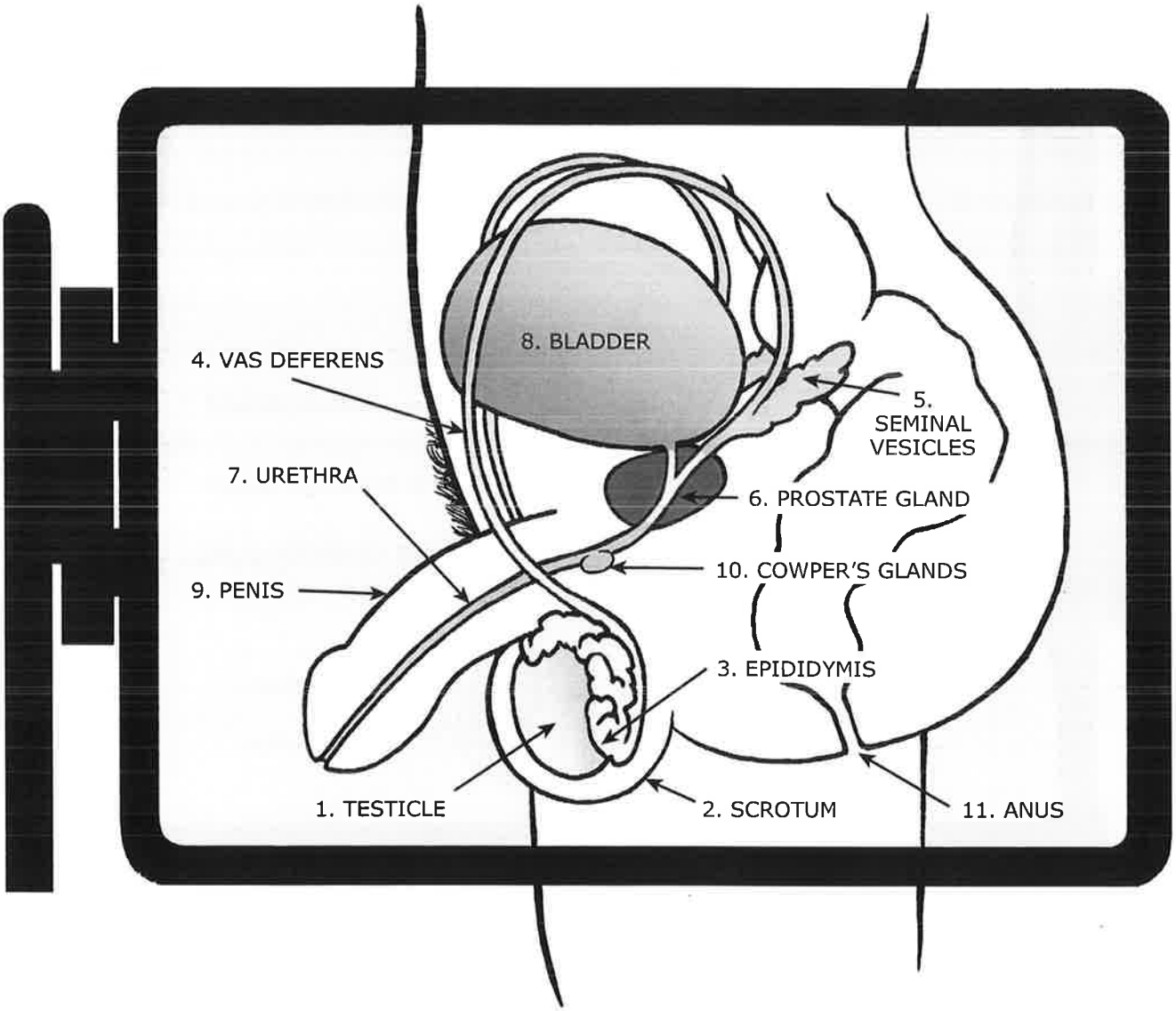
Reproductive System Visual 2



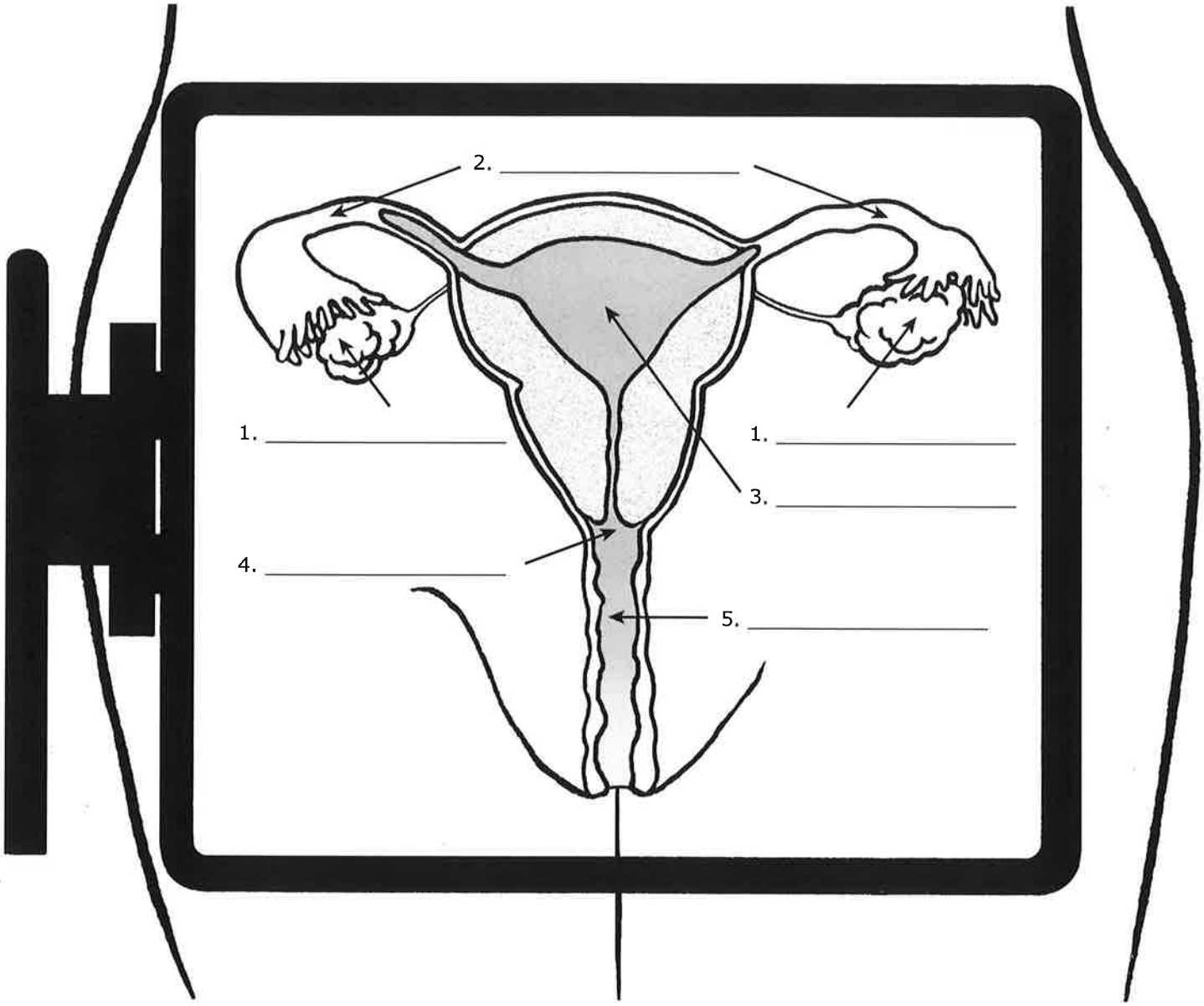
Reproductive System Visual 3



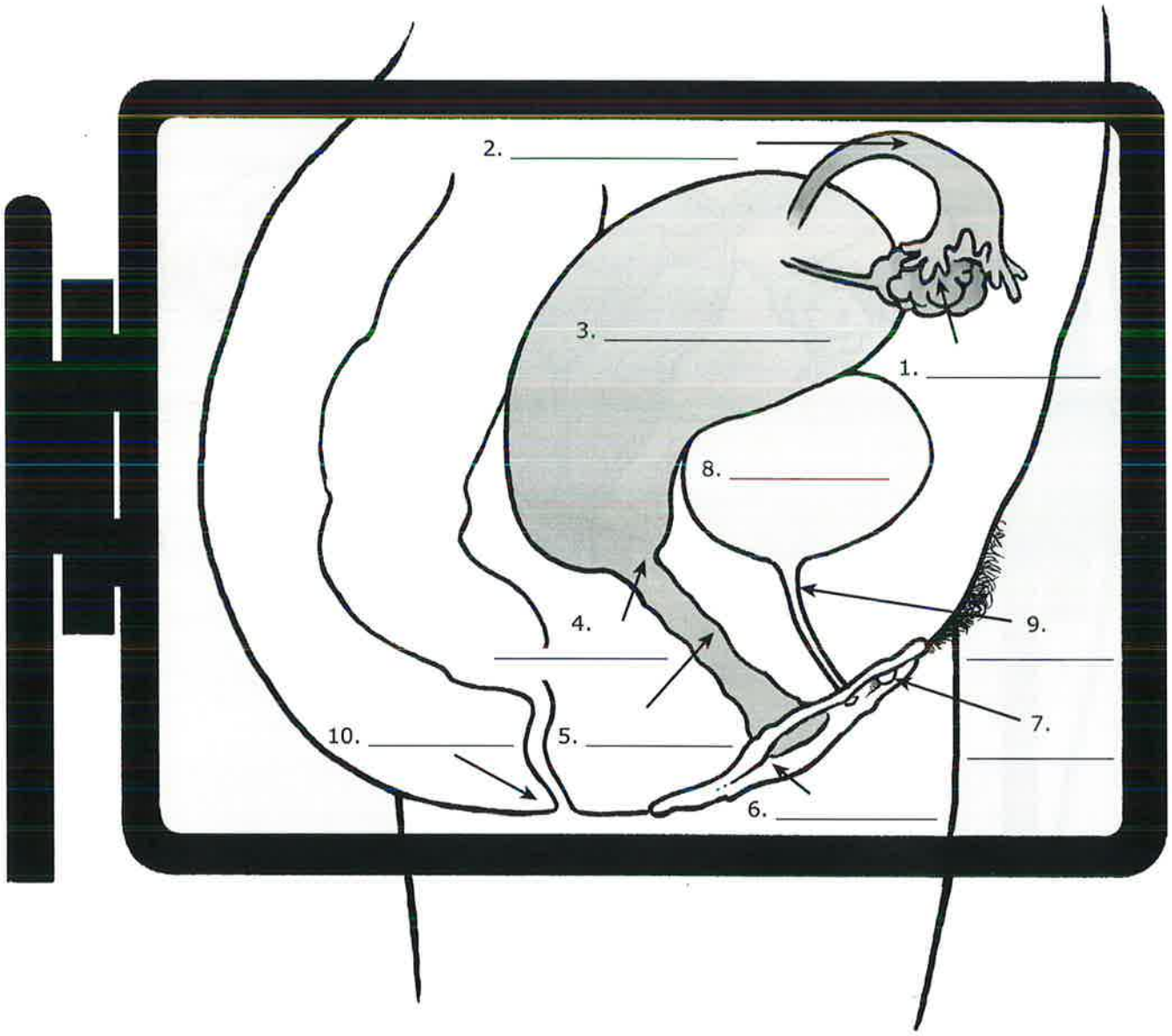
Reproductive System Visual 4



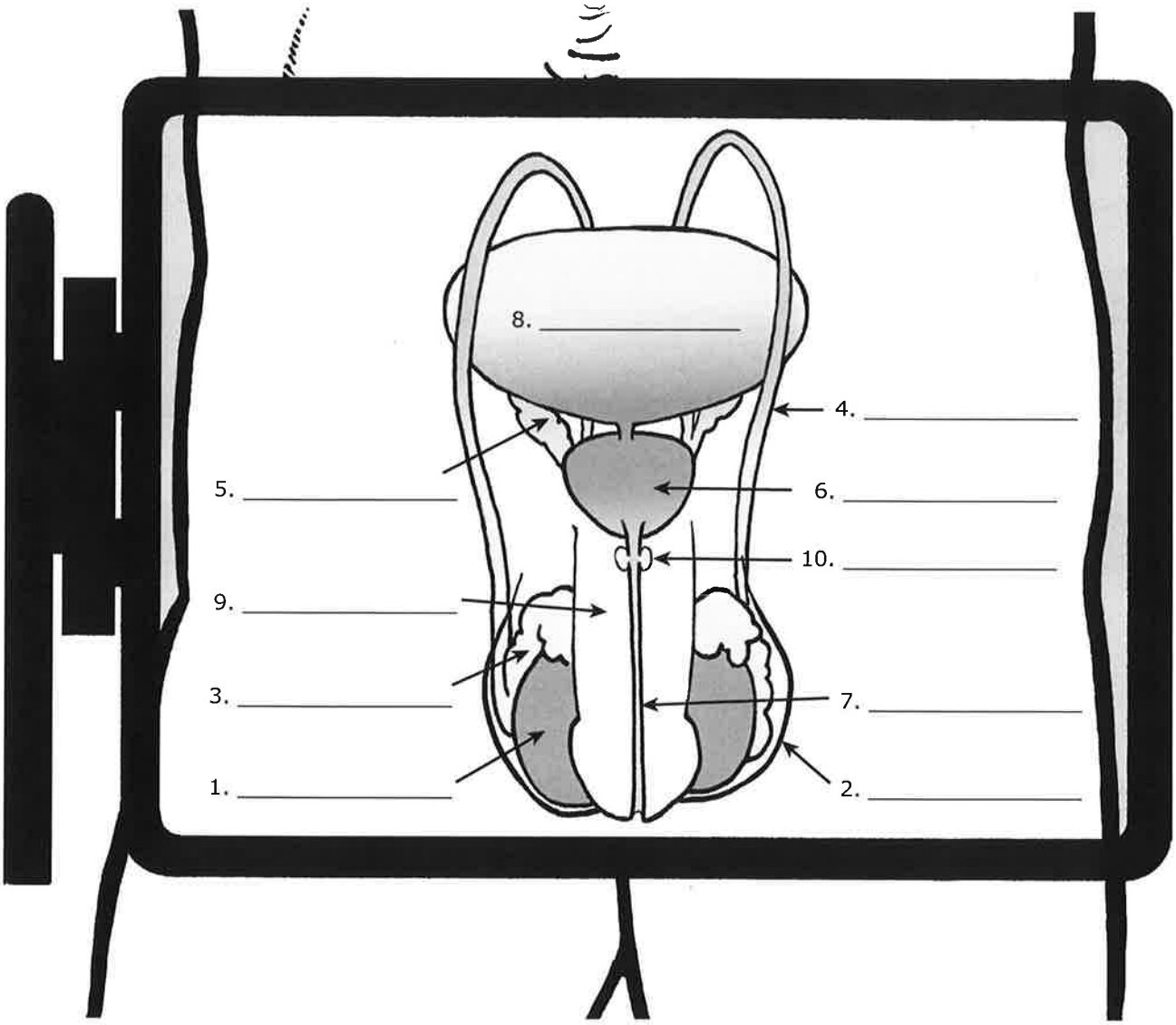
Reproductive System Worksheet 1



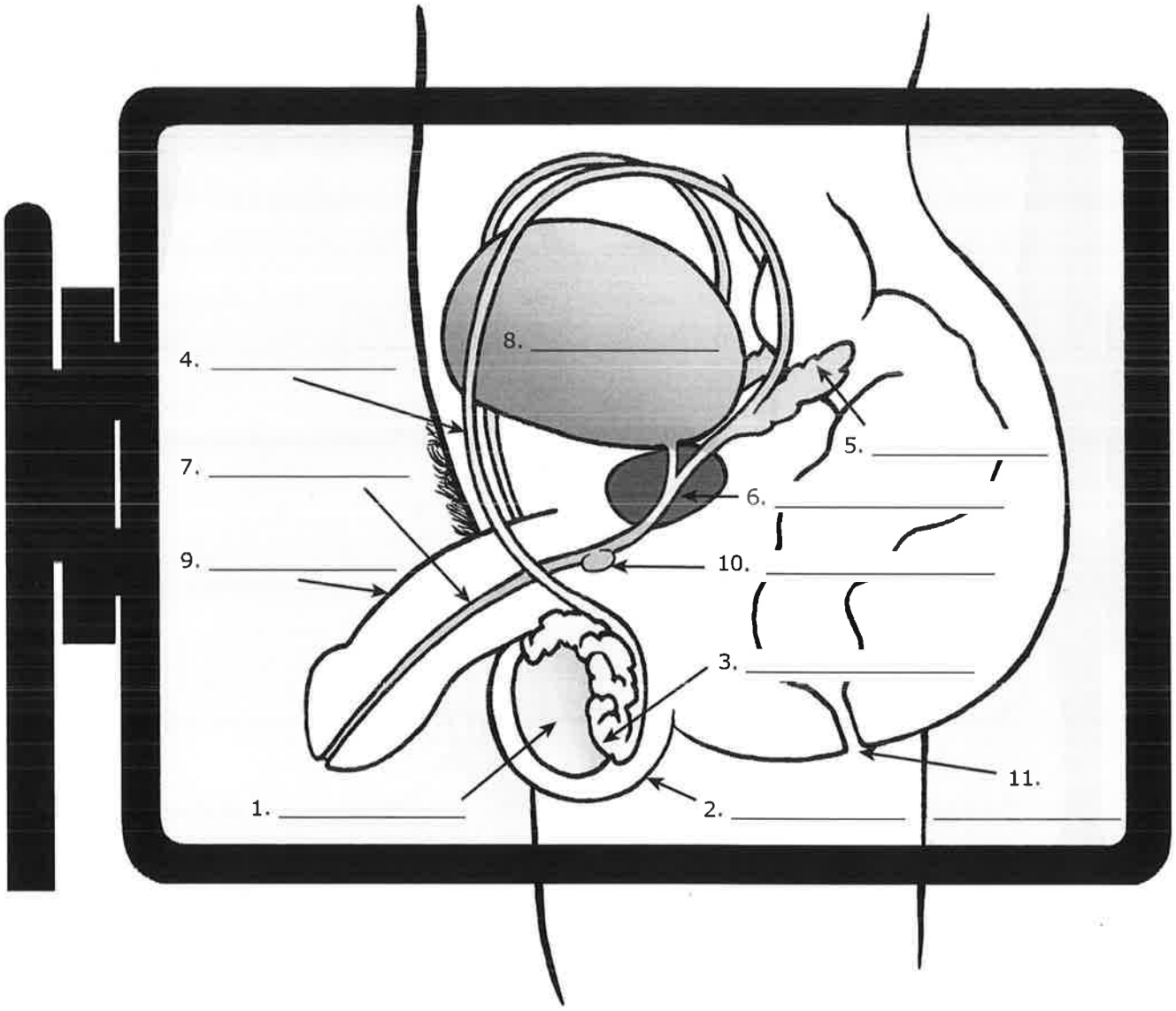
Reproductive System Worksheet 2



Reproductive System Worksheet 3



Reproductive System Worksheet 4



Individual Homework: Reproductive System and Pregnancy

Name: _____ **Period:** _____

Write a ½- to 1-page paper describing how pregnancy happens. Include how a couple could avoid pregnancy if they were having vaginal sex and did not want to become pregnant. Make sure to use the following words from today's lesson in your paper:

- Sperm
- Semen
- Ejaculation
- Penis
- Egg
- Ovary
- Fallopian tube
- Uterus
- Cervix
- Vagina
- Fertilization
- Implantation
- Conception

To Parents & Guardians:

Introducing FLASH Family Homework

An important part of the FLASH sexual health unit is Family Homework. Family Homework is completed by the student with a family member or trusted adult who is like family. This letter explains the purpose of FLASH Family Homework and what you can expect.

One of the goals of the FLASH unit is to increase communication about sexual health between children and the adults in their lives who care for them. Even though children don't always show it, surveys show that they would like to talk more about these issues with a parent or other trusted adult, and research shows that these conversations play a very important role in helping teens prevent pregnancy, STDs and HIV. The FLASH program includes Family Homework to make these discussions easier and more frequent.

The questions in the Family Homework ask about your thoughts and beliefs on a topic related to the classroom lesson. You don't need to have any information about sexual health to do the homework. No one is required to ask or answer any personal questions. Each Family Homework takes about 10 minutes. To get credit, the adult signs a slip saying that the homework was completed. Students will not be asked to share anything you talked about.

Young people are surrounded by messages in the media telling them how to behave sexually. Although the power of the media is huge, we know that family communication is also very powerful. Family Homework is intended to help adults talk clearly and directly with the young people in their life about their beliefs and hopes for them.

Family Homework is recommended but not required. If a family decides not to do Family Homework, students will be offered an individual homework assignment that can be completed for the same credit.

Thank you for taking the time to look at the Family Homework. We hope it helps you have these valuable discussions.

Family Homework Letter Confirmation Slip

Due: _____

I received the Family Homework Letter.

_____ _____

Date Signature of family member or trusted adult

_____ _____

Student's name Signature of student

Family Homework: Talking About the Reproductive System and Pregnancy

All Family Homework is optional. Students may complete Individual Homework instead.

Purpose: Family Homework is a chance to share your beliefs about sexuality and relationships, and the beliefs of your family, culture or religion.

Directions: Student will do the homework with a family member or trusted adult who is like family. Find a quiet place where the two of you can talk privately for 5-10 minutes. Please follow these guidelines:

- It is OK for either of you to skip a question.
- What you discuss will not be shared with anyone else, unless you give one another permission to share it.
- Take turns asking questions. When it is your turn to listen, try to understand the other person's response.

Ask the adult: Today we started our unit on sexual health. What do you hope I learn this unit?

Ask the student: What happened in your first lesson today?

Ask the adult: Do you have any values about pregnancy or reproduction that you want to share with me?

Ask the student: Did you learn anything surprising?

Family Homework Confirmation Slip: Talking About the Reproductive System and Pregnancy

Due: _____

We have completed the family homework.

_____ _____

Date Signature of family member or trusted adult

_____ _____

Student's name Signature of student

Exit Ticket

Handout

Circle the organs that produce hormones.

HINT – Two items on the list should be circled.

Testicles

Penis

Scrotum

Ovaries

Clitoris

Vagina

Lesson 1: Assessment Questions

1. The following steps to creating a pregnancy are not in the right order. Please place the letters in the correct order in the spaces provided below:

   a) Egg meets sperm in the fallopian tube.
   b) Fertilized egg attaches to the wall of the uterus. Also called implantation.
   c) Two weeks after blood leaves the uterus, an egg leaves the ovary. Also called ovulation.
   d) Blood leaves the uterus. This is called "having a period" or menstruating.
   e) Sperm and egg join. Also called fertilization.
   f) Fertilized egg begins dividing into many cells while traveling down the fallopian tube.
   g) Conception is complete.
   h) Couple has vaginal sex without using a condom or other birth control.

   ___
   ___
   ___
   ___
   ___
   ___
   ___
   ___

2. Label Worksheets 1-4. Choose from the following terms (hint, terms may appear on more than one worksheet):

Fallopian Tubes	Urethra
Testicle	Scrotum
Ovary	Anus
Prostate Gland	Labia
Uterus	Bladder
Epididymis	Vas Deferens
Cervix	Seminal Vesicles
Cowper's Glands	Clitoris
Vagina	Penis

3. Name two reasons a person might think they were pregnant.

4. Name one thing a person can do to have a healthy pregnancy.

Lesson 1: Assessment Key and Standards Alignment

Question	Answer	Standards
Warm Up: Today is the first day of our sexual health education unit. We will be covering the following topics: • Reproductive system • Pregnancy • Identity • Dating and healthy relationships • Saying no to sex • Condoms • STDs, including HIV • Birth control I hope this unit is helpful and interesting for everyone! Write down one fact you already know about any one of these topics. You may have learned it from your family or guardian, doctor, television, books, friends, etc.	Purpose is pre-assessment for teacher	
1. The following steps to creating a pregnancy are not in the right order. Please place them in the correct order: a) Egg meets sperm in the fallopian tube. b) Fertilized egg attaches to the wall of the uterus. Also called implantation. c) Two weeks after blood leaves the uterus, egg leaves the ovary. Also called ovulation. d) Blood leaves the uterus. This is called "having a period" or menstruating. e) Sperm and egg join. Also called fertilization. f) Fertilized egg begins dividing into many cells while traveling down the fallopian tube. g) Conception is complete. h) Couple has vaginal sex without using a condom or other birth control.	Two possible sequences are correct. D, C, H, A, E, F, B, G OR D, H, C, A, E, F, B, G	NHES: SH.1.8.28 NSES: PR.8.CC.1

2. Label Worksheets 1-4. Choose from the following terms (hint, terms may appear on more than one worksheet): Fallopian Tubes Testicle Ovary Prostate Gland Uterus Epididymis Cervix Cowper's Glands Vagina Urethra Scrotum Anus Labia Bladder Vas Deferens Seminal Vesicles Clitoris Penis	See Visuals 1-4 for answers	NHES: SH1.8.27 NSES: AP.8.CC.1
3. Name two reasons a person might think they were pregnant.	Possible Answers: • Vaginal sex without birth control or condom • Took pregnancy test that showed they were pregnant • Missed period • Swollen breasts • Feel very tired • Nausea • Urinate more often	NSES: PR.8.CC.5
4. Name one thing a person can do to have a healthy pregnancy.	Possible answers: • Don't drink alcohol • Don't do drugs • Don't smoke • Visit a doctor • Take vitamins	NSES: PR.8.CC.6
Exit Ticket: Circle the organs that produce hormones. HINT – Two items on the list should be circled. Testicles Penis Scrotum Ovaries Clitoris Vagina	Testicles Ovaries	NHES: SH1.8.27

Integrated Learning Activities

SCIENCE: Prenatal Care Brochure
Create a brochure that could be used in a doctor's office. What health advice should be given to someone who is in their first trimester of pregnancy to help them have a healthy pregnancy and healthy baby? If you use the Internet for information, look for websites that end in ".gov." For example, try searching: prenatal care.gov

LANGUAGE ARTS: Family Homework Dialogue
Write a script imagining a middle school health student and their parent or guardian doing a FLASH Family Homework assignment. What would an ideal discussion sound like to you? How would the student and adult answer the following questions?

- Student asks the adult: "Today we started our unit on sexual health. What do you hope I learn this unit?"
- Adult asks the student: "What happened in your first lesson today?"
- Student asks the adult: "Do you have any values about pregnancy or reproduction that you want to share with me?"
- Adult asks the student: "Did you learn anything surprising?"

References

[1] Centers for Disease Control and Prevention. Division of Violence Prevention. www.cdc.gov/violenceprevention/sexualviolence/riskprotectivefactors.html. Accessed 5/4/2016.

[2] Vandivere, S., Malm, K., and Radel, L. (2009). Adoption USA: A chartbook based on the 2007 National Survey of Adoptive Parents. U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. Available at http://aspe.hhs.gov/hsp/09/NSAP/chartbook.

Sexual Orientation and Gender Identity

Grade 6–8, Lesson 2

Summary

Students learn the definition of identity and the importance of feeling positively about our identities. Sexual orientation and gender identity are introduced as two categories of identity held by everyone. Students learn common terms and foundational information related to these concepts through small- and large-group activities. They discuss strategies that help people develop pride in any of their identities and practice applying these strategies to a scenario about sexual orientation and gender identity.

Student Learning Objectives

The student will be able to …

1. Explain that everyone has a gender identity and a sexual orientation, and differentiate between them.
2. Communicate respectfully with and about people of all gender identities, gender expressions and sexual orientations.
3. Explain why it's important for people to feel proud of their identities, including their sexual orientation and gender identity.

Lesson Timing

Warm up	Bell work + 3 minutes
Introduction to identity	5 minutes
Definitions activity	10 minutes
Common questions activity	15 minutes
Developing pride in our identities	5 minutes
Scenario activity	10 minutes
Assign homework	
Exit ticket	2 minutes
Total	50 minutes

FLASH Key Concepts

Everyone has a sexual orientation and a gender identity.

A person knows their sexual orientation because of who they feel attracted to, not because of who they have sex with.

A person knows their gender identity because they feel like a boy, a girl, both, neither or somewhere in between, not because of their body parts.

People of all sexual orientations and gender identities need to know how to prevent pregnancy and STDs, either for themselves or to help a friend.

Standards

National Health Education Standards (SHECAT)

Standard 1	Students will comprehend concepts related to health promotion and disease prevention to enhance health.
SH1.8.33	Explain the benefits of respecting individual differences in aspects of sexuality (such as sexual activity, sexual abstinence, sexual orientation, gender expression, or gender identity), growth and development or physical appearance.
SH1.8.34	Explain why it is wrong to tease or bully others based on aspects of their sexuality (such as sexual activity, sexual abstinence, sexual orientation, gender expression, or gender identity).
SH1.8.35	Describe how intolerance can affect others when aspects of their sexuality (such as sexual activity, sexual abstinence, sexual orientation, gender expression, or gender identity) are different from one's own.
SH1.8.36	Describe ways to show courtesy and respect for others when aspects of their sexuality (such as sexual activity, sexual abstinence, sexual orientation, gender expression, or gender identity,) are different from one's own.
Standard 4	Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.
SH4.8.6	Demonstrate how to effectively communicate support for peers when aspects of their sexuality (such as sexual activity, sexual abstinence, sexual orientation, gender expression, or gender identity) are different from one's own.
SH8.8.3	Persuade others to avoid teasing, bullying, or stigmatizing others based on their personal characteristics or aspects of their sexuality (such as sexual activity, sexual abstinence, sexual orientation, gender expression, or gender identity).

National Sexuality Education Standards

PD.8.INF.1	Analyze how friends, family, media, society and culture can influence self-concept and body image.
PD.8.AI.1	Identify medically accurate sources of information about puberty, adolescent development and sexuality.
ID.8.CC.1	Differentiate between gender identity, gender expression and sexual orientation.
ID.8.CC.2	Explain the range of gender roles.
ID.8.INF.1	Analyze external influences that have an impact on one's attitudes about gender, sexual orientation and gender identity.
ID.8.AI.1	Access accurate information about gender identity, gender expression and sexual orientation.
ID.8.IC.1	Communicate respectfully with and about people of all gender identities, gender expressions and sexual orientations.
ID.8.ADV.1	Develop a plan to promote dignity and respect for all people in the school community.
PS.8.SM.1	Describe ways to treat others with dignity and respect.
PS.8.ADV.1	Advocate for safe environments that encourage dignified and respectful treatment of everyone.

Rationale

The goals of the FLASH curriculum are to decrease pregnancy, STDs and sexual violence among teens, as well as to increase family communication about sexual health. FLASH uses many evidence informed strategies to achieve these goals, including ensuring that all FLASH content is appropriate for students regardless of their sexual orientation or gender identity, and including a lesson that directly addresses the concepts of sexual orientation and gender identity. Both strategies are supported by the National Health Education Standards (SHECAT) and the National Sexuality Education Standards. Because LGBT teens are at high risk for poor sexual health outcomes, including higher rates of pregnancy,[1] [2] STDs and HIV,[2] [3] [4] and sexual violence,[5] sexual health curricula must be designed to meet the needs of all students.[6]

Middle school is a time when young people are developing their identities across many domains. This lesson uses identity development as the framework for teaching about sexual orientation and gender identity, and draws particularly from the research showing that pride in one's identity is a protective factor that supports resiliency. Protective and resiliency factors greatly assist youth in avoiding pregnancy and STDs, substance use and school dropout.[7] [8] [9] [10] Middle school is an appropriate and important time to talk about sexual orientation and gender identity. On average, students realize they are same-sex attracted in early adolescence.[11] [6] Many students will self-identify as LGBTQ around age 13.[6] [5] By talking about LGBTQ topics prior to sexual activity onset, all youth can have greater protection against poor sexual health outcomes.[11] [6]

Teaching about sexual orientation and gender identity not only provides a necessary protection for LGBTQ students, but can also create better understanding, respect and nondiscrimination among all students.[6] [1] [12] [13] It is important as an educator to provide support to all students, as every classroom will likely have students who identify (or will later identify) as LGBTQ. By including LGBTQ topics, an example is set in the classroom of the importance of respectful communication, diversity awareness and critical thinking about social issues.

Materials Needed

Student Materials

- *Ways to Develop Pride in Our Identities Handout*
- *Developing Pride Scenario Handout*
- *Sexual Orientation and Gender Identity Resources Handout*
- *Individual Homework: Sexual Orientation and Gender Identity*
- *Family Homework: Sexual Orientation and Gender Identity,* available in multiple languages on the FLASH website
- *Lesson 2 Exit Ticket*

Small-Group Handouts (1 per small group)

- *Sexual Orientation*
- *Gender Identity*
- *Identity Terms*
- *Identity Definitions*
- *Answer Cards*

Classroom Materials

- *Lesson 2 Warm Up*
- *Sexual Orientation and Gender Identity Definitions Visual*
- *Common Questions Activity Visual*
- *Ways to Develop Pride in Our Identities (Categories) Visual*
- Envelopes
- Newsprint
- Tape

Teacher Preparation

1. Cut apart the *Identity Definitions* and *Identity Terms*. Place them in an envelope labeled "Definitions." Make at least 6 sets (1 set per small group).

2. Cut apart the *Answer Cards*. Place them in an envelope labeled "Answer Cards." Make at least 6 sets (1 set per small group)

3. Write each Common Question on a different piece of newsprint to be posted around the room. Leave tape by each piece of newsprint.

4. Prepare Visuals for document camera or projector.

Activities

1. Warm Up

Display warm up as bell work.

Prompt:
A person's identity refers to their sense of who they are as individuals and as members of social groups. People have many identities. Their identities might include their gender, their race, their nationality, their sexual orientation, their family identity (sister, uncle, etc.), their religious identity, if they have one, their work or an important interest.

- Name 3 of your most important identities. For example: male, Mexican American, gay, sister, Buddhist, soccer player, artist, environmentalist, gamer, etc.
- Would you pick the same identities now as when you were in Kindergarten? Why or why not?

2. Introduce the concept of identity

Debrief the warm up. Discuss the importance of people being proud of their identities.

On your warm up we used this definition of identity: "A person's identity refers to their sense of who they are as individuals and as members of social groups. People have many identities." What are some of the identities you listed?

Excellent. Some identities are things you choose, and some aren't. I heard examples of both just now. For example, you don't choose whether or not you are a brother or sister, or what country you are born in. Other identities are things that people choose for themselves, such as identifying as a Republican or a Democrat, or identifying as a fan of a particular sports team (use students' own examples here if possible).

There are some parts of a person's identity they may have known for a long time, and there are other parts that develop later in life. No matter when a person's identity develops, or whether or not they choose it, it's important for people to feel proud of who they are. Why do you think that is?

Right. If a person feels bad about themselves, it can lead to unhappiness or depression, and it can be hard to make friends with other people with similar interests or identities. When someone feels proud of their identity they can hold their head high and do good things in the world.

3. Conduct definitions activity

Introduce the concepts of sexual orientation and gender identity as two types of identity that every person has.

Today we're going to focus on two particular types of identity. Every person has a sexual orientation and a gender identity. We're going to start by learning some common and respectful words having to do with sexual orientation and gender identity that are important

for everyone to know.

Place students in groups of 3 or4. Give each group the *Sexual Orientation Handout, Gender Identity Handout,* and an envelope labeled "Definitions" with identity terms and definitions printed on slips of paper. Have students work in their groups for 3 minutes to match the definitions with the terms and place them on the correct paper, identifying the terms as either a sexual orientation or gender identity. Remind students that it is fine if there are terms they don't know, tell them to just do their best.

In a minute, I'm going to separate you into small groups. Each small group will receive a Sexual Orientation *handout, a* Gender Identity *handout, and an envelope of identity terms and definitions. Your job will be to match the terms with the correct definitions, and then place them on either the Sexual Orientation or the Gender Identity page, depending on whether the word refers to sexual orientation or gender identity. It's OK if you don't already know the terms or definitions. Just do your best.*

Debrief as a large group by projecting the *Sexual Orientation and Gender Identity Definitions Visual,* defining each term, addressing any confusion, and explaining why each term is either a sexual orientation (an identity based on a person's attraction to someone else) or a gender identity (a person's identity as a boy, a girl, both or neither).

Let's take a look at the sexual orientation and gender identity definitions together. If your small group has any incorrect definitions, you can fix your strips as we go.

Sexual orientation *describes who a person is romantically attracted to. What were some of the terms you had listed under sexual orientation? Great. I'm going to go over these definitions with you.*

Usually, we say that a man who is attracted to women or a woman who is attracted to men is ***straight****. The word* ***lesbian*** *describes a woman who is attracted to women, and* ***gay*** *describes a man who is attracted to men.* ***Bisexual*** *is a word to describe a person who is attracted to men and women. Someone might also identify as* ***queer****, which is a broad term that can include gay, lesbian and bisexual people, as well as other people who don't identify as straight.*

Gender identity *refers to whether a person identifies as a boy, a girl, both, neither or somewhere in between. So, a person's gender identity is* ***female*** *if they identify as a girl and* ***male*** *if they identify as a boy. A person's gender identity doesn't always match the way other people see them. For example, a doctor may have said that a person was male or female when they were born, but that person knows in their heart that really isn't their gender. When a person's gender identity is different from what the doctor said when they were born that is called being* ***transgender****, or just* ***trans****. When a person's gender identity does match what the doctor said when they were born that's called being* ***cisgender****.*

People might also use other words to identify their gender, like ***gender fluid*** *or* ***gender queer****. These terms mean different things to different people, but generally they mean people don't feel exactly like a boy or a girl, at least not all the time.*

Every person has a sexual orientation and a gender identity, but the terms that people use

to describe their identities sometimes change, and not everyone uses the same words or agrees on exactly the same definitions. Nice work on the definitions.

4. Students answer common questions

Introduce the common questions that are already posted around the room. Hand out an envelope of *Answer Cards* to each group, and project the *Common Questions Visual* in the front of the room. Groups will have 3 to 5 minutes to determine the best answer for each question. When you call time, each group has 15 seconds to tape their *Answer Cards* to the matching questions posted around the room and return to their small groups. Walk from sign to sign, reading the question and the correct answer, moving any incorrect answers, and clarifying confusion.

We're all going to learn more about this topic by thinking about the most common questions students ask about sexual orientation and gender identity.

You can see seven different questions posted around the room. I'm going to hand each small group a packet that has all the answers to these questions on different slips of paper. Your task is to figure out the right answer to each question. When I call time, you'll have 15 seconds to tape each of your answers to the correct question. Then I'll check the answers and clarify any confusion.

Answer Key:

1. How does someone know their sexual orientation or their gender identity?

   A person knows their sexual orientation based on who they feel attracted to. A person knows their gender identity based on whether they feel like a boy, a girl, both, neither or somewhere in between.

2. Can lesbian, gay and trans people have kids?

   Yes. Any person with a uterus, ovaries and a vagina can become pregnant, regardless of their gender identity or sexual orientation. They could become pregnant from having vaginal sex or by placing donated sperm in their vagina. People can also arrange to have someone else, called a surrogate, carry a pregnancy for them. Finally, a person of any sexual orientation or gender identity can adopt children.

3. If a boy acts like a girl or a girl acts like a boy, does that mean they are gay?

   There is no one way for boys or girls to act, although there are certain stereotypes about what behavior is masculine or feminine. A person's sexual orientation is based on who they are attracted to, not how they act or what sorts of things they are interested in.

4. How do gay, lesbian and trans people have sex?

   People can have different kinds of sexual touch with a partner, including kissing, hugging and cuddling, no matter what their sexual orientation or gender identity is. Couples might also have oral, anal or vaginal sex, depending on what body parts the two people have and what activities they have consented to.

5. How old are people when they know their sexual orientation or gender identity?

   People often know who they are attracted to by middle or high school. They often know if they feel like a boy, a girl, both, neither or somewhere in between by elementary school. However, every person is different and some people will know at younger or older ages.

6. Can you change your sexual orientation or gender identity?

   A person cannot control who they are attracted to, and they cannot control if they feel like a boy, a girl, both, neither or somewhere in between. Even though people can't change their feelings, they can change the term they identify with if they need or want to.

7. What if I don't know someone's sexual orientation or gender identity? What should I call them?

   Every person has the right to name their own identities. It is polite to ask someone how they identify their sexual orientation and gender identity, and what words they would like you to use when talking to them. It is important to respectfully use the terms and pronouns people have asked others to use.

5. Discuss ways to developing pride in identities

Introduce the idea that people can take steps to help them feel proud of their own identities, and to help others feel proud of their identities as well. Point out that pride in identity is not about seeing oneself as better than others, but about feeling good about oneself. Show the *Ways to Develop Pride in Our Identities (Categories) Visual*. Explain that the class is going to discuss strategies for feeling proud of our identities, whether they are related to sexual orientation, gender identity or any other aspect of identity. Invite students to come up with examples for each category. Then pass out the *Ways to Develop Pride in Our Identities Handout* and have volunteers take turns reading all the strategies out loud.

When people feel proud of who they are and of their identities, it can help them be happy and deal with challenges as they get older. One of the ways we learn to be proud of our identities is through our interactions with others—with our families and friends, with teachers, in a religious community, at our jobs and at school.

Let's think of some of the specific things that people do to help them feel proud of their own identities, or to help others be proud of who they are. We can think of sexual orientation and gender identities as well as other identities that people have. I'm going to show you a few categories and ask you if you can think of some ideas in each category.

Refer to the *Ways to Develop Pride in our Identities (Categories) Visual*, but don't begin accepting responses or filling it in until you have read the next script.

I want to remind us all that it is easier for someone to feel proud of their identities when they see those identities reflected around them. For example, the first category here is "Connecting with community." If many of the people you go to school with are the same race or ethnicity as you, or the same religion or sexual orientation, you are connecting with members of your community every day. If your identities are not the same as many of the

people around you, you may have to work harder to connect with other members of your community. Remember, too, that being proud of your identities does not mean that you think your identities are better than someone else's. The focus is on feeling proud and good about yourself. Now, let's see if we can come up with some examples in each of these categories. What are some ways people could connect with other people who share an identity with them? You can think about any identity.

Allow students to answer.

You've come up with some great suggestions! Now I'm going to hand out a list of different ways for people to develop pride that we're going to take turns reading out loud.

6. Analyze a scenario

Hand out the *Developing Pride Scenario Handout.* Ask for four volunteers to read one paragraph each. After the first two paragraphs, read the discussion questions to the class. Give students a moment to think on their own about their answers to the questions, then have them pair up and share their answers with each other. Debrief as a large group as time allows, or simply move on to read the final two paragraphs and repeat the process. Suggested answers are provided below to assist in the debrief.

Now we're going to think specifically about transgender, lesbian, gay and bisexual people, and what things they could do to help them feel proud of their identities. We're going to take a look at someone who is in middle school and is struggling to feel proud of his identity. When we get to the discussion questions I will have you think, pair and share with a neighbor. Let's begin with a volunteer reader.

Scenario:
James is in the eighth grade. Because he has always lived as a boy and feels attracted to other boys, he currently identifies as a gay male. But lately James has been thinking that he might be trans. He doesn't know any other trans or genderqueer kids, but he would like to meet some and be able to talk with them. He belongs to the GSA (Gay Straight Alliance) at his school and likes going. His dad helps him attend by picking him after meetings. He has friends at school and is close with his family but lately he has been feeling a little lonely.

It seems like he doesn't ever see anyone who is like him. All the gay people on TV are white and James is black, and he never sees a trans person on TV except on talk shows. Although everyone at school is pretty nice, he hears things that worry him. People say "that's so gay" about everything, and sometimes kids try to make a joke by pretending that they're gay, talking with a weird voice and walking funny. Teachers don't ever seem to notice. Recently he told his best friend Samuel how he was feeling. Samuel wants to help him, but isn't really sure what to do.

- *How is James feeling now? Is he feeling proud of who he is?*
  James is feeling lonely, he is wondering if there are other people like him. He may also be feeling sad or maybe confused.

- *What is helping James feel proud?*
  He has good support from his dad, he has the GSA and friends at school.

- *What is getting in the way of James feeling proud?*
  He doesn't see people like him, kids at his school seem to make fun of gay people.

Samuel asked James if it would be OK for him to talk to his family about James's situation. He thought his mom might have some good advice. James said it was OK, and he decided to talk to his dad too. James's dad told him he was proud of him, and that he was sorry to hear that he had been feeling lonely. He had heard that there was a meeting in town for parents with lesbian, gay, bisexual or transgender kids, and he told James that he would check it out to see if those parents had some ideas and to help James meet kids who might be more like him.

Samuel's mom had heard that there were some events going on for LGBT history month, including an LGBT history exhibit at the library. She suggested that James and Samuel go together to see the exhibit, and offer to volunteer. She reminded Samuel how important it was to be a good friend to James right now, to really listen to him, spend time with him, and speak up if he saw people making anti-gay comments. James and Samuel talked again, and James felt glad to have some good ideas and to have the support of friends and adults in his life.

- *Let's look again at the list of strategies. Do you see any on the list that people used in this scenario?*
  - Samuel's mom suggested they attend an event to help both Samuel and James learn more about community history.
  - Samuel's mom suggested they volunteer for the event.
  - Samuel's mom suggested Samuel attend the even with James so that he could show his support for James.
  - Samuels's mom suggested he speak up when he sees discrimination.
  - James's dad plans to attend a meeting for parents of LGBT kids, so he can connect with that community, and to help his son connect with other kids.

- *If you were James's friend, what strategy would you have used to help him?*

- *What if James didn't know any supportive adults or if his town had not had these resources? How would things have been different for him? Do you have any ideas about what he could have done in that situation?*
  - Things would have been much harder for him. He would probably have continued feeling lonely and might have started to feel worse.
  - He could talk with other safe adults who might be supportive, like a school counselor a member of his extended family.
  - He could read books or watch movies with characters who are more like him. If he didn't know any books or movies, he could ask a librarian for help.
  - He could learn more by reading information from safe websites designed for kids his age.

If James didn't have supportive friends, or if he had not known how to connect with community or learn more about his community's history, I am sure he would have continued to feel lonely, and might even have become depressed. I think this scenario shows us how important it is for people to feel proud of themselves, and gives us some good ideas about how people can develop their own pride and how to help friends.

7. Provide resource sheet and conclude lesson

Hand out the *Sexual Orientation and Gender Identity Resources Handout.*

LGBTQ stands for lesbian, gay, bisexual, trans, queer and questioning. Here are a list of organizations that help support LGBTQ youth and their friends and family. If someone were in a situation like James, these are places that could help.

Good work, everyone. I'm glad we had an opportunity to discuss how to have pride in all of our identities today.

8. Assign homework

Allow students to choose between the individual or family homework and explain the assignments as needed.

Individual Homework: Sexual Orientation and Gender Identity

Family Homework: Sexual Orientation and Gender Identity, available in multiple languages on the FLASH website

9. Exit ticket

Hand out the *Lesson 2 Exit Ticket.*

Question: What is the difference between gender identity and sexual orientation?

Answer: Gender identity is whether you identify as male, female, both, neither or somewhere in between; sexual orientation is based on the gender of the people you're attracted to.

Warm Up

Visual

A person's identity refers to their sense of who they are as individuals and as members of social groups. People have many identities.

Their identities might include their gender, their race, their nationality, their sexual orientation, their family identity (sister, uncle, etc.), their religious identity, if they have one, their work or an important interest.

- Name 3 of your most important identities. For example: male, Mexican American, gay, sister, Buddhist, soccer player, artist, environmentalist, gamer, etc.

- Would you pick the same identities now as when you were in Kindergarten? Why or why not?

Sexual Orientation and Gender Identity Definitions

Visual

Sexual Orientation: Who a person is attracted to

Lesbian	A woman who is attracted to women
Gay	A man who is attracted to men
Bisexual	A person who is attracted to men and women
Straight	A man who is attracted to women, or a woman who is attracted to men
Queer	A broad term that can include gay, lesbian and bisexual people, as well as others who don't identify as straight

Gender Identity: How a person identifies their gender

Female	a person who identifies as a woman
Male	a person who identifies as a man
Transgender Trans	When a person's gender identity doesn't match the sex (male or female) the doctor said they were when they were born
Cisgender	When a person's gender identity matches the sex (male or female) the doctor said they were when they were born
Gender Queer Gender Fluid	Usually means a person doesn't feel exactly like a boy or a girl, at least not all the time

Sexual Orientation

Small Group Handout

Who a person is attracted to

Gender Identity

Small Group Handout

If a person identifies as a boy, a girl, both, neither or somewhere in between

Identity Terms

For "Definitions" Envelope

Female	Queer
Cisgender	Gay
Transgender Trans	Gender Queer Gender Fluid
Bisexual	Straight
Male	Lesbian

Identity Definitions

For "Definitions" Envelope

A woman who is attracted to women

A man who is attracted to men

A person who is attracted to men and women

A man who is attracted to women, or a woman who is attracted to men

---

A broad term that can include gay, lesbian and bisexual people, as well as others who don't identify as straight

---

A person who identifies as a woman

A person who identifies as a man

When a person's gender identity doesn't match the sex (male or female) the doctor said they were when they were born

---

When a person's gender identity matches the sex (male or female) the doctor said they were when they were born

---

Usually means a person doesn't feel exactly like a boy or a girl, at least not all the time

Common Questions Activity

Visual

1. **How does someone know their sexual orientation or their gender identity?**

2. **Can lesbian, gay and trans people have kids?**

3. **If a boy acts like a girl or a girl acts like a boy, does that mean they are gay?**

4. **How do gay, lesbian and trans people have sex?**

5. **How old are people when they know their sexual orientation or gender identity?**

6. **Can you change your sexual orientation or gender identity?**

7. **What if I don't know someone's sexual orientation or gender identity? What should I call them?**

Answer Cards

For "Answers" Envelope

A person knows their sexual orientation based on who they feel attracted to. A person knows their gender identity based on if they feel like a boy, a girl, both, neither or somewhere in between.

Yes. Any person with a uterus, ovaries and a vagina can become pregnant, regardless of their gender identity or sexual orientation. They could become pregnant from having vaginal sex or by placing donated sperm in their vagina. People can also arrange to have someone else, called a surrogate, to carry a pregnancy for them. Finally, a person of any sexual orientation or gender identity can adopt children.

Answer Cards

For "Answers" Envelope

There is no one way for boys or girls to act, although there are certain stereotypes about what behavior is masculine and what behavior is feminine. A person's sexual orientation is based on who they are attracted to, not how they act or what sorts of things they are interested in.

People can have different kinds of sexual touch with a partner, including kissing, hugging and cuddling, no matter what their sexual orientation or gender identity is. Couples might also have oral, anal or vaginal sex, depending on what body parts the two people have and what activities they have consented to.

Answer Cards

For "Answers" Envelope

People often know who they are attracted to by middle or high school. They often know if they feel like a boy, a girl, both, neither or somewhere in between by elementary school. However, every person is different and some people will know at younger or older ages.

A person cannot control who they are attracted to and they cannot control if they feel like a boy, a girl, both, neither or somewhere in between. Even though people can't change their feelings, they can change the term they identify with if they need or want to.

Answer Cards

For "Answers" Envelope

Every person has the right to name their own identities. It is polite to ask someone how they identify their sexual orientation and gender identity, and what words they would like you to use when talking to them. It is important to respectfully use the words and pronouns people have asked others to use.

Ways to Develop Pride in Our Identities (Categories)

Visual

Connecting with community

Standing up for others who face discrimination based on their identities

Learning about community history

Ways to Develop Pride in Our Identities

Handout

Connecting with community

- Volunteer with organizations that work with specific communities.
- Attend events put on by that community.
- Join school clubs or community organizations that are for specific communities.

Standing up for others who face discrimination based on their identities

- Speak up when you see or hear discrimination based on people's identities.
- Volunteer with organizations that fight discrimination.
- Organize projects or events within your own community that fight against discrimination.
- Support individuals who have faced discrimination by publicly showing your friendship.
- Support individuals who have faced discrimination by asking them what they need, instead of trying to solve their problems.

Learning about community history

- Educate yourself about your community's history by reading books, watching films, and talking to older community members.
- Educate yourself about the history of other communities that you are not already learning about at school.
- Every community has parts of its history to be proud of and parts that people do not feel proud of. Decide for yourself what you can feel proud of, and what parts were not so good.

Developing Pride Scenario

Handout

James is in the eighth grade. Because he has always lived as a boy and feels attracted to other boys, he currently identifies as a gay male. But lately James has been thinking that he might be trans. He doesn't know any other trans or genderqueer kids, but he would like to meet some and be able to talk with them. He belongs to the GSA (Gay Straight Alliance) at his school and likes going. His dad helps him attend by picking him after meetings. He has friends at school and is close with his family but lately he has been feeling a little lonely.

It seems like he doesn't ever see anyone who is like him. All the gay people on TV are white and James is black, and he never sees a trans person on TV except on talk shows. Although everyone at school is pretty nice, he hears things that worry him. People say "that's so gay" about everything, and sometimes kids try to make a joke by pretending that they're gay, talking with a weird voice and walking funny. Teachers don't ever seem to notice. Recently he told his best friend Samuel how he was feeling. Samuel wants to help him, but isn't really sure what to do.

- *How is James feeling now? Is he feeling proud of who he is?*
- *What is helping James feel proud?*
- *What is getting in the way of James feeling proud?*

Samuel asked James if it would be OK for him to talk to his family about James's situation. He thought his mom might have some good advice. James said it was OK, and he decided to talk to his dad too. James's dad told him he was proud of him, and that he was sorry to hear that he had been feeling lonely. He had heard that there was a meeting in town for parents with lesbian, gay, bisexual or transgender kids, and he told James that he would check it out to see if those parents had some ideas and to help James meet kids who might be more like him.

Samuel's mom had heard that there were some events going on for LGBT history month, including an LGBT history exhibit at the library. She suggested that James and Samuel go together to see the exhibit, and offer to volunteer. She reminded Samuel how important it was to be a good friend to James right now, to really listen to him, spend time with him, and speak up if he saw people making anti-gay comments. James and Samuel talked again, and James felt glad to have some good ideas and to have the support of friends and adults in his life.

- *Do you see any strategies on the list that people used in this scenario?*
- *If you were James's friend, what strategy would you have used to help him?*
- *What if James didn't know any supportive adults or if his town had not had these resources? How would things have been different for him? Do you have any ideas about what he could have done in that situation?*

Sexual Orientation and Gender Identity Resources

Handout

GLBT National Help Center
1-888-843-4564
www.glnh.org
Peer support through the GLBT National Hotline and the GLBT National Youth Talkline. Provides online peer counseling, runs a moderated trans teen online talk group, and maintains a collection of resources across the U.S., searchable by zip code and by topic.

The Trevor Project
1-866-488-7386
www.thetrevorproject.org
A national 24-hour, toll-free suicide prevention hot line designed to serve gay and questioning youth.

Youth Resource
www.youthresource.com
Information and support for GLBT youth. This site is also a good resource on issues relating to young women, youth of color, depression, safer sex, relationships, and many other topics.

Parents, Families and Friends of Lesbians and Gays (PFLAG)
www.pflag.org
The nation's largest family and ally organization. PFLAG has chapters and members in major urban centers, small cities, and rural areas in all 50 states. The website provides educational materials and maintains a listing of PFLAG chapters, searchable by zip code.

Family Acceptance Project
http://familyproject.sfsu.edu/
Works to prevent health and mental health risks for LGBT children and youth in the context of their families, cultures and faith communities. The website includes materials designed to assist families in supporting their LGBT children.

Gay-Straight Alliance Network
https://gsanetwork.org/sexualhealth
Provides information about starting a Gay-Straight Alliance in middle and high schools, including educational resources and information about training. They maintain a directory of state-level GSA networks from across the U.S.

American Library Association Rainbow Book list
http://glbtrt.ala.org/rainbowbooks/
The Rainbow List is a bibliography of books with significant gay, lesbian, bisexual, transgender or queer/questioning content, and which are aimed at youth from birth through age 18.

Individual Homework: Sexual Orientation and Gender Identity

Name: _____ **Period:** _____

Use the *Sexual Orientation and Gender Identity Resources* handout or other resources supplied by your school, family, clinic or library to answer the following questions.

1. Write down the name and phone number of a talk line that LGBTQ teens can call for free and confidential support, factual information and resources.

2. Find out if there is a local resource for LGBTQ youth within 25 miles. If so, write down the name and email address. You may use the website below, if needed.

   - Go to the website for the Gay and Lesbian National Hotline: www.glnh.org.
   - Click on "Resources."
   - Put in your own zip code or your school's zip code, select "25 miles," and select "youth."

3. PFLAG stands for Parents, Families and Friends of Lesbians and Gays. PFLAG has information, resources and support for straight and cisgender people who have LGBTQ people in their lives. Write down the closest PFLAG group to your community.

   - Go to the website for PFLAG: www.pflag.org.
   - Click on "Find a Chapter."
   - Select your state or enter a zip code.

Family Homework: Talking About Sexual Orientation and Gender Identity

All Family Homework is optional. Students may complete Individual Homework instead.

Purpose: Family Homework is a chance to share your beliefs about sexuality and relationships, and the beliefs of your family, culture or religion.

Directions: Student will do the homework with a family member or trusted adult who is like family. Find a quiet place where the two of you can talk privately for 5-10 minutes. Please follow these guidelines:

- It is OK for either of you to skip a question.
- What you discuss will not be shared with anyone else, unless you give one another permission to share it.
- Take turns asking questions. When it is your turn to listen, try to understand the other person's response.

Ask the adult: Do we have any identities in this family you especially want me to be proud of? (for example, race, religion, nationality, heritage, etc.)

Ask the student: What identity of yours do you feel especially proud of?

Ask the adult: What are good ways to show respect to people who are gay, lesbian, bisexual and transgender?

Ask the student: Do you ever see kids your age show disrespect to gay, lesbian, bisexual or transgender people? What do you think should be done to stop it?

Family Homework Confirmation Slip: Talking About Sexual Orientation and Gender Identity

Due: _____

We have completed the family homework.

_____ _____

Date Signature of family member or trusted adult

_____ _____

Student's name Signature of student

Exit Ticket

Handout

What is the difference between gender identity and sexual orientation?

Lesson 2: Assessment Questions

1. Which of the following are ways to show respect to a person whose gender identity or sexual orientation is different from yours? Choose all that apply

   A. Ask them how they identify their sexual orientation or gender identity.
   B. Respectfully use the words and pronouns they ask you to use.
   C. Take your best guess about their identity and call them what you think is the right word or pronoun.
   D. Assume everyone's sexual orientation and gender identity is the same as yours.

2. Thinking about the scenario we read in class today about James and his friend Samuel, answer the following questions:

   A. When James heard anti-gay comments at his school, how did it affect him?

   B. Samuel was straight and cisgender, and was good friends with James, who is gay and possibly transgender. In the scenario, what things did Samuel learn or get to do as a result of his friendship with James?

Lesson 2: Assessment Key and Standards Alignment

Question	Answer	Standards
1. Which of the following are ways to show respect to a person whose gender identity or sexual orientation is different from yours? Choose all that apply. A. Ask them how they identify their sexual orientation or gender identity. B. Respectfully use the words and pronouns they ask you to use. C. Take your best guess about their identity and call them what you think is the right word or pronoun. D. Assume everyone's sexual orientation and gender identity is the same as yours.	A & B	NHES: SH1.8.36 SH4.8.6 NSES: ID.8.IC.1 PS.8.SM.1
2. Thinking about the scenario we read in class today about James and his friend Samuel, answer the following questions: A. When James heard anti-gay comments at his school, how did it affect him? B. Samuel was straight and cisgender, and was good friends with James, who is gay and possibly transgender. In the scenario, what things did Samuel learn or get to do as a result of his friendship with James?	Any of the following answers are acceptable: A. He felt lonely, concerned, alone, different. B. Samuel learned about resources in his community; he learned about LGBT history; he was able to go to an event that he might not have thought to go to otherwise; he learned about how to be a good friend.	NHES: SH1.8.33 SH1.8.34 SH1.8.35 NSES: PD.8.INF.1
Exit Ticket: What is the difference between gender identity and sexual orientation?	Gender identity is whether you identify as male, female, both, neither or somewhere in between; sexual orientation is based on the gender of the people you're attracted to.	NSES: ID.8.CC.1
Individual Homework: 1. Write down the name and phone number of a talk line that LGBTQ teens can call for free and confidential support, factual information and resources. 2. Find out if there is a local resource for LGBTQ youth within 25 miles. 3. Write down the closest PFLAG group to your community.	Answers will vary by community.	NSES: ID.8.AI.1

Integrated Learning Activities

STUDENT GOVERNMENT: Respect for All
Develop a plan to promote dignity and respect for all people in the school community. Include steps that can be taken to promote the dignity and respect of LGBTQ students, families and school staff. Use information from the Tolerance.org website listed below when creating your plan. Be sure to include items that you can do as a student. If there is a school policy you believe needs to be changed, explain what steps you would take to advocate for its change.
http://www.tolerance.org/lgbt-best-practices

HISTORY: Famous LGBT People in History Poster
Use the website provided below or work with a librarian to find a list of famous LGBTQ people from history. Make a poster about one of those people, using the template provided below as a guide. Make sure to include the following information in your poster: a picture of the person, a few sentences summarizing who they are and why they are important, three significant events from their life, one important fact you learned about them, and at least two resources (such as books or websites) for learning more about them.
To learn more about famous LGBT people in history: http://gsaday.org/featured/lgbt-straight-allied-history/
History poster template: http://printables.scholastic.com/shop/prcontent/Biography-Report-Fill-in-Poster/9780439323239-001

LANGUAGE ARTS: Book Report
Choose a book featuring an LGBTQ character from the website provided below and write a report. Provide a one paragraph summary of the plot, one or two paragraphs describing the main character and main supporting character(s), and include at least one paragraph explaining how the main character's sexual orientation or gender identity influenced the story.
Young Adult Library Services Association: Guide to YA Novels with LGBTQ Characters:
http://www.yalsa.ala.org/thehub/2013/08/06/a-guide-to-ya-novels-with-lgbtq-characters/

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Rules of Dating

Grade 6–8, Lesson 3

Summary

Students brainstorm common behaviors, both positive and negative, for each step of dating. Acting as the Presidential Teen Dating Commission, they work in small groups to develop dating rules that would result in healthier relationships. Students vote for their favorite new rules, setting positive norms for healthy dating behaviors.

Student Learning Objectives

The student will be able to …

1. Explain the qualities of a healthy dating relationship.
2. Collaborate with others to advocate for safe, respectful and equitable relationships.

Lesson Timing

Warm up	Bell work + 3 minutes
Introduce topic	2 minutes
Brainstorm and debrief dating behaviors	12 minutes
Review state laws on relationships and sex	5 minutes
Presidential Teen Dating Commission activity	20 minutes
Discuss Dating Commission activity	5 minutes
Assign homework	
Exit ticket	3 minutes
Total	50 minutes

FLASH Key Concepts

Everyone has the right to say who touches their body and how.

It is never OK to touch someone else if they don't want you to, or to make them touch you.

There are laws about sex that everyone must follow.

Permission or agreement is required to engage in all sexual activity.

Rigid ideas about how men and women should act are harmful and limit how people can express themselves.

Standards

National Health Education Standards (SHECAT)

Standard 1	Students will comprehend concepts related to health promotion and disease prevention to enhance health.
SH1.8.2	Explain the qualities of a healthy dating relationship.
SH1.8.4	Describe healthy ways to express affection, love, and friendship.
Standard 2	Students will analyze the influence of family, peers, culture, media, technology, and other factors on health behaviors.
SH2.8.6	Analyze how relevant influences of school and community affect sexual health practices, behaviors, and relationships.
SH2.8.8	Analyze how relevant influences of peers affect sexual health practices, behaviors, and relationships.
Standard 4	Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.
SH4.8.1	Demonstrate the effective use of verbal and nonverbal communication skills to promote sexual health and healthy relationships.
Standard 8	Students will demonstrate the ability to advocate for personal, family, and community health.
SH8.8.1	State a health-enhancing position on a sexual health-related topic, supported with accurate information, to improve the health of others.
SH8.8.4	Collaborate with others to advocate for safe, respectful, and responsible relationships.

National Sexuality Education Standards

ID.8.IC.1	Communicate respectfully with and about people of all gender identities, gender expressions and sexual orientations.
ID.8.ADV.1	Develop a plan to promote dignity and respect for all people in the school community.
HR.8.CC.1	Compare and contrast the characteristics of healthy and unhealthy relationships.
HR.8.CC.2	Describe the potential impacts of power differences such as age, status or position within relationships.
HR.8.CC.5	Describe the advantages and disadvantages of communicating using technology and social media.
HR.8.INF.1	Analyze the ways in which friends, family, media, society and culture can influence relationships.
HR.8.IC.1	Demonstrate communication skills that foster healthy relationships.
HR.8.IC.2	Demonstrate effective ways to communicate personal boundaries and show respect for the boundaries of others.
PS.8.CC.1	Describe situations and behaviors that constitute bullying, sexual harassment, sexual abuse, sexual assault, incest, rape and dating violence.
PS.8.CC.3	Explain that no one has the right to touch anyone else in a sexual manner if they do not want to be touched
PS.8.CC.4	Explain why a person who has been raped or sexually assaulted is not at fault
PS.8.SM.1	Describe ways to treat others with dignity and respect.

Rationale

Sexual Violence Prevention

The prevention of sexual violence is both a behavioral goal of FLASH in its own right, and an important strategy for preventing teen pregnancy and STDs. Sexual violence is correlated with a host of acute and chronic health problems, amplified by high rates of victimization in the United States.[1] Sexual violence is also strongly linked to teen pregnancy and STDs. Pregnant teens have higher rate of previous sexual assault, as do teens who begin having intercourse at a young age, increasing their risk of teen pregnancy and STDs.[2 3 4 5] Moreover, young teens with much older male partners have greatly increased risk of pregnancy.[6 7] Clearly, effective sexual violence prevention can reduce suffering and improve outcomes across many domains of health.

Sexual violence prevention programs have not been evaluated to the same extent as programs that reduce teen pregnancy and STDs. In the fields of public health and sexual violence prevention, the recommended approach to reduce sexual violence is to address "upstream" risk factors for perpetration.[8] FLASH's sexual violence prevention lessons address the risk factors for perpetration identified by the CDC[9] that are amenable to change through a school-based curriculum:

- Hostility towards women
- Hypermasculinity (exaggerated adherence to traits stereotypically attributed to men)
- General tolerance of sexual violence within the community
- Societal norms that support male superiority and sexual entitlement
- Societal norms that maintain women's inferiority and sexual submissiveness.

Focusing prevention efforts in early adolescence is a strategic and necessary approach. Rates of reported rape and sexual assault peak in adolescence.[10] Middle school students are just beginning to have romantic relationships, and their dating behavior and norms are characterized by risk factors for sexual violence identified by the CDC.[11]

Significantly, strategies to prevent victimization (e.g. how women can avoid risky situations for sexual assault) and to increase empathy for victims of sexual violence have had mixed results.[12] These approaches were also shown to have the unintended consequence of strengthening participants' beliefs in rape myths (e.g., women are responsible for being raped).[13] This further underscores the need to focus prevention efforts on reducing perpetration.

The CDC risk factors are specific to male-on-female violence. Importantly, research links these same risk factors to same-sex sexual harassment and sexual violence targeted at LGBT young people.[14] While the majority of sexual violence is perpetrated by men against women, there is much more to be learned about the risk factors for sexual violence perpetrated by women against men, and sexual violence perpetrated against someone of the same gender.

Rules of Dating

Qualitative research with middle school students demonstrates the connection between sexual violence, rigid gender expectations in dating, and early adolescents' harmful responses to breaking up.[15] *Rules of Dating* focuses heavily on resetting these social norms. Students create rules of dating that are equal and fair for all youth and not based on gender, and these rules are posted in the classroom. The lesson also normalizes breaking up as an expected stage of dating for teens, with the intent of reducing the emotional and verbal abuse that commonly follows.

Materials Needed

Student Materials

- *Presidential Teen Dating Commission Worksheet*
- *Individual Homework: The Most Helpful Rule of Dating*
- *Family Homework: Talking About Dating,* available in multiple languages on the FLASH website
- *Lesson 3 Exit Ticket*

Classroom Materials

- *Lesson 3 Warm Up*
- *Steps of Dating Visual*
- *United States Laws on Relationships and Sex Visual*, or use links to adapt the visual for your specific state. In Washington State, use *Washington State* version.
- *Creating Rules for Dating Visual*
- Easel paper
- Blank quarter sheets of paper or index cards
- Dot stickers
- Tape

Teacher Materials

- Appendix 2: Laws Relevant to a Sexual Health Unit

Teacher Preparation

1. Post 4 newsprints around the room with the following titles: Put small pieces of tape next to each piece of newsprint.
    1. Asking someone out
    2. Dating
    3. Breaking up
    4. General rules for dating

2. Prepare Visuals for document camera or projector.

Activities

1. Warm Up

Display warm up as bell work.

Prompt: Describe one characteristic of a healthy dating relationship. Then explain why you think this quality would be important. (1 to 2 sentences)

2. Introduce topic

Today we are going to look more closely at dating. I know that some of you are already dating, or are interested in dating, and some of you are not. Of course, even people who are not dating can still have ideas and opinions about it. Sometimes families have rules about dating, such as how old you have to be before you can date, if you have to date in groups or always have an adult with you. In this lesson, you are going to have a chance to make some rules of your own about how you think people should act with each other when they are dating.

3. Brainstorm and discuss dating behaviors

Display and read the *Steps of Dating Visual.* Lead the class in a brainstorm of common behaviors, both positive and negative, for each step of dating, and write their ideas on newsprint. Focus on behaviors, not feelings. If students describe a behavior with the person's gender (e.g. "boys ask girls for their number"), write it down verbatim. After brainstorming all 3 steps, have students identify any brainstorm items that seem to be more common behaviors for boys or for girls.

Let's start by talking about what dating really looks like. Dating usually has 3 main events: (1) asking someone out or getting together, (2) dating or going out, and (3) breaking up. At some point when they are older, probably after high school, a person may meet someone who they want to spend the rest of their life with, and they may never break up. However, for most relationships, these are the three main steps.

We are going to create a list of common behaviors for each step of dating. This is not a list of what people "should" do, but rather what you have seen or heard of people actually doing, both good and problematic.

Step 1: Asking someone out or getting together

- *How do people ask each other out? How do they get together?*
- *What sorts of things do they do or say to each other?*
  If students say "flirting," prompt for concrete detail: *How would you know someone was flirting? What would they say or do?*

Step 2: Dating or going out

- *What sorts of things do two people do together when they're dating?*
- *How do they treat each other?*
- *How do they talk to other people about their boyfriend or girlfriend?*

Step 3: Breaking up

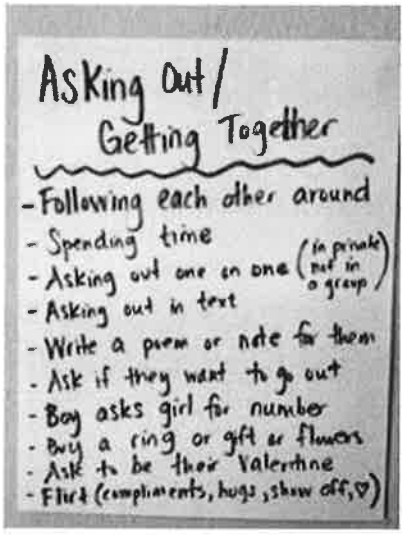
- *How do people break up with each other?*
- *How do they talk about their ex to other people?*
- *What sorts of specific behaviors would you see?*

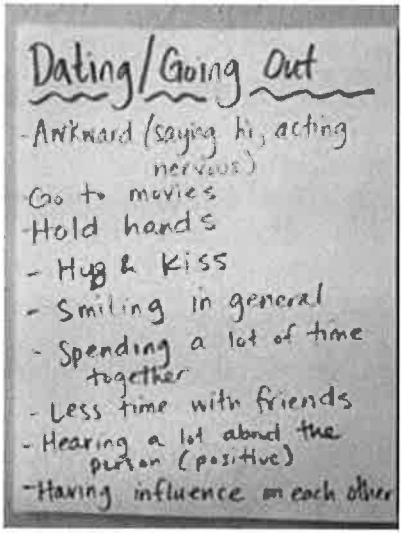
Help students focus on the act of breaking up or the immediate aftermath.

Take a look at these lists. Do all people usually do these things, or are some of them more likely for only boys or only girls? Point out brainstorm items that already include gender, if any. Make a notation next to additional items that students identify.

This is not surprising because in our society there are often different expectations of people depending on their gender—whether they are a boy or a girl. When we write our own rules, we will have a chance to make rules that are more fair for everyone.

Examples of student brainstorms





4. Review state laws on relationships and sex

Display and read the *United States* or *Washington State Laws on Relationships and Sex Visual*.

Now we are going to talk about some of the rules that people need to follow about relationships and sex. First we are going to see our state (or U.S.) laws.

Read the visual.

These laws are very important in keeping people safe from sexual assault and abuse, but they don't go very far in teaching people how to have happy, healthy relationships. That is going to be your job in the next activity!

5. Conduct Presidential Teen Dating Commission activity

Ask the class to describe what it means for a rule to be fair.

The idea of fairness is important to the rest of the lesson. Can someone tell me: what does it mean for a rule to be fair?

Right, it applies the same to everyone. It is not biased in favor of one person or group of people.

Project and read the *Creating Rules for Dating Visual*.

I want you all to imagine that you have been appointed by the President of the United States to the Presidential Teen Dating Commission. Your job on the commission is to create a set of dating rules for teens so that they can have happier, healthier dating relationships. There are a few things you should keep in mind as you are creating your rules.

Distribute the *Presidential Teen Dating Commission Worksheet*. Divide students into groups of 4-6. Have each group work together to write at least one rule for each of the dating steps on their worksheet.

I'm going to divide you into small groups. Each group should write at least 3 rules: one rule for each dating step. Try to make them complete, well-written rules that anyone could follow. The guidelines we just reviewed will help you. Write the rules that your whole group agrees upon on your handout. There's also a place for any other general dating rules you can think of.

After 5 minutes, give each group 4 sheets of blank paper and markers. Tell the groups to legibly write one rule per sheet, and tape their sheets to the corresponding newsprint posted around the room. Keep the pace quick.

I would like your group to write each rule you have come up with on an individual piece of paper. Please write big and clearly because others will be reading these. Then, tape your individual rules on the poster where they belong. For example, you will tape your rule for "Asking Someone Out" onto the poster titled "Asking Someone Out." You will see pieces of tape to use next to each poster. When you are done, please return to your seats.

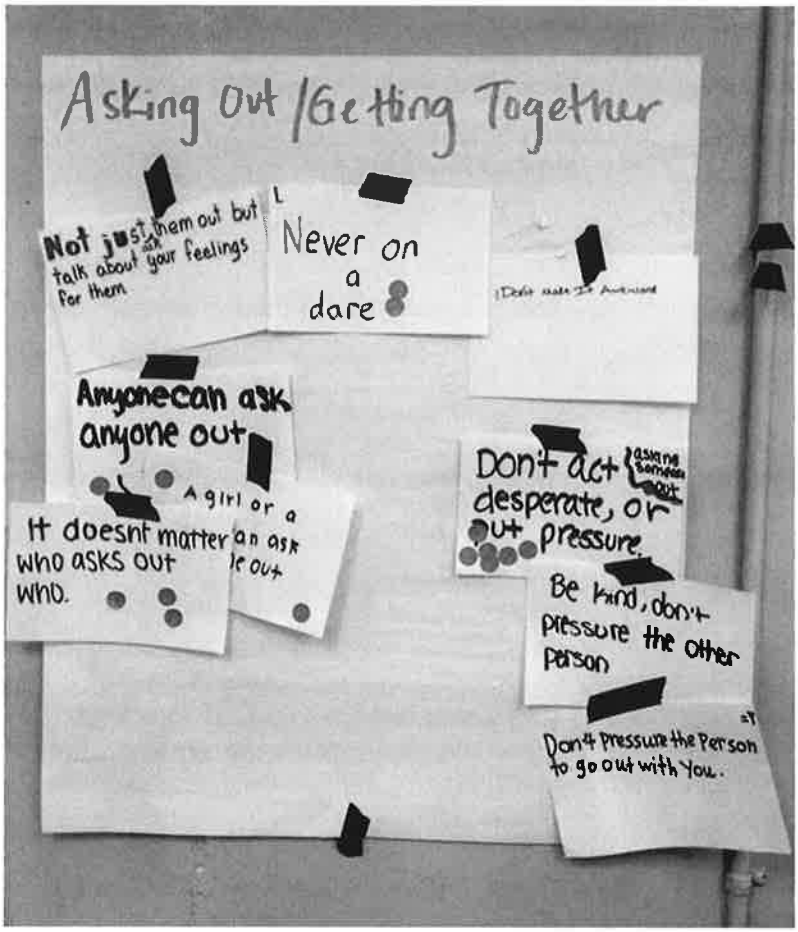
Review and cluster the rules, observing common themes.

I'm going to read each of the rules and see if we have some similarities. Please pay attention because as soon as I'm done reading you will be voting on your favorite rules.

Give each student two dot stickers to place on their favorite rules. Continue to keep the pace quick.

Now it is time for the Presidential Teen Dating Commission to vote! You have two stickers and one minute to vote. You can vote for your two favorite rules by putting a sticker next to the rule on the paper. It is OK if you want to vote for your own rule. Ready, set go!

Example of clustering similar rules and voting with stickers



6. Debrief top-scoring rules with focus on key concepts

Walk around the room and read the top scoring rule from each category, or have students read the top scoring rules. If two rules are tied or close in votes, read both. Praise students for their smart rules.

Ask students:

- *If these rules were followed by everyone, how would relationships be different than the ones you see now?*
- *How would people feel in their relationships?*
- *There is research that shows that abuse can happen even in middle school relationships, while dating and while breaking up. Would following these rules help that problem? Why?*

Summarize.

It is very helpful for you to be thinking at this age about what a good relationship would look like, because we all have choices about how we treat others. Planning ahead, like you all have done here, increases the likelihood that you will make good choices about the way you treat others. It will also help you recognize if you have a friend who is not treating others well, or who is being abused. I appreciate all of your hard work today, and I appreciate the great rules that the Teen Dating Commission has voted on!

After class, make a poster of the top scoring rules to display for the rest of the unit or session. This can also be an enrichment activity for students to create.

7. Assign homework

Allow students to choose between the individual or family homework and explain the assignments as needed.

Individual Homework: The Most Helpful Rule of Dating

Family Homework: Talking about Dating, available in multiple languages on the FLASH website

8. Exit Ticket

Hand out the *Lesson 3 Exit Ticket.*

Question: Write one rule for how to behave toward an ex-boyfriend or ex-girlfriend after a break-up. The rule must be fair (it is the same for everyone) and must help ensure that the other person is treated with respect. It can be a rule that was discussed in class today or a new one.

Answer: Any rule that satisfies the criteria of fair and respectful.

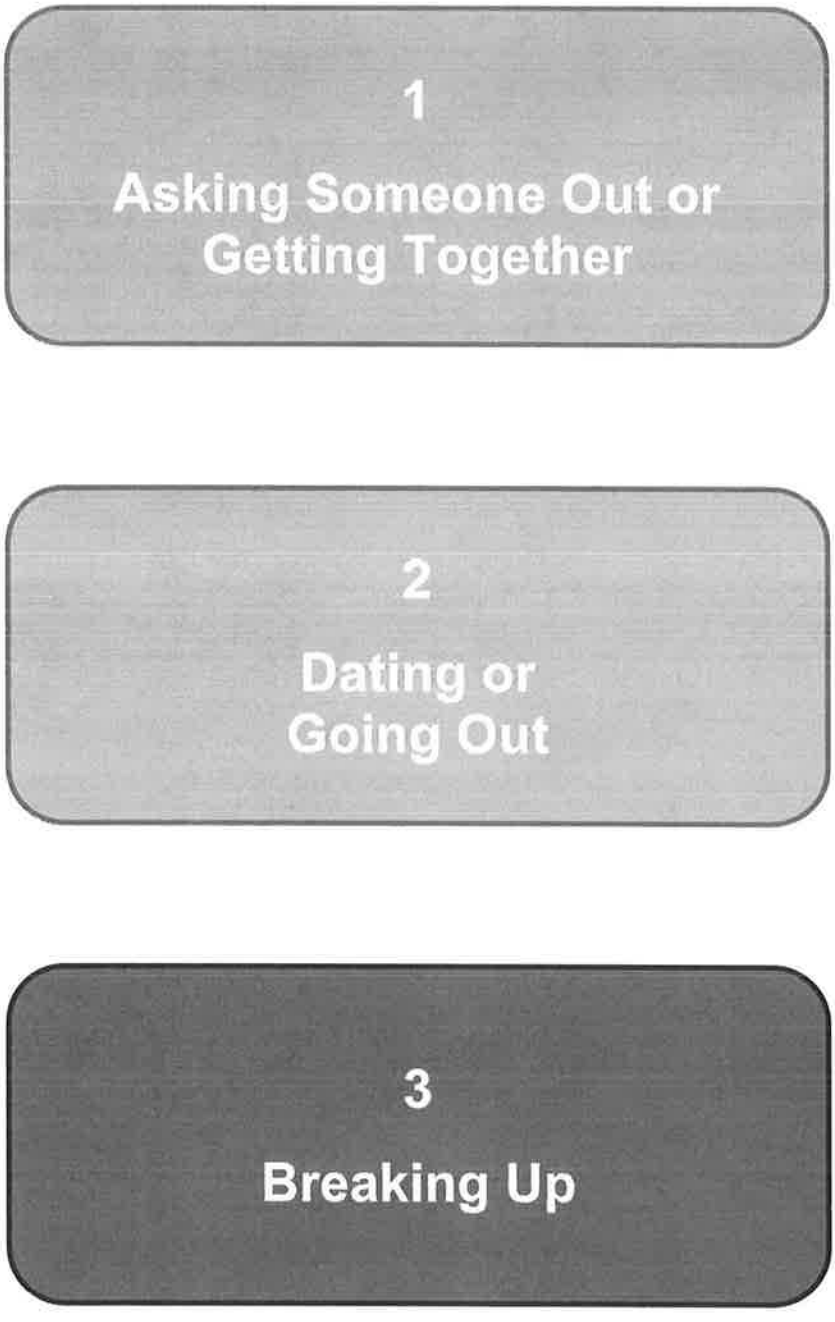
Warm Up

Visual

Describe one characteristic of a healthy dating relationship. Then write 1 or 2 sentences to explain why you think this quality is important.

Steps of Dating

Visual



Washington State Laws on Relationships and Sex

Visual

1. A person has to be at least 18 years old to get married.

2. A person can get married to someone of any gender.

3. If two people have sex or engage in sexual touch, they have to both give consent to each other, which means permission.

   If a person who is drunk or high gives consent to have sex, it does not legally count as consent. The person they have sex with will get in trouble.

   It is never allowed to have sex with a person who is passed out, asleep or unconscious, even if the person consented to sex in the past. Consent needs to be freely given each time.

4. At age 16, a person can legally give their permission to have sex.

5. If someone under the age of 16 chooses to have sex or engage in sexual touch, they can only legally consent to someone who is close in age.

   The only way a person can make sure they are following the law is to never sexually touch or get in a relationship with someone who is more than 2 years younger than them.

   If an older and a younger person have sex, the older person is the one breaking the law, and will be in trouble.

6. Anyone who is in a position of power, such as a teacher, coach or boss, cannot have sexual contact with a youth or student they supervise, no matter how they met.

United States Laws on Relationships and Sex

Visual

1. A person has to be at least 18 years old to get married in most states.

2. A person can get married to someone of any gender.

3. If two people have sex or engage in sexual touch, they have to both give consent to each other, which means permission.

   If a person who is drunk or high gives consent to have sex, it does not legally count as consent in most states. The person they have sex with will get in trouble.

   It is never allowed to have sex with a person who is passed out, asleep or unconscious, even if the person gave consent in the past. Consent needs to be freely given each time.

4. A person can legally give their permission to have sex at age 16, 17 or 18, depending on their state. The laws for people who are younger than this and who choose to have sex or engage in sexual touch are different depending on the state they live in.

5. Anyone who is in a position of power, like a teacher, coach or boss, cannot have sexual contact with a youth or student they supervise, no matter how they met.

6. Information about individual state laws:

   Sexual assault and abuse
   www.rainn.org/public-policy/laws-in-your-state

   Age of marriage
   www.law.cornell.edu.wex.table_marriage

Creating Rules for Dating

Visual

You have been appointed by the President of the United States to the Presidential Teen Dating Commission. Your job is to create dating rules for teens.

The rules you create must meet the following criteria:

- The rules must be completely fair.
- Every rule must work for everyone, including people of all sexual orientations, gender identities, cultures, races, religions, economic levels, etc.
- The rules should promote respect and fairness between the people who are dating.
- The rules can't cause harm to anyone.
- There must be at least one rule for each step of dating.

These rules should cover many topics and situations, such as:

- How people talk to each other
- How people talk to others about their boyfriend or girlfriend
- How people show physical affection to their boyfriend or girlfriend
- How people make decisions on what they are going to do
- How people handle disagreements
- How people handle someone telling them No

Presidential Teen Dating Commission

Worksheet

Instructions: You have been appointed by the President of the United States to the Presidential Teen Dating Commission. Your job is to create a set of dating rules for teens, so that they can have happier, healthier dating relationships. The rules you create must meet the following guidelines:

- ☐ The rules must be completely fair.
- ☐ Every rule must work for everyone, including people of all sexual orientations, gender identities, cultures, races, religions, economic levels, etc.
- ☐ The rules should promote respect and fairness between the people who are dating.
- ☐ The rules can't cause harm to anyone.
- ☐ There must be at least one rule for each step of dating.

1. Asking Someone Out or Getting Together

2. Dating or Going Out

3. Breaking Up

4. General Rules for Dating *(optional)*

Individual Homework: The Most Helpful Rule of Dating

Name: _____ **Period:** _____

1. In class we discussed many new rules for dating to help people have happier and healthier relationships. If you could choose only one rule, which one do you think would help the most teens? The rule can cover any dating situation.

2. Give at least two reasons you think this rule would be helpful.

Family Homework: Talking About Dating

All Family Homework is optional. Students may complete Individual Homework instead.

Purpose: Family Homework is a chance to share your beliefs, and the beliefs of your family, culture or religion, about sexuality and relationships.

Directions: Student will do the homework with a family member or trusted adult who is like family. Find a quiet place where the two of you can talk privately for 5-10 minutes. Please follow these guidelines:

- It is OK for either of you to skip a question.
- What you discuss will not be shared with anyone else, unless you give one another permission to share it.
- Take turns asking questions. When it is your turn to listen, try to understand the other person's response.

Ask the adult: Families have different ideas about dating. What do you think are the advantages and disadvantages of teens dating?

Ask the student: Are there any other advantages or disadvantages of teens dating that I didn't think of?

Ask the adult: Today in class we made up new rules for dating that would result in healthier relationships and people treating each other with more respect. If you could make up one rule for all teens and young adults to follow about dating, what would it be?

Ask the student: If *you* could make up one rule for all teens and young adults to follow about dating, what would it be?

Family Homework Confirmation Slip: Talking About Dating

Due: _____

We have completed the family homework.

_____ _____

Date Signature of family member or trusted adult

_____ _____

Student's name Signature of student

Exit Ticket

Handout

Write one rule for how to behave toward an ex-boyfriend or ex-girlfriend after a break-up.

The rule must be fair (it is the same for everyone) and must help ensure that the other person is treated with respect.

It can be a rule that was discussed in class today or a new one.

Lesson 3: Assessment Questions

1. There are situations when it is illegal to have sex, even if both people want to have sex with each other. Circle the examples below in which sex would be against the law.

   A. 10th grade student and teacher
   B. Two 12th grade students
   C. 8th grade student and 12th grade student

2. Kyle and Sasha have been going out for a month, but Kyle doesn't want to date Sasha any more. Describe how Kyle can break up with Sasha in a way that treats Sasha with respect?

3. Which of the following ways to ask someone out are signs of healthy dating relationship?

   A. Be persistent. Refuse to take no for an answer.
   B. Ask someone out one on one.
   C. Follow the person around during school and after school.
   D. Have a friend ask the person for you if you're shy.

Lesson 3: Assessment Key and Standards Alignment

Question	Answer	Standards
1. There are situations when it is illegal to have sex, even if both people want to have sex with each other. Circle the examples below in which sex would be against the law. A. 10th grade student and teacher B. Two 12th grade students C. 8th grade student and 12th grade student	A and C	NSES: HR.8.CC.2 PS.8.CC.1
2. Kyle and Sasha have been going out for a month, but Kyle doesn't want to date Sasha any more. Describe how Kyle can break up with Sasha in a way that treats Sasha with respect?	Any example that demonstrates respectful behavior is acceptable	NHES: SH4.8.1 NSES: HR.8.IC.1 HR.8.IC.2 PS.8.SM.1
3. Which of the following ways to ask someone out are signs of a healthy dating relationship? A. Be persistent. Refuse to take no for an answer. B. Ask someone out one on one. C. Follow the person around during school and after school. D. Ask a friend to ask the person for you.	B	NHES: SH1.8.4 SH4.8.1 NSES: HR.8.CC.1 HR.8.IC.1 PS.8.SM.1
Exit Ticket: • Write one rule for how to behave toward an ex-boyfriend or ex-girlfriend after a break-up. • The rule must be fair (it is the same for everyone) and must help ensure that the other person is treated with respect. • It can be a rule that was discussed in class today or a new one.	Any rule that promotes respectful behavior or discourages negative behavior is acceptable	NHES: SH1.8.2 SH8.8.1 NSES: ID.8.ADV.1 PS.8.SM.1
Individual Homework: 1. In class we discussed many new rules for dating to help people have happier and healthier relationships. If you could choose only one rule, which one do you think would help the most teens? The rule can cover any dating situation. 2. Give it at least two reasons you think this rule would be helpful.	Any rule and supporting reasoning that promotes respectful behavior or discourages negative behavior is acceptable	NHES: SH1.8.2 SH8.8.1 NSES: ID.8.ADV.1 PS.8.SM.1

Family Homework		NHES: SH1.8.2 SH8.8.1 NSES: ID.8.ADV.1 PS.8.SM.1

Integrated Learning Activities

SOCIAL STUDIES: Dating Interview

Interview someone at least 50 years older than you about how they think dating has changed since they were a teen or young adult. Ask them about their observations. Have they noticed changes in dating in the world around them—family, TV, movies, etc.? It doesn't matter whether or not they ever dated; the purpose is not to ask about their personal dating experiences. Write a paragraph about the ways dating has changed and/or remained the same. Be sure to include where the person lived (state or country) when they were a teen.

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Saying No

Grade 6–8, Lesson 4

Summary

Students define abstinence and learn the steps to refusing effectively. In small groups, they practice using refusal skills and observe their peers modeling effective refusal skills.

Student Learning Objectives

The student will be able to …

1. Define sexual abstinence as it relates to pregnancy and STD prevention.
2. Demonstrate effective peer refusal skills to avoid sexual risk behaviors.

Lesson Timing

Warm up	Bell work + 2 minutes
Definition of abstinence	5 minutes
Refusal skills	10 minutes
Refusal skill scenario – large group	10 minutes
Refusal skill scenarios – small group	20 minutes
Assign homework	
Exit ticket	3 minutes
Total	50 minutes

FLASH Key Concepts

Abstinence is choosing not to have oral, anal or vaginal sex.

Most high school students are abstinent.

Choosing abstinence means a person does not have to worry about pregnancy or STDs.

People of every sexual orientation and gender identity choose abstinence.

People can choose abstinence at any point in their lives, whether or not they have had sex before.

Standards

National Health Education Standards (SHECAT)

Standard 1	Students will comprehend concepts related to health promotion and disease prevention to enhance health.
SH1.8.7	Determine the benefits of being sexually abstinent.
SH1.8.9	Describe why sexual abstinence is the safest, most effective risk avoidance method of protection from HIV, other STDs, and pregnancy.
SH1.8.10	Describe the factors that contribute to engaging in sexual risk behaviors.
SH1.8.12	Explain the importance of setting personal limits to avoid sexual risk behaviors.
Standard 2	Students will analyze the influence of family, peers, culture, media, technology, and other factors on health behaviors.
SH2.8.1	Explain how perceptions of norms influence healthy and unhealthy sexual practices, behaviors, and relationships.
Standard 4	Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.
SH4.8.1	Demonstrate the effective use of verbal and nonverbal communication skills to promote sexual health and healthy relationships.
SH4.8.3	Demonstrate effective peer resistance skills to avoid or reduce sexual risk behaviors.
SH4.8.4	Demonstrate effective negotiation skills to avoid or reduce sexual risk behaviors.
Standard 5	Students will demonstrate the ability to use decision-making skills to enhance health.
SH5.8.2	Determine when potentially risky sexual health-related situations require a decision.
SH5.8.7	Choose a healthy alternative when making a sexual health-related decision.
Standard 7	Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.
SH7.8.1	Explain the importance of being responsible for practicing sexual abstinence.

National Sexuality Education Standards

PR.8.CC.2	Define sexual abstinence as it relates to pregnancy prevention.
PR.8.IC.1	Demonstrate the use of effective communication skills to support one's decision to abstain from sexual behaviors.
PR.8.IC.2	Demonstrate the use of effective communication and negotiation skills about the use of contraception including abstinence and condoms.
SH.8.IC.1	Demonstrate the use of effective communication skills to reduce or eliminate risk for STDs, including HIV.
PS.8.CC.3	Explain that no one has the right to touch anyone else in a sexual manner if they do not want to be touched.
PS.8.CC.4	Explain why a person who has been raped or sexually assaulted is not at fault.

Rationale

Supporting young people to be abstinent is an important component of teen pregnancy and STD prevention, and is especially important in middle school, when most young people are not yet sexually active. The FLASH curriculum encourages positive attitudes and positive peer norms about abstinence, builds confidence to remain abstinent, teaches refusal skills, avoids denigrating condoms and birth control, and avoids putting down students who are sexually active, based on recommendations from recent research on effective abstinence education.[1 2 3]

This lesson is a part of the abstinence series in FLASH, which teaches refusal skills at all grade levels. Students apply and practice these skills with age appropriate scenarios, beginning in elementary school with friendship scenarios and progressing toward scenarios involving sexual content and dating situations. The lesson format and the specific refusal skills taught are purposefully the same in all FLASH lessons.

Research has shown that many existing abstinence-only programs are ineffective and can have negative effects on teens' sexual health and behavior. These programs do not delay sexual initiation, reduce the number of sexual partners, or increase abstinence.[4] Some actually decrease contraception and condom use when teens do have sex, and decrease the likelihood of STD testing and treatment.[5 6 7] The FLASH curriculum seeks to avoid these unintended outcomes by employing a different approach, relying heavily on recent research about abstinence programs with positive outcomes.[1]

Gender stereotypes are intentionally avoided throughout the abstinence lesson in an effort to support the sexual violence prevention goals of the curriculum.

Materials Needed

Student Materials

- *Refusal Skills Checklist*
- *Scenario B: Levi and Gabrielle (partially scripted)*
- *Scenario C: Rebecca and Jackson*
- *Scenario D: Maria and Stephanie*
- *Scenario E: Marquis and Andre*
- *Individual Homework: Saying No*
- *Family Homework: Saying No,* available in multiple languages on the FLASH website
- *Lesson 4 Exit Ticket*

Classroom Materials

- *Lesson 4 Warm Up*
- *Refusal Skills Visual*
- *Scenario A: Levi and Gabrielle (fully scripted),* 2 copies for demonstration

Teacher Preparation

1. Prepare Visual for document camera or projector.

Activities

1. Warm Up

Display warm up as bell work.

Prompt: Research shows that only a little more than 10% of middle school students in the U.S. have ever had sex.

Below are some of the benefits of choosing abstinence. Please choose the one benefit that you think is best, or most important, and explain why you chose it.

2. Define abstinence and discuss how common it is among teens

Today we are going to discuss abstinence. Can someone define abstinence? (Allow students time to give their own definitions of abstinence and validate them.)

There are lots of ways to think about abstinence. The definition we are going to use at school is that abstinence means not having vaginal, anal or oral sex. Just to remind you, vaginal sex is when a penis goes in someone's vagina, anal sex is when a penis goes in someone's anus (their butt), and oral sex is when one person's mouth goes on another person's penis or vagina.

*Why do you think it's important that we talk about abstinence? (*Any answers that support positive attitudes and peer norms are good.) *Exactly. When people don't have vaginal, anal or oral sex, they don't have to worry about pregnancy or STDs.*

Lots of people don't know how common it really is for teens to choose abstinence. Did you know that most middle school students and even most high school students are abstinent? Sometimes it seems like everyone is having sex, when really that isn't true.

People of every sexual orientation and gender identity choose abstinence, including gay, lesbian, bisexual and straight people, and people who are transgender and cisgender. And, adults and teens both choose abstinence at different points in their life, even after they've already had sex.

3. Teach refusal skills

Tell students they will be learning about how to say no in a variety of situations. Brainstorm ways to be clear when saying no. Show students the *Refusal Skills Visual* and read through it as a class, giving a brief explanation of each step. Discuss that forcing or pressuring someone to have sex is always wrong.

It's important to start learning now about how to communicate with boyfriends or girlfriends, whether you are already dating or not. Today we are going to practice, because it's something that everyone will need to do at some point.

I want to be really clear that people always have to listen when another person says no, no matter how they say it. It is never OK to force or pressure someone into having sex or into any kind of sexual touch. It is always the fault of the person who forced or

pressured them, and it is always wrong.

In this lesson, we are going to assume that you like the person you are saying no to, and you want to continue hanging out with them, but you don't want to have sex with them. We are going to practice it this way because those are the times when it will feel harder to say no.

These are the steps you are going to use today when you practice saying no. In real life you might not always use all these steps, but practicing them today will help you so you can use any of them when you need to.

1. ***Say no.***
   Clearly say that you do not want to have sex.

2. ***Explain why.***
   For example, "I don't want to get pregnant," or "I'm not ready to have sex."

3. ***Suggest an alternative.***
   Suggest something else that you two can do instead. For example, "I think that we should go outside now."

4. ***Leave if you need or want to.***
   Sometimes one person may not respect the other person's no. At that point, it's important to get out of the situation or get help from someone else.

4. Refusal skills scenarios – large group

Introduce scenarios and do a large group demonstration of refusal skills by having two volunteers read Scenario A.

Then have all students practice refusal skills by writing new lines for Levi in Scenario B. Remind students that Levi likes Gabrielle and wants to continue going out with her, but doesn't want to have sex with her.

Have one volunteer read Gabrielle's lines and invite several students to share their lines for Levi with the whole class as you are reading through the scenario.

Now let's practice the refusal skills through a series of scenarios. The first scenario we will do as a class. It is scripted and I will need two volunteers to read the script.

Thanks! Now we will all have a chance to make up some lines for Levi.

5. Refusal skills scenarios – small group

Introduce the small-group scenario practice. Pass out and review the *Refusal Skills Checklist.*

Break the class into small groups with three people per group. Each small group will practice with all three scenarios (Scenarios C, D and E). For each scenario, one person will be the asker, one person will be the refuser, and one person will fill out the *Refusal Skills*

Checklist while they observe. Give students 10 minutes to fill in lines for all three scenarios. Every student fills in the lines for all three scenarios, even though they will only be reading one of them in their small group.

Remind the class that the person playing the refuser likes the asker and wants to continue hanging out with them, even though they want to say no to them.

In each group, each member takes a turn being the asker, the refuser and the observer. After reading each scenario out loud with the new lines written by the refuser, everyone will switch roles and do another scenario, so that each person gets the opportunity to be in each role. The purpose is for everyone to practice refusal skills and to hear good refusal skills.

Debrief as a large group after all groups have finished, debriefing each scenario one at a time. Ask volunteers from a few of the groups to give examples of the refusal skills that they came up with or observed. Validate all of the refusal language. Conclude the lesson by praising the students' effort and skill.

6. Assign homework

Allow students to choose between the individual or family homework and explain the assignments as needed.

Individual Homework: Saying No

Family Homework: Saying No, available in multiple languages on the FLASH website

7. Exit ticket

Hand out the *Lesson 4 Exit Ticket.*

Prompt: You learned today that most middle and high school students are not having sex. How can that information make it easier for someone to choose not to have sex?

Answer: Any answer that provides a rationale for how this information makes it easier to abstain is acceptable.

Warm Up

Visual

Research shows that only a little more than 10% of middle school students in the U.S. have ever had sex.

Below are some of the benefits of choosing abstinence. Please choose the one benefit that you think is best, or most important, and explain why you chose it.

- Choosing abstinence means a person does not have to worry about pregnancy or STDs.

- Choosing abstinence can help a person focus on other things that are important to them, like school, sports, friends or family.

- Choosing abstinence helps a person not have sex until the time is right for them.

- Choosing abstinence can help a person stick to values that are important to them.

- Choosing abstinence can help a couple get to know one another better before they decide to have sex.

Refusal Skills

Visual

1. **Say NO**
2. **Explain why**
3. **Suggest an alternative**
4. **Leave if you need or want to**

Refusal Skills Checklist

Handout

Directions: For each scenario, check off the refusal skills you see the actors using.

	Scenario B Levi and Gabrielle	**Scenario C** Rebecca and Jackson	**Scenario D** Maria and Stephanie	**Scenario E** Marquis and Andre
Says NO (or states that he/she does not want to have sex).	_____	_____	_____	_____
Is clear.	_____	_____	_____	_____
Explains why.	_____	_____	_____	_____
Suggests an alternative.	_____	_____	_____	_____

Refusal Skills Scenario A

Handout

Fully Scripted (for Class Demonstration)

Levi and Gabrielle have been dating for 2 weeks. They have talked and decided they were not going to have sex. Levi is not ready to have sex and is really scared about getting someone pregnant.

They decide to go to Gabrielle's house after school to study. Gabrielle's mom is running late at work and won't be home for an hour. They have the house to themselves. They decide to skip studying and kiss on the couch.

Gabrielle: I really like you and I think you're so hot. I know that we already decided not to have sex, but I didn't think we'd ever get the chance to be alone together. Now that we're alone, I really think we should have sex.

Levi: I like you, too, and it's cool hanging out. And I want to kiss you, but I don't want to have sex.

Gabrielle: But don't you like me? If you liked me, you'd want to have sex with me.

Levi: Gabrielle, I don't want to have sex. I'm not ready to have sex and I don't want to get you pregnant.

Gabrielle: But when are we going to get the chance to be alone like this again? I really want you.

Levi: The answer is no. I like you too, and I'm not ready to have sex. I think we should go outside to hang out so we don't get more tempted.

Gabriel: OK. I'm sorry I pressured you.

Refusal Skills Scenario B

Handout

Partially Scripted (for Large-Group Practice)

Levi and Gabrielle have been dating for 2 weeks. They have talked and decided they were not going to have sex. Levi is not ready to have sex and is really scared about getting someone pregnant.

They decide to go to Gabrielle's house after school to study. Gabrielle's mom is running late at work and won't be home for an hour. They have the house to themselves. They decide to skip studying and kiss on the couch.

Gabrielle: I really like you and I think you're so hot. I know that we already decided not to have sex, but I didn't think we'd ever get the chance to be alone together. Now that we're alone, I really think we should have sex.

Levi: _____

_____

Gabrielle: But don't you like me? If you liked me, you'd want to have sex with me.

Levi: _____

_____

Gabrielle: But when are we going to get the chance to be alone like this again? I really want you.

Levi: _____

_____

Gabrielle: OK. I'm sorry I pressured you.

Refusal Skills Scenario C

Handout

Small-Group Practice

Rebecca and Jun are eighth grade girls who live on the same street. Jun invited Rebecca over to hang out on a Friday night and keep her company while her older brother has some friends over. Rebecca didn't know that the older teens would be there and that they would be drinking. Jackson, a boy from school is there. He offers Rebecca a beer. Rebecca does not want to drink. She doesn't like the taste of beer and doesn't want to get in trouble when she goes home.

Jackson: Hey Rebecca. It's nice to see you outside of school. Fun party, huh? Can I get you a beer?

Rebecca: _____

_____

Jackson: Oh come on, don't tell me you don't drink. I'll get you a beer.

Rebecca: _____

_____

Jackson: Really? It's just one beer!

Rebecca: _____

_____

Jackson: OK, that's cool. Do you want a soda?

Refusal Skills Scenario D

Handout

Small-Group Practice

Maria, an 8th grade girl, is hanging out at the mall after school with some friends. Stephanie, a high school girl, just stopped by with some friends. Maria thinks that Stephanie is really cute and is very flattered when Stephanie starts talking to her and flirting with her. Maria is not allowed to date yet, and her parents would definitely not let her date someone in high school.

Stephanie: It's been so fun hanging out with you. We should hang out again sometime. Want to get together after school on Friday?

Maria: _____

_____

Stephanie: Oh come on, it's not like you have to tell your parents that we're hanging out. We could just meet up at the mall again.

Maria: _____

_____

Stephanie: That's really a shame. I like you and would like to get to know you better. What do you say? Meet me here on Friday?

Maria: _____

_____

Stephanie: OK. I understand. Maybe I'll see you at school next year.

Refusal Skills Scenario E

Handout

Small-Group Practice

Marquis and Andre have been good friends since the 3rd grade. Marquis does not want to have sex with his girlfriend, Jasmine. He feels like he is too young to have sex and doesn't want to risk a pregnancy. Even though Andre has never had sex, he is pressuring Marquis to have sex since Marquis has a girlfriend.

Andre: I can't believe that you haven't had sex with Jasmine. What are you waiting for?

Marquis: _____

_____

Andre: You better get to it. She is going to wonder why you haven't even tried.

Marquis: _____

_____

Andre: Oh come on. You can't stay a virgin forever!

Marquis: _____

_____

Andre: OK, I get it. That makes sense.

Individual Homework: Saying No

Name: _____ **Period:** _____

Write a 300 word paper (1/2 to 1 page) about a time you saw a person say no to someone they cared about in a movie or on a TV show. Did it go well, or not so well? Think about the four steps from our lesson:

- Say no
- Explain why
- Offer an alternative
- Leave if you need or want to

Write about how the person used each of the steps, and whether they did a good job using them. Make sure and mention if they left any of the steps out. Explain what they did that you think made them successful or unsuccessful in saying no. Finally, if they did a good job saying no but the other person did not do a good job of hearing their no, make sure to point that out.

Turn in your paper by _____. Include your name and class period at the top of the page.

Family Homework: Saying No

All Family Homework is optional. Students may complete Individual Homework instead.

Purpose: Family Homework is a chance to share your beliefs about sexuality and relationships, and the beliefs of your family, culture or religion.

Directions: Student will do the homework with a family member or trusted adult who is like family. Find a quiet place where the two of you can talk privately for 5-10 minutes. Please follow these guidelines:

- It is OK for either of you to skip a question.
- What you discuss will not be shared with anyone else, unless you give one another permission to share it.
- Take turns asking questions. When it is your turn to listen, try to understand the other person's response.

Ask the student: What do you think about teens dating or agreeing to be a couple? What are the advantages and disadvantages?

Ask the adult: What kinds of rules or expectations do you have for me about dating while I am in in middle and high school?

Ask the adult: How do you think someone would know it was the "right time" for them to have sex?

Ask the student: How do you think someone would know it was the "right time" for them to have sex?

Family Homework Confirmation Slip: Saying No

Due: _____

We have completed the family homework.

_____ _____

Date Signature of family member or trusted adult

_____ _____

Student's name Signature of student

Exit Ticket

Handout

You learned today that most middle and high school students are not having sex. How can that information make it easier for someone to choose not to have sex?

Lesson 4: Assessment Questions

1. What are some of the benefits of choosing not to have sex?

2. Following the steps we learned in class, write your own response to the following scenario.

   Juanita and David have been dating for 3 weeks. They are hanging out at David's house with his mom and little brother, Tommy. Unexpectedly, Tommy gets sick and starts throwing up, so David's mom takes him to the doctor. Juanita and David find themselves alone in the house. They move to the couch and start to kiss.

   David: I really like you. I know we already decided not to have sex, but I just didn't think we would ever really get this chance. I think we should do it. You're so hot.

   Juanita: _____

   _____

   David: But this is our one chance. When are we going to get another chance to be alone again? Plus, aren't you having fun?

   Juanita: _____

   _____

   David: Aw, man, I thought you liked me. This would be a great way to express how much we love each other.

   Juanita: _____

   _____

   David: OK. You're right. I respect your decision.

Lesson 4: Assessment Key and Standards Alignment

Question	Answer	Standards
1. What are some of the benefits of choosing not to have sex?	• When people don't have vaginal, anal or oral sex, they don't have to worry about pregnancy or STDs. • Any other answer that supports positive attitudes about abstinence is acceptable.	NHES: SH1.8.7 SH1.8.9
2. Following the steps we learned in class, write your own response to the following scenario. Remember to (1) Say no, (2) Explain why, and (3) Offer an alternative. You can also choose to leave if you need or want to. Juanita and David have been dating for 3 weeks. They are hanging out at David's house with his mom and little brother, Tommy. Unexpectedly, Tommy gets sick and starts throwing up so David's mom takes him to the doctor. Juanita and David find themselves alone in the house. They move to the couch and start to kiss. **David:** I really like you. I know we already decided not to have sex, but I just didn't think we would ever really get this chance. I think we should do it. You're so hot. **Juanita:** **David:** But this is our one chance. When are we going to get another chance to be alone again? Plus, aren't you having fun? **Juanita:** **David:** Aw, man, I thought you liked me. This would be a great way to express how much we love each other. **Juanita:** **David:** OK. You're right. I respect your decision.	Any answer in which the student declines and follows the steps is acceptable.	NHES: SH4.8.1 SH4.8.3 SH4.8.4
Exit Ticket: You learned today that most middle and high school students are not having sex. How can that information make it easier for someone to choose not to have sex?	Any answer that provides a rational for how this information makes it easier to abstain is acceptable.	NHES: SH2.8.1
Individual Homework		NSES: PR.8.IC.1 SH.8.IC.1

Integrated Learning Activities

LANGUAGE ARTS: New Dialogue with Refusal Steps
Working with a text you are already reading for Language Arts, write a short summary of a situation in which one character did not say no but should have, or did not say no effectively. Then script the dialogue between the characters using the refusal skills steps. For example, if Romeo had declined to marry Juliet after she proposed to him (Act 2, Scene 2), how would he say no, explain why and offer an alternative?

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Preventing STDs

Grade 6–8, Lesson 5

Summary

Students review STD transmission by doing a True/False activity. Working in pairs or triads, they use a persuasion map to develop convincing argument about preventing STDs. Then pairs/triads create STD prevention Public Service Announcements for social media and share them with the class.

Student Learning Objectives

The student will be able to …

1. Describe the benefits of sexual abstinence as the safest, most effective risk avoidance method of protection from STDs.
2. Describe the benefits of condoms in reducing the risk of STDs.
3. Describe the benefits of testing in reducing the spread of STDs.
4. State a health-enhancing position on the prevention of STDs supported with medically accurate information.
5. Collaborate with others to advocate for behaviors that prevent STDs.

Lesson Timing

Warm up	Bell work + 3 minutes
Introduce topic and warm-up answer key	5 minutes
Testing locations	5 minutes
STD review exercise	10 minutes
Persuasion maps	10 minutes
Public service announcements	14 minutes
Assign homework	
Exit ticket	3 minutes
Total	50 minutes

Bottom Line Statements

- Abstain from sex to protect yourself from HIV and other STDs.
- Use a condom for vaginal, anal and oral sex with a penis.
- Go to a clinic to get tested for HIV and other STDs if you ever have unprotected sex.

FLASH Key Concepts

People can prevent getting HIV and other STDs by not having sex, by using condoms if they do have sex, and by not sharing needles.

Condoms are easy to get and easy to use.

Many teens successfully use condoms.

The only way to know if you have HIV or other STDs is to get tested.

In this community, teens can get tested for HIV and other STDs at *(insert clinic name)* in this community.

People of all sexual orientations and gender identities need to protect themselves from HIV and other STDs.

Choosing abstinence means a person does not have to worry about pregnancy or STDs.

Standards

National Health Education Standards (SHECAT)

Standard 1	Students will comprehend concepts related to health promotion and disease prevention to enhance health.
SH1.8.7	Determine the benefits of being sexually abstinent.
SH1.8.9	Describe why sexual abstinence is the safest, most effective risk avoidance method of protection from HIV, other STDs, and pregnancy.
SH1.8.16	Explain how the most common STDs are transmitted.
SH1.8.17	Explain how HIV is transmitted.
SH1.8.18	Describe usual signs and symptoms of common STDs.
SH1.8.19	Describe usual signs and symptoms of HIV.
SH1.8.20	Explain that some STDs and HIV are asymptomatic.
SH1.8.21	Explain the short- and long-term consequences of common STDs.
SH1.8.22	Explain the short- and long-term consequences of HIV.
SH1.8.24	Summarize ways to decrease the spread of STDs and HIV by not having sex, using condoms consistently and correctly when having sex, not touching blood, and not touching used hypodermic needles.
SH1.8.25	Describe how the effectiveness of condoms can reduce the risk of HIV, and other STDs including HPV (Human Papillomavirus).
SH1.8.26	Describe ways sexually active people can reduce the risk of HIV, and other STDs including HPV (Human Papillomavirus).
Standard 3	Students will demonstrate the ability to access valid information, products, and services to enhance health.
SH3.8.4	Describe situations that call for professional sexual healthcare services.
SH3.8.8	Locate valid and reliable sexual healthcare services.
Standard 4	Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.
SH4.8.1	Demonstrate the effective use of verbal and nonverbal communication skills to promote sexual health and healthy relationships.
Standard 5	Students will demonstrate the ability to use decision-making skills to enhance health.
SH5.8.4	Explain how family, culture, media, peers, and personal beliefs affect a sexual health-related decision.
SH5.8.7	Choose a healthy alternative when making a sexual health-related decision.
Standard 7	Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.
SH7.8.1	Explain the importance of being responsible for practicing sexual abstinence.
Standard 8	Students will demonstrate the ability to advocate for personal, family, and community health.
SH8.8.1	State a health-enhancing position on a sexual health-related topic, supported with accurate information, to improve the health of others.
SH8.8.2	Persuade others to avoid or reduce risky sexual behaviors.
SH8.8.5	Collaborate with others to advocate for opportunities to avoid or reduce risky sexual behaviors.

National Sexuality Education Standards

PR.8.IC.1	Demonstrate the use of effective communication skills to support one's decision to abstain from sexual behaviors.
SH.8.CC.1	Define STDs, including HIV, and how they are and are not transmitted.
SH.8.CC.2	Compare and contrast behaviors, including abstinence, to determine the potential risk of STD/HIV transmission from each.
SH.8.CC.3	Describe the signs, symptoms and potential impacts of STDs, including HIV.
SH.8.AI.1	Identify medically accurate information about STDs, including HIV.
SH.8.AI.2	Identify local STD and HIV testing and treatment resources.
SH.8.IC.1	Demonstrate the use of effective communication skills to reduce or eliminate risk for STDs, including HIV.
HR.8.SM.2	Describe strategies to use social media safely, legally and respectfully.

Rationale

STD prevention is critical for young people. Ten million new cases of STDs each year in the United States are acquired by people between the ages of 15 and 24.[1] This lesson is geared toward middle school students who are currently at risk for acquiring an STD, as well as those who may not need to use prevention strategies for years to come.

The lesson aims to create health-enhancing social norms related to STD prevention by having students create and hear each other's public service announcements. It also incorporates gist-based decision making related to sexual behavior. Research on this new model demonstrates the importance of teaching young people to apply a "bottom line" rather than teaching a decision-making model that focuses on risks and benefits. In this lesson, the bottom lines are the three primary prevention strategies: abstain from sex, use a condom, and get tested for STDs, including HIV.[2 3 4]

Abstinence and condoms are taught side-by-side in this lesson, as most people use both strategies at different points in their lives. Research has demonstrated that teaching about condoms before a person is sexually active does not cause them to become sexually active any sooner, and in fact, increases the chances that they will use condoms in the future when needed.[5]

From a public health perspective, testing for HIV and other STDs is a key strategy in reducing transmission. There is treatment for all STDs, including HIV; there is a cure for most STDs. In all cases, prompt identification and treatment for STDs, including HIV, not only improves the health and well-being of the person treated, but greatly reduces chances of transmission to others. Additionally, people who are tested for HIV and other STDs typically receive counseling in reducing their future risk of acquiring an infection and in preventing transmission. From an educational perspective, increasing testing and treatment for STDs is a key behavioral goal toward STD reduction, along with increased condom use and abstinence.[6]

The lesson includes a general overview of HIV and other STDs, but it does not contain detailed information about individual STDs. Health behavior change research shows that focusing on skills, attitudes and behaviors is more effective at improving health outcomes than memorizing facts.[7] Therefore, FLASH deemphasizes memorizing details related to specific STDs.

Sexually transmitted diseases are referred to as STDs in this lesson, as opposed to the also acceptable term *sexually transmitted infection* (STI). Both terms can be used interchangeably and are medically accurate. This lesson follows the guidance of the CDC in choosing to use STD.

Materials Needed

Student Materials

- *Lesson 5 Warm Up*
- *Sexual Health Resources - King County, U.S.,* or develop a local resource sheet
- *Persuasion Map Worksheet*
- *Facts about STDs Handout*
- *Individual Homework: Preventing STDs*
- *Family Homework: Talking About STDs, Including HIV*, available in multiple languages on the FLASH website
- *Lesson 5 Exit Ticket*

Classroom Materials

- *Lesson 5 Warm Up Answer Key*
- *Using Social Media to Help Others Visual*

Teacher Materials

- *Developing a Local Sexual Health Resources List: Teacher Guide,* for those developing a local resource sheet

Teacher Preparation

1. Prepare Visual for document camera or projector.

2. *Optional:* Create a local Sexual Health Resource Sheet for students, following the instructions in the *Developing a Local Sexual Health Resources List: Teacher Guide.* For teachers outside of Washington State: Visit http://sexetc.org/action-center/sex-in-the-states/ to learn about laws for minors seeking testing for HIV and other STDs.

Activities

1. Warm Up

Hand out the *Lesson 5 Warm Up* to students and have them complete the STD Crossword Puzzle. Encourage them to help each other.

2. Introduce topic and show puzzle answers

Define STDs and explain the topic's relevance. Show answers to the *Warm Up*, including where to get testing for STDs and HIV. Pass out *Sexual Health Resources in the U.S.*, in *King County, WA*, or create your own list.

Today we're going to learn about preventing HIV and other sexually transmitted diseases. Sexually transmitted diseases, or STDs for short, are common illnesses that a person gets from having sex with someone who already has an STD.

Some students need to know how to prevent STDs because they're having sex now or will in the future. Some students won't need the information for many years, or maybe ever, but learning about it will help them act as health educators for their friends and families. It's an interesting topic, and I'm sure everyone will learn a lot.

Display the answer key, and answer questions.

For answer 4 (Testing), distribute the *Sexual Health Resources* sheet. Point out if local STD testing services are free or low cost.

3. STD review

Read each statement aloud. Have students indicate their agreement after each item:

- Stand up = true
- Sit down = false
- Hold up both hands = unsure

Give students the correct answer and respond to any questions after each item. When debriefing answers, be cautious about giving away the answers to subsequent items.

Let's start with a quick review. I'm going to read a statement aloud. If you think the statement is true, stand up, or false, sit down. If you're unsure, hold up both your hands. We'll answer any questions as we go. Ready?

Statement	Answer	Teacher talking points
1. HIV is a virus.	True	
2. HIV is found in the blood, semen, vaginal fluids and breast milk of someone who has the virus.	True	
3. Bumps, sores, painful urination and unusual fluid from the penis or vagina are possible signs of an STD.	True	

4. People who have HIV and other STDs often have no symptoms at all.	True	
5. HIV can be spread through sweat, tears or urine.	False	
6. Some people can't get pregnant after having an STD.	True	*This usually happens when someone has had an STD a long time or many times without knowing and without getting treatment.*
7. HIV can be cured with medicine.	False	*There is still no cure for HIV, despite all of the advances in medicine.*
8. People can live a very long time with HIV with the help of a doctor.	True	*Medicine helps people live longer and healthier; helps make them less likely to pass HIV to others; and helps pregnant women not pass HIV to their babies.*
9. Anyone can get an STD: male, female, trans, straight, gay, lesbian, bisexual, poor, or rich.	True	
10. A person can get an STD by having unprotected oral, anal or vaginal sex with someone who already has an STD.	True	*STDs can spread by semen, vaginal fluid, blood, breast milk or skin-to-skin, depending on the specific type of STD. The most common ways are vaginal sex and anal sex.*
11. The most effective ways to protect against HIV and other STDs is to not have sex and not inject drugs.	True	
12. Vaginal, anal or oral sex with a penis is much safer when using a condom.	True	*Condoms are the best way for a person who has vaginal, anal or oral sex with a penis to protect themselves from HIV and other STDs.*
13. Some STDs can be cured with medicine.	True	*Many STDs can be cured, and all of them can be made better with treatment.*
14. A person usually can tell if they have an STD by their symptoms.	False	*Most of the time people have no symptoms.*
15. There is a vaccine to help people prevent getting Human Papillomavirus, a cancer-causing STD.	True	
16. It is risky to receive donated blood.	False	*The blood supply is very safe. It is tested for HIV.*
17. A person can choose abstinence at any point in their life.	True	

4. Persuasion maps

Distribute the *Persuasion Map Worksheet* and *Facts About STDs Handout*. Working in pairs or triads, have students fill in the *Persuasion Map* to create a convincing argument about preventing STDs. The *Persuasion Map* has three options for main messages that students can choose from.

> *I'm handing everyone a* Persuasion Map *worksheet and* Facts About STDs *handout. The purpose of a persuasion map is to help you create a convincing argument about something. Today, we're going to create convincing arguments about how to prevent STDs.*
>
> *Your first task will be to pick one main message out of the three choices in the first box, and circle it. It's up to you. All are good messages. Then fill in the box with the reasons you think the main message is important, and the facts that support your opinion.* The Facts About STDs *handout can help you.*
>
> *You can be creative, as long as you support your opinion with facts, and don't put down any of the other messages: abstinence, condoms or testing.*
>
> *We'll be doing this activity in small groups.* (Break the class into pairs or triads.)

5. STD prevention messages

Display the *Using Social Media to Help Others Visual*.

> *Now we're going to create Public Service Announcements about preventing STDs. Does anyone know what a Public Service Announcement is? They're short ads put out by TV, radio, or social media to help change people's behavior or attitude about important topics.*

Read aloud the *Using Social Media to Help Others Visual*, which includes the activity instructions. Let students know how the PSA's will be shared, if permitted.

Allow time for each pair/triad to create an STD prevention Public Service Announcement for social media, using their completed *Persuasion Map* worksheet. Leave 5 minutes for each small group to take turns reading their Public Service Announcement at the end of class.

> *I'm excited to hear what everyone came up with. Let's take turns hearing each group's Public Service Announcement.*

Work with your school administrator to determine opportunities for posting the Public Service Announcements online. If this isn't an option, look at options for sharing the messages within the school building: reader board, school announcements, hallways, classroom, etc.

6. Assign homework

Allow students to choose between the individual or family homework and explain the assignments as needed.

Individual Homework: Preventing STDs

Family Homework: Talking About STDs including HIV, available in multiple languages on the FLASH website

7. Exit ticket

Hand out the *Lesson 5 Exit Ticket*.

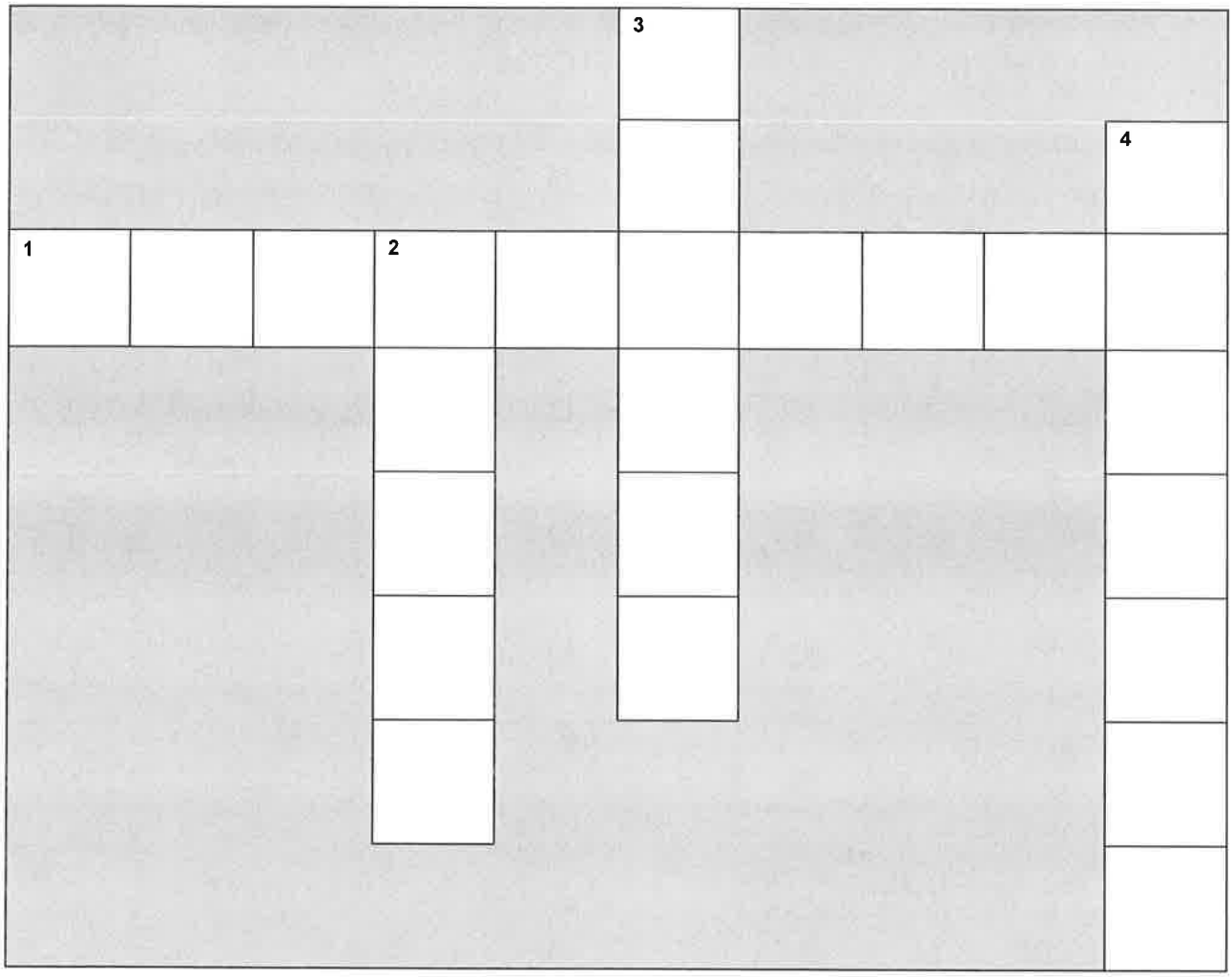
Question: List at least 2 ways to prevent getting an STD, including HIV.

Possible Answers:
- Not having sex
- Not using injection drugs
- Using condoms
- Getting tested and treated for STDs, including HIV
- Getting the vaccine for Human Papillomavirus

Warm Up

Handout

STD Crossword Puzzle – OK to get help from a neighbor



Across

1. Not having oral, anal or vaginal sex. An excellent way to prevent pregnancy, HIV and other STDs. Chosen by most high school students.

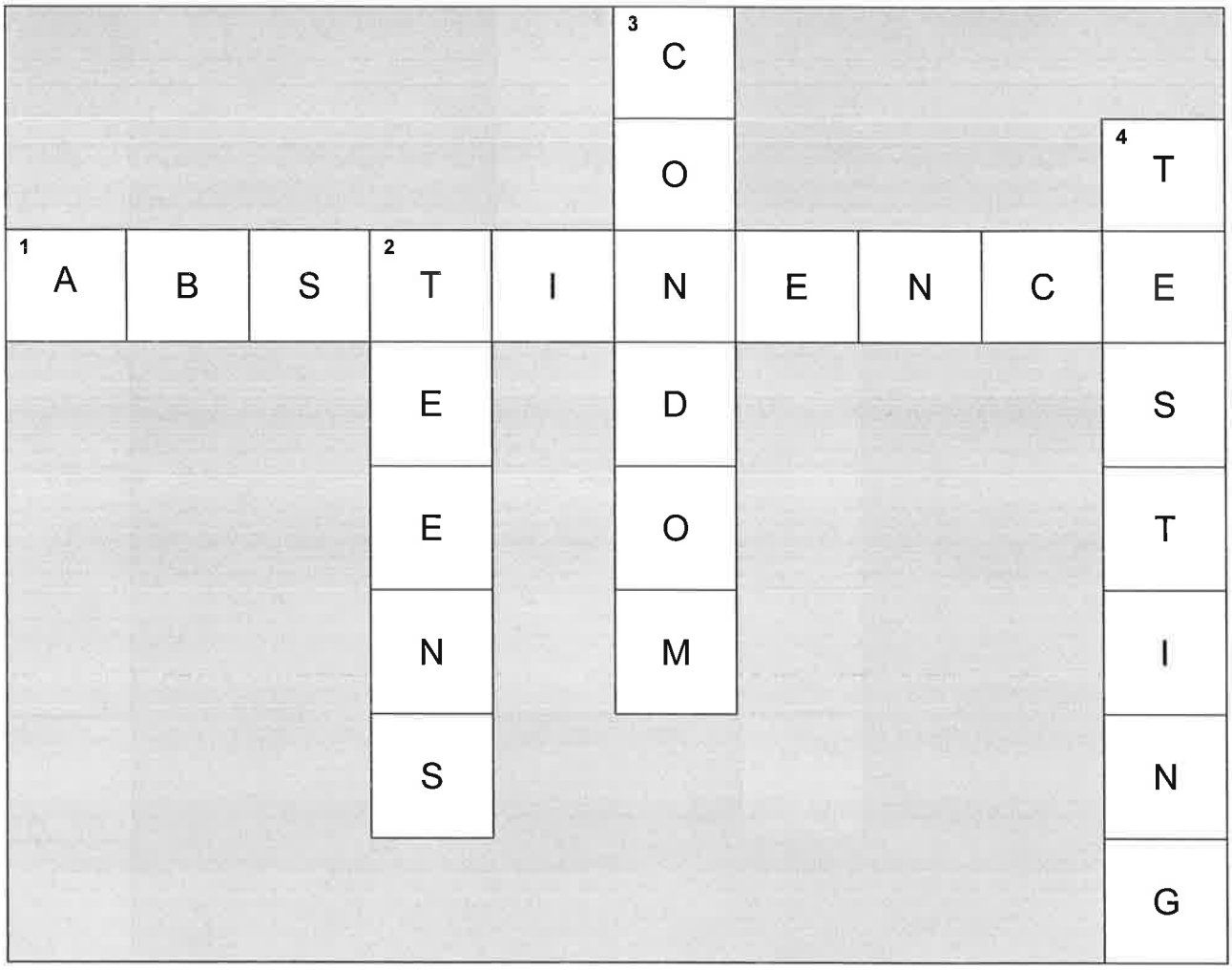
Down

2. This age group is more responsible about STD protection during sex than any other age group.
3. A thin, stretchy piece of rubber or latex worn over the penis during sex. An excellent way to prevent pregnancy, HIV and other STDs.
4. The only way for someone to know if they have HIV or any other STDs.

Warm Up

Answer Key

STD Crossword Puzzle



Across

1. Not having oral, anal or vaginal sex. An excellent way to prevent pregnancy, HIV and other STDs. Chosen by most high school students.

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2. This age group is more responsible about STD protection during sex than any other age group.
3. A thin, stretchy piece of rubber or latex worn over the penis during sex. An excellent way to prevent pregnancy, HIV and other STDs.
4. The only way for someone to know if they have HIV or any other STDs.

Sexual Health Resources
In King County

Handout

Confidential
Teens of any age can get all the services listed on this handout confidentially in Washington State. Confidential services include birth control, condoms, emergency contraception, pregnancy tests, STD and HIV tests, prenatal care, abortion and adoption.

Birth Control and STD Clinics
These clinics have birth control, condoms, emergency contraception, pregnancy tests, STD tests and HIV tests. Services are confidential. Teens in Washington State can sign up for free birth control insurance, called Take Charge, at Public Health and Planned Parenthood.

Public Health – Seattle & King County
Free or low cost teen clinics
206-263-1505
www.teenclinic.com

Planned Parenthood Great Northwest
1-800-769-0045
www.plannedparenthood.org

- Birth control method information (World Health Organization): Scroll down to see chart. http://www.who.int/mediacentre/factsheets/fs351/en/
- STD information (Centers for Disease Control): http://www.cdc.gov/std/
- HPV vaccine information (Centers for Disease Control): http://www.cdc.gov/vaccines/vpd-vac/hpv/

Help Finding a Clinic and Other Services
Community Health Access Program
(CHAP Line)
206-284-0331 or 1-800-756-5437
Also helps people apply for health insurance
chap@kingcounty.gov

Teen Link
1-866-833-6546
www.866teenlink.org

Prenatal Care
Public Health – Seattle & King County
Maternity Support Clinics and WIC
206-263-1505
www.kingcounty.gov/healthservices/health/personal/MSS.aspx

Abortion Clinics
Cedar River Clinics
(425) 255-0471
www.cedarriverclinics.org

Planned Parenthood
1-800-769-0045
http://www.plannedparenthood.org/planned-parenthood-great-northwest

Adoption Agencies
Amara
(206) 260-1700
http://amaraparenting.org

Open Adoption & Family Services
1-800-772-1115
http://www.openadopt.org/

Sexual Health Resources In the U.S.

Handout

Confidential
Click on the map to find out if sexual health services are confidential in your state.
http://sexetc.org/action-center/sex-in-the-states/

Birth Control and STD Clinics
There are many websites and phone numbers to help teens find birth control, condoms, emergency contraception, pregnancy tests, STD tests and HIV tests.

- Enter your zip code or call to find the nearest Planned Parenthood clinic. www.plannedparenthood.org 1-800-230-PLAN
- Enter your zip code to find the nearest birth control clinic that is free or low cost. http://www.hhs.gov/opa/
- Enter your zip code to find a clinic for HIV tests, birth control, counseling and other services. www.aids.gov
- Enter your zip code to find the nearest place to get emergency contraception. www.not-2-late.com
- Call your local public health department to get information about local birth control and STD clinics.
- Birth control method information (World Health Organization): Scroll down to see chart. http://www.who.int/mediacentre/factsheets/fs351/en/
- STD Information (Centers for Disease Control): http://www.cdc.gov/std/
- HPV Vaccine Information (Centers for Disease Control): http://www.cdc.gov/vaccines/vpd-vac/hpv/

Help Finding a Clinic and Other Services

- Enter your address to find the nearest health clinics that are free or low cost. These clinics are for all health issues, not just sexual health. http://findahealthcenter.hrsa.gov/

Prenatal Care

- Scroll to your state to find the phone number for the Women, Infants, Children (WIC) Program. http://www.fns.usda.gov/wic/toll-free-numbers-wic-state-agencies
- WIC is a nutrition program that helps pregnant women, new mothers, and young children eat well, learn about nutrition and stay healthy. They also give information about where to get prenatal care.

Abortion Clinics

- Click on the map to see a list of abortion clinics in your state. http://prochoice.org/think-youre-pregnant/find-a-provider/
- Call 1-877-257-0012 to find the nearest abortion clinic.
- Call 1-800-772-9100 to get more information about abortion and where to get financial help.

Adoption Agencies

- Call 1-800-772-1115 to talk with an adoption counselor at Open Adoption and Family Services.
- The phone line is open 24 hours a day.

Developing a Local Sexual Health Resources List

Teacher Guide

In order to ensure that students have access to the health care services they need, it is important for teachers to develop a sexual health resource sheet specific to their geographic area. FLASH provides a resource sheet for King County, Washington, as an example that can be used as a template. If you are not familiar with the resources in your area, the following national resources will help you in compiling a local resource sheet. If, for some reason, you cannot develop a local resource sheet, a national resource sheet has been provided for you.

FLASH recommends referring young people to clinics and agencies that are teen and LGBT friendly, culturally competent, supportive of all pregnancy options, and that consider the teen to be their primary client. When creating your local resource sheet, keep these criteria in mind.

Confidential
Individual state policies on teens accessing reproductive health care are provided by Sex, etc., a project of Rutgers University. http://sexetc.org/action-center/sex-in-the-states/

Birth Control and STD Clinics
To find local birth control and STD clinics, call your local health department. If you need further assistance finding clinics that offer a full array of services, the following links may be of help.

- www.plannedparenthood.org to find a local Planned Parenthood clinic
- http://www.hhs.gov/opa/ to find a local Title X clinic
- www.not-2-late to find locations for accessing emergency contraception
- http://locator.aids.gov/ to find HIV testing locations

Help Finding a Clinic and Other Services
The U.S. Department of Health and Human Services, Health Resources and Services Administration maintains a list of sliding scale or free clinics across the United States.
http://findahealthcenter.hrsa.gov/

Prenatal Care
To find prenatal care providers who serve teens, call your local WIC provider. The link below provides a State number that can direct you to a local provider.
www.fns.usda.gov/wic/toll-free-numbers-wic-state-agencies

Abortion Clinics
The National Abortion Federation maintains a list of abortion providers by state.
http://prochoice.org/think-youre-pregnant/find-a-provider/

Adoption Agencies
Open Adoption and Family Services works with clients from across the nation. Should a client prefer a local resource, they will work with her to identify a local provider.
http://www.openadopt.org/

Persuasion Map

Worksheet

For this exercise, the class will act as peer educators, encouraging others to take action against the spread of HIV and other STDs. The purpose of this persuasion map is to help you map out a convincing argument.

Select one main message out of the three choices below. Then fill in the boxes with the reasons you think the main message is important, and the facts that support your opinion. The *Facts About STDs* handout can help you. You may not create an argument for your main message by writing negatively about the other messages (abstinence, condoms or testing).

Main message (circle one)

Abstain from sex to protect yourself from HIV and other STDs.

Use a condom for vaginal, oral or anal sex with a penis.

Go to a clinic to get tested for HIV and other STDs if you ever have unprotected sex.

Why we think it's important

Supporting fact

Supporting fact

Supporting fact

Facts About STDs

Handout

HIV:

- HIV is a very serious illness that eventually causes death.
- People who have HIV can live for a long time with the help of a doctor.
- HIV is a type of STD.

STDs:

- An STD is an illness that people catch from having sex with someone who already has it.
- The most common way to get an STD is by having vaginal or anal sex with someone who already has an STD.
- Some STDs, including HIV, are spread by sharing needles.
- Some STDs, including HIV, are spread from mother to baby, through pregnancy, childbirth or breastfeeding.
- Lots of teens and young adults have STDs—10 million new cases of STDs each year in the United States are acquired by people between the ages of 15 and 24.

Prevention:

- People can prevent getting HIV and other STDs by not having sex.
- People can prevent getting HIV and other STDs by using a condom if they do have vaginal, anal or oral sex with a penis.
- People can prevent getting HIV and other STDs by not sharing needles.
- People can prevent getting the STD called Human Papillomavirus by getting the vaccine.

Abstinence:

- Most high school students are abstinent.
- Abstinence is choosing not to have oral, anal and vaginal sex.
- Abstinence is a 100% effective way to not get pregnant or catch an STD.

Condoms:

- Almost all teens who have vaginal sex have used a condom at some point.
- Condoms are easy to get and easy to use.
- Condoms are the only method of birth control that protects against pregnancy, HIV and other STDs.

Testing:

- The only way to know if you have HIV or other STDs is to get tested.
- Most people who have an STD, including HIV, do not have any symptoms.
- You can't tell if someone has HIV or other STDs by looking at them.

Clinics:

- See the websites listed on the *Sexual Health Resources* handout.

Using Social Media to Help Others

Visual

Public Service Announcements are short messages put out by TV, radio or social media to help change people's behaviors or attitudes about important topics.

Many organizations use social media to get important information out to the public. Only use social media with the permission of your family or guardian.

Public Service Announcements should be short and easy to read. They can be serious, funny, memorable, etc.

Instructions

On a separate piece of paper, write a Public Service Announcement for social media that encourages people to protect themselves from HIV and other STDs. Your announcement must encourage abstinence, condoms or testing. It should be 3 to 5 sentences long.

- Use your Persuasion Map to get ideas.
- The announcement must be rated G or PG.
- Avoid scare tactics and negative judgments.
- Be sure it is medically accurate.

Individual Homework: Preventing STDs

Name: _____ **Period:** _____

In the space below, write a Public Service Announcement encouraging people to protect themselves from HIV and other STDs, using a different main message than the one you selected in the classroom activity. You may use any of the handouts from today's class to help you.

Your Public Service Announcement must encourage abstinence, condoms, or testing. It should be 3 to 5 sentences long. It must be rated G or PG. Avoid scare tactics and negative judgments, and be sure it is medically accurate.

Begin by circling the main message of your Public Service Announcement.

Main message (circle one)

Abstain from sex to protect yourself from HIV and other STDs.

Use a condom for vaginal, oral or anal sex with a penis.

Go to a clinic to get tested for HIV and other STDs if you ever have unprotected sex.

Family Homework: Talking About HIV and Other STDs

All Family Homework is optional. Students may complete Individual Homework instead.

Purpose: Family Homework is a chance to share your beliefs, and the beliefs of your family, culture or religion, about sexuality and relationships.

Directions: Student will do the homework with a family member or trusted adult who is like family. Find a quiet place where the two of you can talk privately for 5-10 minutes. Please follow these guidelines:

- It is OK for either of you to skip a question.
- What you discuss will not be shared with anyone else, unless you give one another permission to share it.
- Take turns asking questions. When it is your turn to listen, try to understand the other person's response.

Ask the adult: When you were teen, how did people learn about sexually transmitted diseases?

Ask the student: What was the most interesting or surprising thing you learned about STDs today?

Ask the adult: In class we focused on abstinence (not having sex), condoms and testing as ways to prevent getting or giving STDs. In your opinion, what is the best way for middle school students to protect themselves against STDs and why?

Ask the student: What do you think would help people be more aware about how to prevent STDs, including HIV?

Family Homework Confirmation Slip: Talking About HIV and Other STDs

Due: _____

We have completed the family homework.

_____ _____

Date Signature of family member or trusted adult

_____ _____

Student's name Signature of student

Exit Ticket

Handout

List at least 2 ways to prevent getting an STD, including HIV.

Lesson 5: Assessment Questions

1. If a person has HIV, the virus can be spread through which of the following body fluids?

   A. Blood
   B. Sweat
   C. Tears
   D. Urine

2. People who have HIV and other STDs often have no symptoms at all.

   A. True
   B. False

3. Vaginal, anal or oral sex with a penis is much safer when using a condom.

   A. True
   B. False

4. A person can choose abstinence at any point in their life, whether or not they've had vaginal, oral or anal sex before.

   A. True
   B. False

5. Circle the true statement.

   A. Some STDs can be cured.
   B. No STDs can be cured.
   C. HIV can be cured.

Lesson 5: Assessment Key and Standards Alignment

Question	Answer	Standards
1. If a person has HIV, the virus can be spread through which of the following body fluids? A. Blood B. Sweat C. Tears D. Urine	A. Blood	NHES: SH1.8.17 NSES: SH.8.CC.1 SH.8.AI.1
2. People who have HIV and other STDs often have no symptoms at all. A. True B. False	A. True	NHES: SH1.8.18 SH1.8.19 SH1.8.20 NSES: SH.8.CC.3
3. Vaginal, anal or oral sex with a penis is much safer when using a condom. A. True B. False	A. True	NHES: SH1.8.24 SH1.8.25
4. A person can choose abstinence at any point in their life, whether or not they've had vaginal, oral or anal sex before. A. True B. False	A. True	NHES: SH1.8.7
5. Circle the true statement. A. Some STDs can be cured. B. No STDs can be cured. C. HIV can be cured.	A. Some STDs can be cured.	NSES: SH.8.AI.1
Exit Ticket: List at least 2 ways to prevent getting an STD including HIV.	Any of the following answers are correct: • Not having sex • Not using injection drugs • Using condoms • Getting tested and treated for STDs including HIV • Getting the vaccine for Human Papillomavirus	NHES: SH1.8.16 SH1.8.24 SH1.8.25 SH1.8.26 NSES: SH.8.CC.1
Individual Homework	Correct answers support the main message using any information from *Facts about STDs* or from the review exercise at the beginning of the lesson.	

Integrated Learning Activities

TECHNOLOGY: STD Clinic Brochure
Enter a zip code to find a clinic that offers HIV testing at www.aids.gov. Develop a flyer or wallet card for the clinic using Microsoft Word, Publisher, PowerPoint or other program. The flyer or wallet card should include the name, clinic hours, address, and statements that encourage testing, without negative judgments or scare tactics.

SOCIAL STUDIES: Racism in STD Research
People of all ethnic and racial backgrounds get STDs. One particular study of an STD called syphilis is well-known in the history of medicine for its injustice. Write a research report on the Tuskegee Syphilis Experiment, in which life-saving medicine was withheld from African-American men from 1932 to1972. Be sure to include how the public became aware of the study, and what laws were put it in place to prevent it from happening in the future.

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Condoms to Prevent HIV and Other STDs

Grade 6–8, Lesson 6

Summary

The lesson focuses on encouraging the correct use of condoms for students who may need condoms now or in the future. The lesson opens with a brainstorm about the benefits of condoms, and sets positive norms for condom use. Students learn correct condom use by assembling condom instructions in the correct order and by observing a teacher demonstration. In small groups, students come up with solutions to common problems related to correct and consistent condom use by responding to scenarios. The lesson concludes with students setting their own goals with regard to condoms.

Student Learning Objectives

The student will be able to …

1. Describe how condoms can reduce the risk of HIV and other STDs.
2. Describe how condoms can reduce the risk of pregnancy.
3. Describe the steps to using a condom correctly.

Lesson Timing

Warm up	Bell work + 2 minutes
Brainstorm benefits and set norm	5 minutes
Condom card line-up	15 minutes
Condom demonstration	5 minutes
Condom solutions	15 minutes
Goal setting	5 minutes
Assign homework	
Exit ticket	3 minutes
Total	50 minutes

FLASH Bottom Line Statement

Use a condom for vaginal, anal and oral sex with a penis.

FLASH Key Concepts

Condoms are excellent at preventing pregnancy and STDs, including HIV.

Many teens successfully use condoms.

Condoms are easy to get and easy to use.

Standards

National Health Education Standards (SHECAT)

Standard 1	Students will comprehend concepts related to health promotion and disease prevention to enhance health.
SH1.8.25	Describe how the effectiveness of condoms can reduce the risk of HIV, and other STDs including HPV (Human Papillomavirus).
SH1.8.31	Describe how the effectiveness of condoms can reduce the risk of pregnancy.
Standard 2	Students will analyze the influence of family, peers, culture, media, technology, and other factors on health behaviors.
SH2.8.1	Explain how perceptions of norms influence healthy and unhealthy sexual practices, behaviors, and relationships.
SH2.8.2	Explain how social expectations influence healthy and unhealthy sexual practices, behaviors, and relationships.
Standard 5	Students will demonstrate the ability to use decision-making skills to enhance health.
SH5.8.2	Determine when potentially risky sexual health-related situations require a decision.
SH5.8.5	Distinguish between healthy and unhealthy alternatives of a sexual health-related decision.
SH5.8.7	Choose a healthy alternative when making a sexual health-related decision.
Standard 6	Students will demonstrate the ability to use goal-setting skills to enhance health.
SH6.8.1	Assess sexual health practices.
SH6.8.2	Set a personal goal to avoid or reduce the risk of pregnancy and transmission of HIV and other STDs.
SH6.8.3	Assess the barriers to achieving a personal goal to avoid or reduce the risk of pregnancy and transmission of HIV and other STDs.
SH6.8.4	Apply strategies to overcome barriers to achieving a personal goal to avoid or reduce the risk of pregnancy and transmission of HIV and other STDs.
SH6.8.5	Use strategies and skills to achieve a personal goal to avoid or reduce the risk of pregnancy and transmission of HIV and other STDs.
Standard 7	Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.
SH7.8.2	Analyze personal practices and behaviors that reduce or prevent sexual risk behaviors.
SH7.8.3	Demonstrate practices and behaviors to improve the sexual health of oneself and others.
SH7.8.4	Make a commitment to practice healthy sexual behaviors.
Standard 8	Students will demonstrate the ability to advocate for personal, family, and community health.
SH8.8.2	Persuade others to avoid or reduce risky sexual behaviors.

National Sexuality Education Standards

PD.8.DM.1	Demonstrate the use of a decision making model and evaluate possible outcomes of decisions adolescents might make.
PR.8.CC.3	Explain the health benefits, risks and effectiveness rates of various methods of contraception, including abstinence and condoms.
PR.8.DM.1	Apply a decision making model to various sexual health decisions.
PR.8.SM.1 SH.8.SM.1	Describe the steps to using a condom correctly.
SH.8.GS.1	Develop a plan to eliminate or reduce risk for STDs, including HIV.

Rationale

Approximately half of all teens are sexually active,[1] although most middle school students are not yet having sex.[2] This makes middle school an important time to both support abstinence and to teach students condom skills they will need in the future. Teaching these skills before students are sexually active helps increase the likelihood that they will use condoms, and use them correctly, when they need them. It is for this reason that both the National Health Education Standards, published by the CDC, and the National Sexuality Education Standards recommend that condom teaching begin in middle school.[3] [4] Furthermore, a large body of research clearly shows that sexual health education, including condom skill practice, does not encourage earlier sexual activity among teens. Instead, these programs can actually help students to postpone sexual activity, decrease their number of sexual partners and increase their condom use. Studies also reveal that when youth have positive attitudes about condoms and the knowledge to use condoms correctly, they are more likely to use condoms consistently.[5] [6] [7]

Condoms are the most effective technology to reduce the transmission of HIV and other STDs;[8] they are also effective barriers against unplanned pregnancy.[9] Students who have had a chance to observe a demonstration of correct condom use, especially before they are sexually active, are far more likely to use condoms correctly.[10] [11] This is especially important since condoms are one of the birth control methods most commonly used by teens.[12]

Materials Needed

Student Materials

- *Condom Goal Setting Worksheet*
- *Individual Homework: Condoms in the Community*
- *Family Homework: Talking with Family About Condoms*, available in multiple languages on the FLASH website
- *Lesson 6 Exit Ticket*

Small Group Handouts

- *Steps to Using a Condom Cards*
- *Condom Scenarios Handout*

Classroom Materials

- *Lesson 6 Warm Up*
- *Condom Solutions Visual*
- *Example Goal Statements Visual*
- Envelopes

Teacher Preparation

1. Make 10 sets of *Steps to Using a Condom Cards*. Each set should consist of the 9 cards in an envelope labeled "Condom Cards."

2. Prepare Visuals for document camera or projector.

Activities

1. Warm Up

Display warm up as bell work.

Prompt: Most teens who have vaginal sex use condoms. Pick the reason you think is most important and write 2 to 3 sentences about why you chose it.

- Using condoms helps prevent pregnancy.
- Using condoms helps a person not get or give an STD.
- Using a condom helps show care and concern for your partner.
- Using a condom shows that you are mature.
- Condoms are birth control that men can use.

2. Brainstorm condom benefits and set norm for condom use

Describe condoms and their purpose. Brainstorm the benefits of condoms. Explain that over 95% of teen couples who have vaginal sex have used condoms, reinforcing the information by writing it on the board.

Today we are going to learn about condoms. A condom is a thin, stretchy piece of rubber made to fit over a penis to prevent pregnancy and STDs. They are used for vaginal, anal or oral sex with a penis. They work by catching the semen inside the condom, so neither person gets the other person's fluids in their body.

It's important for everyone to learn how to use condoms whether they need the information now or won't need it until the future. It's important even if people think they will never need condoms. Why would someone need to learn about condoms even if they think they will never need them? Right, so they can help educate their friends and family about them.

Could I get a few volunteers to share some of the benefits of condoms? Why would people choose to use condoms?

- *Using condoms helps prevent pregnancy*
- *Using condoms helps a person not get or give an STD*
- *Using a condom helps show care and concern for your partner*
- *Using a condom shows that you are mature*
- *Condoms are birth control that men can use*
- *Because condoms are easy to get*
- *Because condoms are free or cheap*

That's right—there are a lot of reasons condoms are a good choice for teens. That's probably why so many teens use them. Can you guess what percent of sexually active teen couples have used condoms? (accept a few guesses.) *Actually, over 95% of sexually active teen couples have used condoms for vaginal sex.* (Write this fact on the board.) *In fact, more teens use condoms than adults!*

3. Condom card line-up

Divide the class into small groups of 3 or 4 students, giving each group a 9-card set of *Steps to Using a Condom* in random order. Allow 5 minutes for the groups to place their cards in the correct order. Ask the class to name each step, one at a time. Follow the script below to further explain each step. Have groups correct the order of their cards, if needed.

Condoms are really easy to use. There are just a few simple steps to learn. It's important to learn the steps because there are a few common mistakes that people make that sometimes cause condoms to break or come off. When people know how to use condoms correctly, they almost never break or come off. Let's go over the steps, so you can all learn them. First you will all work in small groups to put the steps in order, then I will go over the steps with the whole class.

Order	Cards	Teaching Points
Step 1	Check expiration date.	*The expiration date is important to make sure the condom is not old and more likely to be weak.*
Step 2	Carefully open package.	*This means being careful not to rip the condom with anything sharp like fingernails, teeth or scissors. Condoms are usually slippery and wet. This is to keep the condom from breaking.*
Step 3	Pinch tip of condom.	*Ask the class: Can you guess what might happen if there wasn't room at the tip?* *Answer: If there's no place to catch the semen, there's a chance it might leak out the bottom of the condom into the partner's body or even possibly break the condom. Condoms work well and don't break very often, so this is an important step.*
Step 4	Roll condom down erect penis.	*The penis gets harder before sex. The condom doesn't get rolled on until the penis is hard.*
Step 5	Sex – with condom.	*The couple has sex with a condom on, every time. This is true for vaginal sex, anal sex and oral sex with a penis.*
Step 6	Ejaculation – with condom.	*During ejaculation, the semen is caught inside the condom. With a condom, neither person gets the other's fluids in their body.*
Step 7	Hold condom onto penis while pulling out.	*After ejaculation, the penis gets soft again. The person holds the condom onto the base of the penis while pulling out, so that none of the semen leaks out and so the condom doesn't slip off.*
Step 8	Take condom off penis.	
Step 9	Throw condom in the garbage.	*Condoms can only be used once.*

4. Condom demonstration

Demonstrate the steps for correct condom use, briefly explaining each step again as you model them. Do not demonstrate with fruits or vegetables, as some people find this offensive or trivializing. A penis model is ideal for demonstrating condoms, if you can obtain one. If that is not an option, demonstrate by rolling a condom onto your fingers.

- *Most condoms are made of latex. If someone is allergic to this material, there are condoms made of other kinds of materials such as a special kind of plastic called polyurethane.*
- *First the person looks at the package to check the expiration date and make sure there aren't any holes in it.*
- *Then they carefully open the package.*
- *Before having sex, the condom goes on the tip of the erect penis. It should look like a little hat, with the rolled side facing out.*
- *Then, the person pinches the tip of the condom and unrolls the rest of the condom all the way to the base of the penis. Pinching the tip makes a space to catch the semen when the man ejaculates.*
- *Once the condom is on, the couple has sex.*
- *After sex, before the penis gets soft, the condom is held onto the base of the penis while pulling out.*
- *The condom is taken off and thrown away. Condoms can only be used once.*
- *To sum it up, the main steps are to pinch the tip of the condom and roll it down the penis before having sex. With practice, people find condoms easy to use.*

5. Condom solutions

Keep students in their small groups. Distribute a *Condom Scenarios Worksheet* to each small group and give them 5 minutes to begin answering the scenario questions.

You have had a chance to learn why condoms are important and how to use them. I have also told you that most teens use them for vaginal sex. But, sometimes people's plans don't work out and they end up not using condoms, or they only use them some of the time. We are going to work together on coming up with solutions to this problem.

I'm going to hand each small group a Condom Scenarios *worksheet. Small groups will work together to come up with at least 1 solution for each scenario. You may have never thought about these issues before, so just do your best. You have 5 minutes.*

After small groups come up with their initial answers, project the *Condom Solutions Visual* to provide additional ideas for solving the scenarios. Allow small groups 3 more minutes to add new information to their answers.

I can see you've been doing good work on the scenarios. I'm going to show you all some common solutions to different types of condom problems. You can use information on the Condom Solutions visual to add more ideas to any of your scenario answers. You only have 3 minutes!

Discuss each scenario as a class. Be sure to affirm the bottom line statement: *Always use a condom for vaginal, anal or oral sex with a penis.* The purpose of this activity is to help students think ahead about overcoming any problems they might face using condoms in the future.

Now let's discuss each scenario as a group. I'm interested to hear what you all came up with.

Use the *Condom Solutions Visual* to help debrief the scenarios.

Scenario answer key based on *Condom Solutions Visual*:
1. Aiden: All solutions related to embarrassment (2 and 3)
2. Savannah: All solutions related to partners (4 and 5)
3. CJ: All solutions related to having condoms available (1)
4. James: All solutions related to the physical feeling of using condoms (6)

6. Goal setting

Have students return to their seats. Distribute the *Condom Goal Setting Worksheet* and review the content. Students will have an opportunity to set their own goals about condoms, whether they need condoms now, in the future, or will be in the role of helping friends and family. Stress that these worksheets are private and will not be collected, although you will be watching to ensure that everyone is completing the activity. Display the *Example Goal Statements Visual* and read the statements out loud to assist students in completing the *Condom Goal Setting Worksheet*.

The best way to help stick to a decision is to put in a little work ahead of time by setting goals and making plans to deal with any problems. We are going to take a little time to do that right now.

You will have 5 minutes to complete this Condom Goal Setting *worksheet. You may use any information we learned in class today, or come up with new ideas. Let's take a look at the* Example Goal Statements *to give you an idea of some possible condom goals.*

The information on this worksheet is private. Please don't write your name on it or turn it in. I won't be reading the worksheets, but I will check to see who is completing them. I hope this exercise is helpful to you, whether you need to use condoms now, or will be using them in future, or if your main role with condoms will be to support your friends and family.

7. Assign homework

Allow students to choose between the individual or family homework and explain the assignments as needed.

Individual Homework: Condoms in the Community

Family Homework: Talking With Family About Condoms available in multiple languages on the FLASH website

8. Exit ticket

Hand out the *Lesson 6 Exit Ticket.*

Prompt: Place the following steps to using a condom in the correct order.

Answer:
1. Check expiration date.
2. Carefully open package.
3. Pinch tip of condom.
4. Roll condom down erect penis.
5. Sex – with condom.
6. Ejaculation – with condom.
7. Hold condom onto penis while pulling out.
8. Take condom off penis.
9. Throw condom in the garbage.

Warm Up

Visual

There are many important reasons most teens use condoms. Pick the reason you think is most important and write 2 or 3 sentences about why you chose it.

- Using condoms helps prevent pregnancy.
- Using condoms helps a person not get or give an STD.
- Using a condom helps show care and concern for your partner.
- Using a condom shows that you are mature.
- Condoms are birth control that men can use.

Steps to Using a Condom

For "Condom Cards" Envelopes

Check expiration date	Carefully open package	Pinch tip of condom
Roll condom down erect penis	Sex – with condom	Ejaculation – with condom
Hold condom onto penis while pulling out	Take condom off penis	Throw condom in the garbage

Condom Scenarios

Worksheet

1. Aiden wants to use condoms, but he feels embarrassed to go to the store to buy them, and embarrassed about what his friends will think if he has condoms. Do you have any ideas about how Aiden can overcome these problems so that he can use condoms?

2. Savannah wants to use condoms, but she doesn't know how to bring up the subject with her boyfriend. Give Savannah two pieces of advice: How can she tell her boyfriend she wants to use condoms? What should she do if he doesn't want to use condoms?

3. CJ believes in using a condom every time. But, CJ has not always had a condom available when needed. What ideas do you have that would help CJ always have a condom available?

4. James isn't planning to have sex until he is much older, but it doesn't seem to him like sex with a condom would feel very good. Once James starts having sex, what solutions can you think of to help him with this concern?

Condom Solutions

Visual

It's important to always use a condom for vaginal, anal or oral sex with a penis.

Problem 1 - People don't have condoms with them when they need one.

- Think of a few places you could easily keep condoms with you all the time.
- Find out where you can buy or get condoms in your community.

Problem 2 - People feel embarrassed to get condoms.

- Have a friend or family member get condoms for you.
- Buy condoms at self-checkout.
- Get condoms from bathroom at clinic (more private).

Problem 3 - People feel embarrassed about what friends and family will think.

- Keep condoms somewhere private when you carry them.
- Have friends carry condoms too.
- Tell yourself it is really important to be prepared by having condoms with you.
- Tell your parents if they don't already know, so you don't have to worry about the surprise or embarrassment of parents finding them.

Problem 4 - Partner doesn't want to use condoms.

- Explain to your partner why it's important to you to use condoms.
- Talk about using condoms with your partner when you are not making out.
- Make sure you bring condoms, instead of relying on your partner to bring them.
- Choose not to have sex until your partner agrees to use condoms.

Problem 5 - People are nervous to talk with partner about using a condom.

- Write a note or send a text instead of talking in person.
- Practice what you would say to your partner with a friend first.
- Bring up the subject of condoms by talking about a couple from TV.

Problem 6 - People are concerned that condoms might not feel as good.

- Try different brands of condoms to find the one that feels best.
- Use lubricant.
- Remind yourself that most people use condoms and don't mind the way they feel.

Example Goal Statements

Visual

- I will use a condom the next time I have sex.
- I will use a condom the first time I have sex.
- I will buy or get condoms and make sure I have them with me when I go out.
- I will tell my partner ahead of time that I want to use condoms when/if we have sex.
- I will help my friends who need condoms get them.

Condom Goal Setting

Worksheet

Instructions: The purpose of this worksheet is to help everyone become better condom users, whether that involves using condoms now, using them in the future, or helping friends and family. For each question below, you may use any of the information we discussed in class together, or come up with new ideas. Please do not write your name on this worksheet or turn it in. The teacher will make sure that everyone is completing the activity.

1. What do you think is the most important reason to use condoms?

2. Write one goal for yourself about using condoms in the future.

Individual Homework: Condoms in the Community

Name: _____ **Period:** _____

Find at least one place in the community where a teen can get condoms. It can be a store where someone can buy condoms or a clinic or other location where they can get condoms for free. Take a picture of the condoms at that location and attach it here or email it to your teacher. Also answer the following questions.

1. What is the name and address of the place where you found condoms? (For example, Walgreens at 16th and Roxbury or Planned Parenthood at 9942 8th Ave SW)

2. Were the condoms free or for sale? If they were for sale, how much did they cost?

3. Is this a location where teens would feel comfortable getting condoms? Why or why not?

4. If this was not a location where teens would feel comfortable, where would you suggest they go instead to get condoms?

Family Homework: Talking with Family About Condoms

All Family Homework is optional. Students may complete Individual Homework instead.

Purpose: Family Homework is a chance to share your beliefs about sexuality and relationships, and the beliefs of your family, culture or religion.

Directions: Student will do the homework with a family member or trusted adult who is like family. Find a quiet place where the two of you can talk privately for 5-10 minutes. Please follow these guidelines:

- It is OK for either of you to skip a question.
- What you discuss will not be shared with anyone else, unless you give one another permission to share it.
- Take turns asking questions. When it is your turn to listen, try to understand the other person's response.

Ask the adult: Today in class we learned that now over 95% of sexually active teens have used condoms, which is more than ever. Why do you think that more teens are using condoms now than when you were a teenager?

Ask the student: Why do you think some teens don't use condoms?

Ask the adult: What is one piece of advice you would like to give to a sexually active teenager or young adult about condoms?

Ask the student: What is one piece of advice *you* would like to give to a sexually active teenager or young adult about condoms?

Family Homework Confirmation Slip: Talking with Family About Condoms

Due: _____

We have completed this family homework.

_____ _____

Date Signature of family member or trusted adult

_____ _____

Student's name Signature of student

Exit Ticket

Handout

Place the following steps to using a condom in the correct order.

Throw condom in the garbage	Roll condom down erect penis	Hold condom onto penis while pulling out
Carefully open package	Sex – with condom	Pinch tip of condom
Ejaculation – with condom	Check expiration date	Take condom off penis

1.

2.

3.

4.

5.

6.

7.

8.

9.

Lesson 6: Assessment Questions

1. True or False? Using condoms reduces a person's risk of pregnancy and of catching an STD because people's body fluids don't get inside each other.

2. You learned that 95% of teens who have had vaginal sex have used condoms. How can that information make it easier for someone to choose to use a condom when they have sex?

Lesson 6: Assessment Key and Standards Alignment

Question	Answer	Standards
1. True or False? Using condoms reduces a person's risk of pregnancy and of catching an STD because people's body fluids don't get inside each other.	True	NHES: SH1.8.25 SH1.8.31
2. You learned that 95% of teens who have vaginal sex have used condoms. How can that information make it easier for someone to choose to use a condom when they have sex?	Any answer that supports the idea that knowing this information does make it easier is acceptable	NHES: SH2.8.1 SH2.8.2
Exit Ticket: Place the following steps to using a condom in the correct order: Throw condom in the garbage Carefully open package Ejaculation - with condom Roll condom down erect penis Sex - with condom Check expiration date Take condom off penis Hold condom onto penis while pulling out. Pinch tip of condom	1. Check expiration date 2. Carefully open package 3. Pinch tip of condom 4. Roll condom down erect penis 5. Sex - with condom 6. Ejaculation - with condom 7. Hold condom onto penis while pulling out 8. Take condom off penis 9. Throw condom in the garbage	NSES: PR.8.SM.1 SH.8.SM.1
Condom Goal Setting Worksheet		NHES: SH6.8.1 SH6.8.2 SH6.8.3 SH6.8.4 SH6.8.5 SH7.8.2 SH7.8.4 SH7.8.3 NSES: SH.8.GS.1

Integrated Learning Activities

SCIENCE: What Is Latex?
Most male condoms are made of latex, but what is latex? What else is it used for? Write a 300-word paper about latex, including why it is a good material to make condoms out of.
Visit www.explainthatstuff.com/rubber.html to find the information you will use for your paper.

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Birth Control Methods

Grade 6–8, Lesson 7

Summary

The overall purpose of the lesson is for students to learn about birth control methods while developing positive attitudes and positive peer norms about birth control. Students first work in small groups to study their assigned method of birth control. In a full-class activity, the teacher reads aloud a statement about birth control and each small group must determine if the statement is true for their method. There is brief class discussion between statements. The class concludes with students making observations about the positive aspects of the different methods of birth control.

Student Learning Objectives

The student will be able to …

1. Describe how birth control methods can reduce the risk of pregnancy.
2. Define emergency contraception and its use.
3. Describe the benefits of birth control methods.
4. Identify resources for reproductive and sexual healthcare services.

Lesson Timing

Warm up	Bell work + 2 minutes
Introduce the lesson	2 minutes
Birth control study groups	5 minutes
"The truth about birth control" activity	30 minutes
Complete the sentence	8 minutes
Assign homework	
Exit ticket	3 minutes
Total	50 minutes

FLASH Key Concepts

Birth control is excellent at preventing pregnancy.

Condoms are excellent at preventing pregnancy and STDs, including HIV.

Birth control is very safe.

Many teens successfully use birth control.

In this community, teens can get birth control at *[insert local clinic].*

Teens of every sexual orientation and gender identity need to learn about birth control and STD prevention, for themselves or to help a friend.

Standards

National Health Education Standards (SHECAT)

Standard 1	Students will comprehend concepts related to health promotion and disease prevention to enhance health.
SH1.8.30	Summarize ways to prevent pregnancy, including not having sex and effective use of contraceptives.
SH1.8.31	Describe how the effectiveness of condoms can reduce the risk of pregnancy.
SH1.8.32	Describe ways sexually active people can reduce the risk of pregnancy.
Standard 3	Students will demonstrate the ability to access valid information, products, and services to enhance health.
SH3.8.4	Describe situations that call for professional sexual healthcare services.
SH3.8.6	Access valid and reliable sexual health information from home, school or community.
SH3.8.7	Locate valid and reliable sexual healthcare products.
SH3.8.8	Locate valid and reliable sexual healthcare services.
Standard 5	Students will demonstrate the ability to use decision-making skills to enhance health.
SH5.8.7	Choose a healthy alternative when making a sexual health-related decision.
SH5.8.8	Analyze the effectiveness of a sexual health-related decision.

National Sexuality Education Standards

PR.8.CC.3	Explain the health benefits, risks and effectiveness rates of various methods of contraception, including abstinence and condoms.
PR.8.CC.4	Define emergency contraception and its use.
PR.8.AI.1	Identify medically accurate resources about pregnancy prevention and reproductive health care.
PR.8.AI.2	Identify medically accurate information about emergency contraception.
PR.8.AI.3	Identify medically accurate sources of pregnancy-related information and support including pregnancy options, safe surrender policies and prenatal care.
PR.8.SM.1	Describe the steps to using a condom correctly.

Rationale

The FLASH curriculum includes birth control methods and abstinence in full lessons of their own, based on the effectiveness of both approaches.[1] Research has repeatedly shown that sexual health education, including teaching about birth control, does not cause teens to have sex sooner or more often.[1 2 3 4 5 6] Its only impact is preventative. Based on national data, it is likely that most students receiving the lesson are not currently at risk of pregnancy, but a significant minority is currently at risk, and many more will be within the next few years.[7]

In this lesson, birth control is framed positively. Multiple studies demonstrate that having "more positive attitudes towards contraception, including condoms" and "perceiving more benefits of using contraception" are important protective factors against teen pregnancy.[8] Students are not expected to memorize effectiveness rates, how each method of birth control works, or contraindications. If students should be interested in a prescription method at some point in their life, their medical providers will cover this information.

Selection of methods in the lesson

This lesson focuses on a subset of birth control methods in order to achieve sufficient depth in one class period and to achieve teen pregnancy prevention goals. The nine methods focused on in this lesson are based on King County and national data on teen contraceptive use.[9 10] A student handout on sexual health resources includes medically accurate links to all FDA-approved methods of birth control, if students or families are interested in learning more.

Inclusion of IUD

IUDs are now known to be safe and appropriate birth control for teens. They have been redesigned from IUDs used in the past. They are safe and effective for women who have been pregnant and those who haven't, including teens. Not only are they extremely safe, IUDs are among the most effective methods of birth control available; the hormonal ones (Mirena) are more effective than sterilization. They do not impair future fertility, and they do not increase the risk of HIV or other STDs.[11 12 13]

Inclusion of withdrawal

Despite the physical challenges inherent in using withdrawal effectively, we include it because withdrawal is more effective than previously thought and withdrawal is common among teens, free and always available. In fact, when withdrawal is used correctly, experts calculate that only 4% of couples are likely to get pregnant in a year. Taking typical human error into account, 22% would get pregnant, which is comparable to the diaphragm, sponge and other spermicides.[14]

In contrast, over three times as many couples (85%) would get pregnant using no method for a year, making withdrawal *significantly* more effective than using nothing. It should also be noted that withdrawal reduces the risk of sexually transmitted diseases (STD) and the human immunodeficiency virus (HIV) by about half,[13] which is better than most other methods of birth control, excluding condoms.

In contrast to previous assumptions, research shows that most men's pre-ejaculate fluid contains no sperm. Some men have a small amount of sperm in their pre-ejaculate fluid,[15] which may account for the 4% pregnancy rate in perfect use.

Materials Needed

Student Materials

- *Sexual Health Resources – King County, U.S.,* or develop a local resource sheet
- *Individual Homework: Birth Control Laws*
- *Family Homework: Talking About Birth Control*, available in multiple languages on the FLASH website
- *Lesson 7 Exit Ticket*

Classroom Materials

- *Lesson 7 Warm Up*
- *Birth Control Signs*
- *Birth Control Fact Sheets*
- *The Best Thing… Visual*
- Nine folders or 9 x 12 manila envelopes
- *(Optional)* Samples of the birth control pill, Depo shot, emergency contraception, implant, male condom, IUD, patch and vaginal ring.
- *(Optional)* Samples of the birth control methods not covered in class, in case questions arise: diaphragm, female condom, Cycle Beads and spermicide (gel, foam, film, sponge). Methods that do not need samples include tubal ligation, vasectomy and withdrawal.

Teacher Materials

- *Developing a Local Sexual Health Resources List: Teacher Guide* for those developing a local resource sheet

Teacher Preparation

1. Print *Birth Control Signs* on card stock so that you have one classroom set.

2. Assemble 9 folders or 9 x 12 manila envelopes for birth control study groups:
   - Label each of the 9 folders or envelopes with the name of a birth control method: pill, patch, shot, male condom, emergency contraception, IUD, ring, implant and withdrawal.
   - Put one *Birth Control Sign* into each folder or envelope.
   - Put 5 copies of the corresponding *Birth Control Fact Sheet* into folder or envelope.
   - For example, the folder or envelope labeled "condom" would have 5 copies of the *Condom Fact Sheet* and a *Condom Birth Control Sign* on card stock.

3. Visit http://sexetc.org/action-center/sex-in-the-states/ to learn about laws for birth control confidentiality in your state.

4. *(Optional)* Create a local *Sexual Health Resource* handout for students, following the instructions in *Developing a Local Sexual Health Resources List: Teacher Guide.*

5. *(Optional)* Obtain a birth control kit.
   - If you teach in King County, WA, contact your local Public Health educator for a loaner kit. Go to: www.kingcounty.gov/health/FLASH (click on "find out about training here")

- Contact your local public health family planning clinic or Planned Parenthood (www.plannedparenthood.org) to see if they have kits for loan or for sale.
- If you borrow or purchase a birth control teaching kit, use the written materials in this lesson plan, not those In the kIt.

6. Review the *Birth Control Fact Sheets* used in this lesson. For background information, see these medically accurate sources.
   - Public Health – Seattle & King County. They are downloadable at http://www.kingcounty.gov/healthservices/health/personal/famplan/birthcontrol/brochures.aspx
   - Association of Reproductive Health Professionals: http://www.arhp.org/MethodMatch/
   - Medline Plus, a service of the U.S. National Library of Medicine: http://www.nlm.nih.gov/medlineplus/birthcontrol.html

7. Prepare Visual for document camera or projector.

Activities

1. Warm Up

Display warm up as bell work.

Prompt:
Birth control is used by people who have vaginal sex in order to prevent getting pregnant or starting a pregnancy. There are many different types of birth control to choose from.

True or False? Most people use some kind of birth control to prevent pregnancy the first time they have vaginal intercourse.

2. Introduce the lesson

Explain that the purpose of the lesson is to learn about birth control, whether people need the information to prevent pregnancy now or in the future, or to act as health educators for others. Provide the answer to the warm up (true) and reinforce the idea that most people, including most teens, use birth control to prevent pregnancy.

Today we're learning about birth control, which is an important way to prevent pregnancy for people who are having vaginal sex, or penis into vagina sex.

Let's start with the warm up. True or false? Most people use some kind of birth control to prevent pregnancy the first time they have vaginal intercourse. What do you think? (Let students respond.) *The answer is true. In fact, 99% of couples have used birth control at some point in their lives,[16] and teens themselves are very good at using birth control.[17]*

I want to point out that this lesson is for everybody—people who are having vaginal sex now or who will in the future, and teens of all sexual orientations and genders. Even if someone won't ever need birth control, learning about it now will help them act as health educators for their friends and families on this important topic.

3. Birth control study groups

Separate the class into 9 small groups. Assign each small group a method of birth control. Give each group a folder with one birth control method sign and copies of their birth control method fact sheet.

Instruct groups to study their assigned method of birth control in preparation for the activity. They should be prepared to say the name of their method and how it is used. While students are preparing, visit the groups to see if they need help understanding their method.

We're going to be working in small groups today. After I break you into groups, each group will be assigned a method of birth control and will be given a folder with some information about that birth control method.

You will all need to learn about the method assigned to your group so that you can answer questions about it. You will especially need to learn the name and how it is used. We will be using this information for a class activity.

4. "The truth about birth control" activity

In this activity, students stay in their small groups. The teacher will read a statement. If the small group thinks the statement is true for their method, they raise their sign. Before moving to the next statement, the teacher makes sure students are holding up the correct method signs and covers talking points related to the statement.

If students ask why abstinence was not included as a birth control method, let them know that abstinence was important enough to need an entire lesson to itself. This lesson focuses on methods used during vaginal sex.

Note: Research indicates that it's important to create a positive perception of birth control methods.[18] Information about contraindications or specific health risks will be covered by medical providers, in the event that a student seeks out a particular method of birth control. It is also covered on suggested links on the resource sheet, for students who want more medical information. The focus of this lesson is on the *advantages* of each method.

I'm going to read a statement. If the statement is TRUE for your method, raise your birth control method sign and keep it up so everyone can see it. We will have a discussion before we move on to the next statement. Here's the first one…

a. *This method can only be used by a person who has a penis.*

Answer	Condom, Withdrawal
Instructions	• Have each small group say the name of their method and how it is used (students are teaching each other). • Show the method to the class, if you have samples.
Talking Points	Reinforce key concepts.

b. *This method can only be used by a person who has ovaries.*

Answer	IUD, Implant, EC, Depo Shot, Birth Control Pill, Patch, Vaginal Ring
Instructions	• Have each small group say the name of their method and how it is used (students are teaching each other). • Show the method to the class, if you have samples.
Talking Points	• *Why can these methods only be used by a person who has ovaries? Because the hormones in these methods tell the ovaries not to release an egg. Without an egg, a pregnancy cannot begin.* • Reinforce key concepts.

c. *This method is very good at preventing pregnancy.*

Answer	All
Talking Points	• *Every method of birth control is very good at preventing pregnancy.* • *Does anyone have a method that is nearly perfect?* (IUD and implant) • *Using any one of these methods is much more effective than using none.*

d. *A person can only get this method by going to a doctor's office or clinic.*

Answer	IUD, Implant, Depo Shot, Birth Control Pill, Patch, Vaginal Ring
Instructions	• Distribute *Sexual Health Resources* (Local, U.S. or King County)
Talking Points	• Share state law about confidentiality. For example: *It's important to know that here in Washington State, the law says that birth control is completely confidential for all people, including teens. The clinic staff is not allowed to tell anyone, including parents, without the teen's permission. At many of the clinics, teens can sign up for free Washington State birth control insurance.* • Give the names and locations of nearby clinics. Point out if services are free or low cost. For example: *In this community, teens can get birth control at [insert local clinic].*

e. *A person can get this method from a drugstore without a doctor's prescription.*

Answer	Condom, EC
Talking Points	• Ask: *Why would it be important for people to get EC quickly, or have it on hand at home? Because it works best the sooner it's taken, right after unprotected sex.* • *Most brands of EC can be purchased at the drugstore by people of any age, without ID, if the drugstore carries EC. EC costs $35–50.* • *People of any age can buy condoms at the drugstore or gas station without ID. They cost about $1/condom and usually come in packs.* • *People can often get EC and condoms for free or for much less money at a clinic.*

f. *This method is very safe. It is not harmful to a person's body.*

Answer	All
Talking Points	• *All birth control methods are very safe.* • *All methods of birth control are much less risky for a person's body than pregnancy and childbirth.* • *If a certain method isn't a good match for someone, their doctor will help figure it out.*

g. *This birth control method cannot be used by teens.*

Answer	None. They can all be used by teens!
Talking Points	• *Many teens successfully use birth control, including all of the methods we're studying today.*

h. *This method gives excellent protection against pregnancy and STDs, including HIV.*

Answer	Condom
Talking Points	• *Fortunately, the one method of birth control that protects against pregnancy and STDs is easy to get and easy to use.* • *Condom group, please remind the class how to use a condom correctly. You can find it on your fact sheet.* (Roll it all the way down, pinch the tip, hold it onto the base of the penis when pulling out of partner's body)

i. *This method can be used after sex to prevent pregnancy.*

Answer	EC
Talking Points	• Ask: *In what situations would a person need birth control after sex?* (Didn't use birth control; condom breaks; used another birth control method incorrectly; rape/did not consent to sex.) • *EC works best the sooner it's taken. It must be taken within 5 days of unprotected sex in order to work.* • Ask: *What do you think would happen if EC didn't work?* (The person would be pregnant. It would not harm the pregnancy.)

j. *This method is easy to use.*

Answer	Opinions will vary. (Be sure to include IUD, implant and condom.)
Talking Points	• *What makes your group's method easy or convenient to use?*

k. This method can be used together with any other birth control method, giving the highest level of pregnancy, HIV and other STD protection.

Answer	Condom
Talking Points	• *Using two methods of birth control, with one of them being a condom, is the very best protection.*

I. *These are the top 3 methods used by teens in the United States.*

Answer	(1) Condoms, (2) Pill, (3) Withdrawal
Talking Points	• *What do you notice about these methods?* (Two of them are used by males; two can be used without going to a clinic; the number 1 method is good for both pregnancy and STD protection.) • *Teens are very good at using birth control and condoms, and preventing pregnancy.*

5. Complete the sentence

Show *The Best Thing… Visual*. Give the groups 3 minutes to work together on completing the sentence.

I'd like each small group to work together to complete the sentence on the screen. "In our opinion, the best thing about (the name of your group's birth control method) is…" You should try to imagine what a person using the method might really like about it. When you're done we're going have each small group read their sentence.

Allow 3 minutes to write, then have each group read their statement.

Thank the class for their good work in teaching each other about birth control methods.

Good job teaching each other about birth control methods today. It was an interesting topic and I hope everyone learned a lot.

6. Assign homework

Allow students to choose between the individual or family homework and explain the assignments as needed.

Individual Homework: Birth Control Laws

Family Homework: Talking About Birth Control, available in multiple languages on the FLASH website

7. Exit ticket

Hand out the *Lesson 7 Exit Ticket*.

Question:
When does a person take emergency contraception?

Answer:
Any of the following answers are acceptable:
- Within 5 days of unprotected sex
- After having sex without birth control or a condom
- After a condom breaks
- If a person is raped

Warm Up

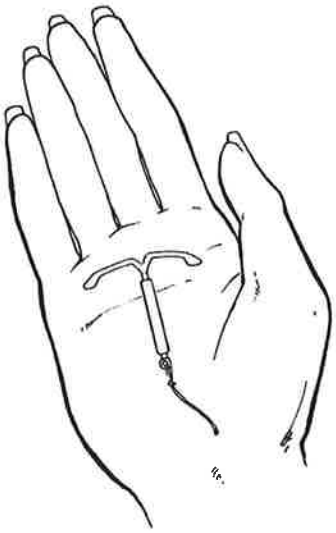
Visual

Birth control is used by people who have vaginal sex in order to prevent getting pregnant or starting a pregnancy. There are many different types of birth control to choose from.

True or False? Most people use some kind of birth control to prevent pregnancy the first time they have vaginal intercourse.

IUD

Fact Sheet

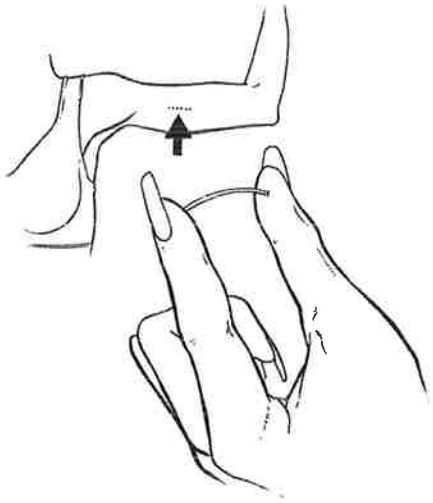


- ☒ The IUD is excellent at preventing pregnancy.
- ☒ The IUD prevents pregnancy for 5 to 10 years, depending on the type of IUD.
- ☒ It is very safe.
- ☒ The IUD is a small T-shaped object that stays inside the uterus. The IUD folds into a small tube that goes through the vagina and into the uterus. It is placed into the uterus by a doctor.
- ☒ IUDs work by slowing down sperm. Some IUDs also work with hormones.
- ☒ It does not protect against STDs or HIV.

Source: *Contraceptive Technology, 20th revised edition*, 2011.

Implant

Fact Sheet

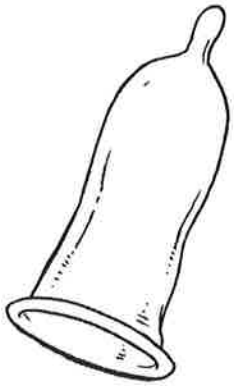


- ☒ The implant is the most effective method of birth control.
- ☒ The implant prevents pregnancy for up to 3 years.
- ☒ It is very safe.
- ☒ The implant is a soft tube that goes under the skin of a woman's upper arm. It only takes a few minutes for a doctor to insert or remove the implant. Stitches are not needed, just a band aid.
- ☒ The implant has a hormone in it, similar to a hormone that occurs naturally in the body. The hormone is slowly released out of the tube and into the body.
- ☒ The implant works by making it hard for sperm to get into the uterus and by stopping the ovaries from releasing an egg each month.
- ☒ The implant does not protect against STDs or HIV.

Source: *Contraceptive Technology, 20th revised edition*, 2011.

Condom

Fact Sheet

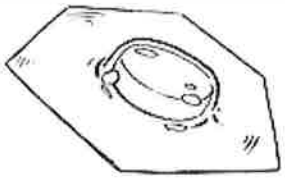


- ☒ Condoms are very good at preventing pregnancy, STDs, and HIV.
- ☒ Condoms are one of the easiest birth control methods to get. Condoms are sold at many drug stores, gas stations and clinics.
- ☒ A condom is like a very thin, very strong glove worn over the penis to catch semen.
- ☒ A condom is used by unrolling it over an erect penis, leaving the tip of the condom hanging off the end of the penis.
- ☒ A person should squeeze the tip of the condom to push out any air.
- ☒ When semen leaves the penis, it is caught in the condom.
- ☒ When the penis is pulled out of the partner's body, the condom must be held onto the base of the penis, so it won't slip off and spill semen into the other person.
- ☒ The condom is used only once and then thrown away.
- ☒ Using a condom together with another birth control method gives even more protection against pregnancy.
- ☒ Condoms come in vinyl or polyurethane if a person is allergic to latex.

Source: *Contraceptive Technology, 20th revised edition*, 2011.

EC (Emergency Contraception)

Fact Sheet

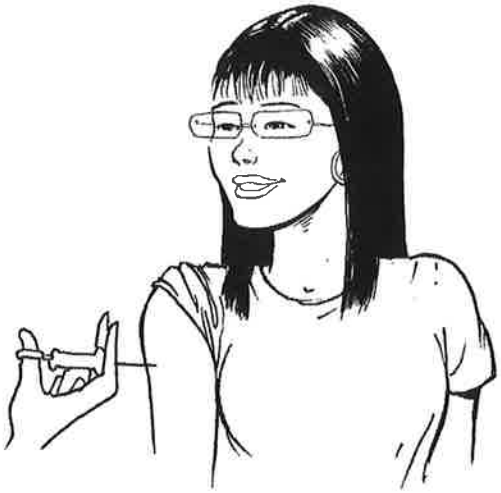


- ☒ EC is a pill women take to prevent pregnancy after sex.
- ☒ EC is also known as the "morning after pill" and "emergency contraception."
- ☒ EC is much more effective the sooner it is taken. It can prevent pregnancy if taken up to 5 days after intercourse.
- ☒ Most kinds of EC are made of a hormone similar to one that occurs naturally in the body.
- ☒ It prevents pregnancy by delaying or stopping the ovaries from releasing an egg.
- ☒ EC is very safe.
- ☒ EC will not harm a pregnancy (for example, if the person accidentally takes it when already pregnant).
- ☒ Some brands of EC can be bought by men or women at the drug store without a doctor's prescription.
- ☒ For more information about getting EC, go to www.not-2-late.com.
- ☒ It does not protect against STDs or HIV.

Source: *Contraceptive Technology, 20th revised edition*, 2011.

Depo Shot

Fact Sheet

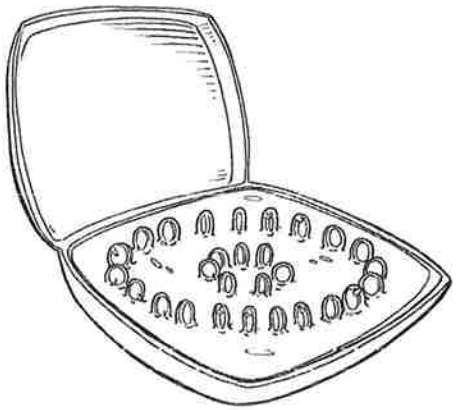


- ☒ Depo is very effective at preventing pregnancy.
- ☒ The Depo shot, also known as Depo-Provera, is given into a woman's arm or hip every 3 months.
- ☒ It is made of a hormone similar to one that occurs naturally in the body.
- ☒ The shot prevents pregnancy mainly by stopping the ovaries from releasing an egg each month.
- ☒ The shot is very safe.
- ☒ The shot does not protect against STDs or HIV.
- ☒ A person needs to go to a doctor to get started on the shot.

Source: *Contraceptive Technology, 20th revised edition*, 2011.

Birth Control Pill

Fact Sheet

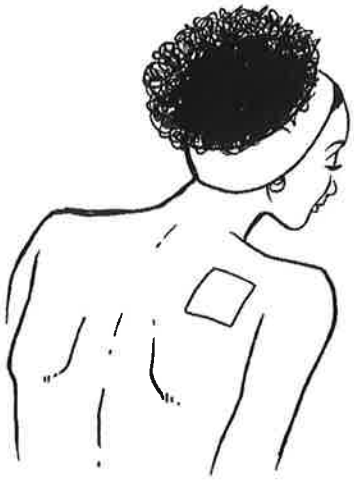


- ☒ Birth control pills are very effective at preventing pregnancy when used correctly.
- ☒ A woman takes the pill once a day to prevent pregnancy.
- ☒ It is made of hormones similar to the ones that occur naturally in a woman's body.
- ☒ The pill prevents pregnancy mainly by stopping the ovaries from releasing an egg each month.
- ☒ Sometimes people take the pill to help with other health issues. For example, it helps prevent cancer of the ovaries and uterus, it makes bones stronger, it helps acne, and it makes period cramps better.
- ☒ The pill is very safe.
- ☒ The pill does not protect against STDs or HIV.
- ☒ A person needs to go to a doctor to get started on the pill.

Source: *Contraceptive Technology, 20th revised edition*, 2011.

Patch

Fact Sheet

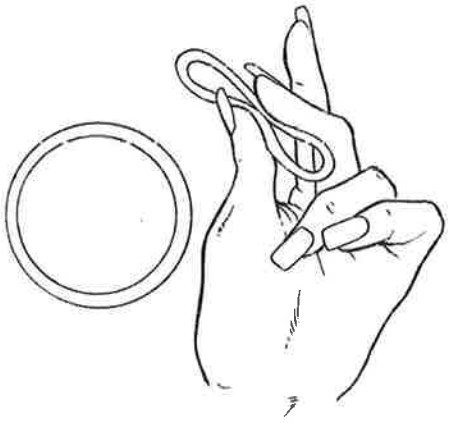


- ☒ The patch is very effective when used correctly.
- ☒ The patch is a small, thin, beige-colored patch that sticks to a woman's skin.
- ☒ A person puts on a new patch once a week, for 3 weeks in a row, and then has 1 week without a patch.
- ☒ The patch has hormones similar to the ones that occur naturally in the body. The hormones are released into the body through the skin.
- ☒ The patch prevents pregnancy by stopping the ovaries from releasing an egg each month.
- ☒ People can still take showers, swim, play sports, and go in hot tubs with the patch.
- ☒ The patch is very safe.
- ☒ The patch does not protect against STDs or HIV.
- ☒ A person needs to go to a doctor to get started on the patch.

Source: *Contraceptive Technology, 20th revised edition*, 2011.

Vaginal Ring

Fact Sheet



☒ The ring is very effective when used correctly.

☒ The ring, also known as the NuvaRing, is a soft, plastic, flexible ring, about 2 inches wide.

☒ A person puts the ring inside their own vagina, and it stays there for 3 weeks. It does not hurt.

☒ The ring has hormones inside it, similar to the ones that occur naturally in a person's body.

☒ The ring prevents pregnancy mainly by stopping the ovaries from releasing an egg each month.

☒ The ring is very helpful for people with heavy or painful periods.

☒ The ring is very safe.

☒ It does not protect against STDs or HIV.

☒ A person needs to go to a doctor to get started on the ring.

Source: *Contraceptive Technology, 20th revised edition*, 2011.

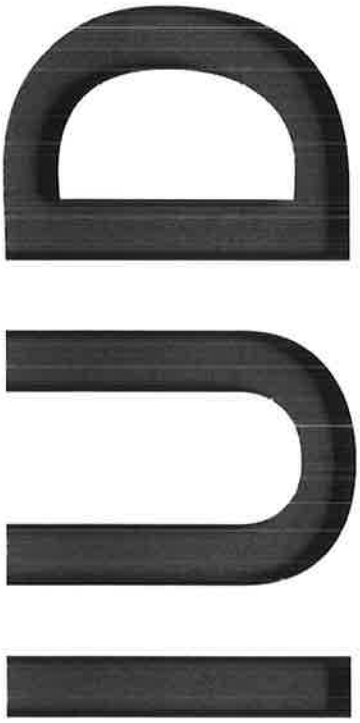
Withdrawal

Fact Sheet

- ☒ Withdrawal is another word for pulling out.
- ☒ A person pulls their penis out of their partner's body before ejaculating, making sure not to get semen near the vagina.
- ☒ Withdrawal is free and always available.
- ☒ It is much more effective than most people think, when used correctly.
- ☒ Withdrawal is very effective for people who can tell when the semen is about to leave their penis. It takes experience and a lot of self-control to be able to pull out completely in time.
- ☒ Pre-cum is a fluid that can be seen on the tip of the penis before ejaculation. It's also called pre-ejaculate. Studies show that only some people's pre-cum contains a small amount of sperm.
- ☒ Withdrawal lowers the chance of getting HIV and some other STDs, but it does not fully protect against these infections.

Source: *Contraceptive Technology, 20th revised edition*, 2011.

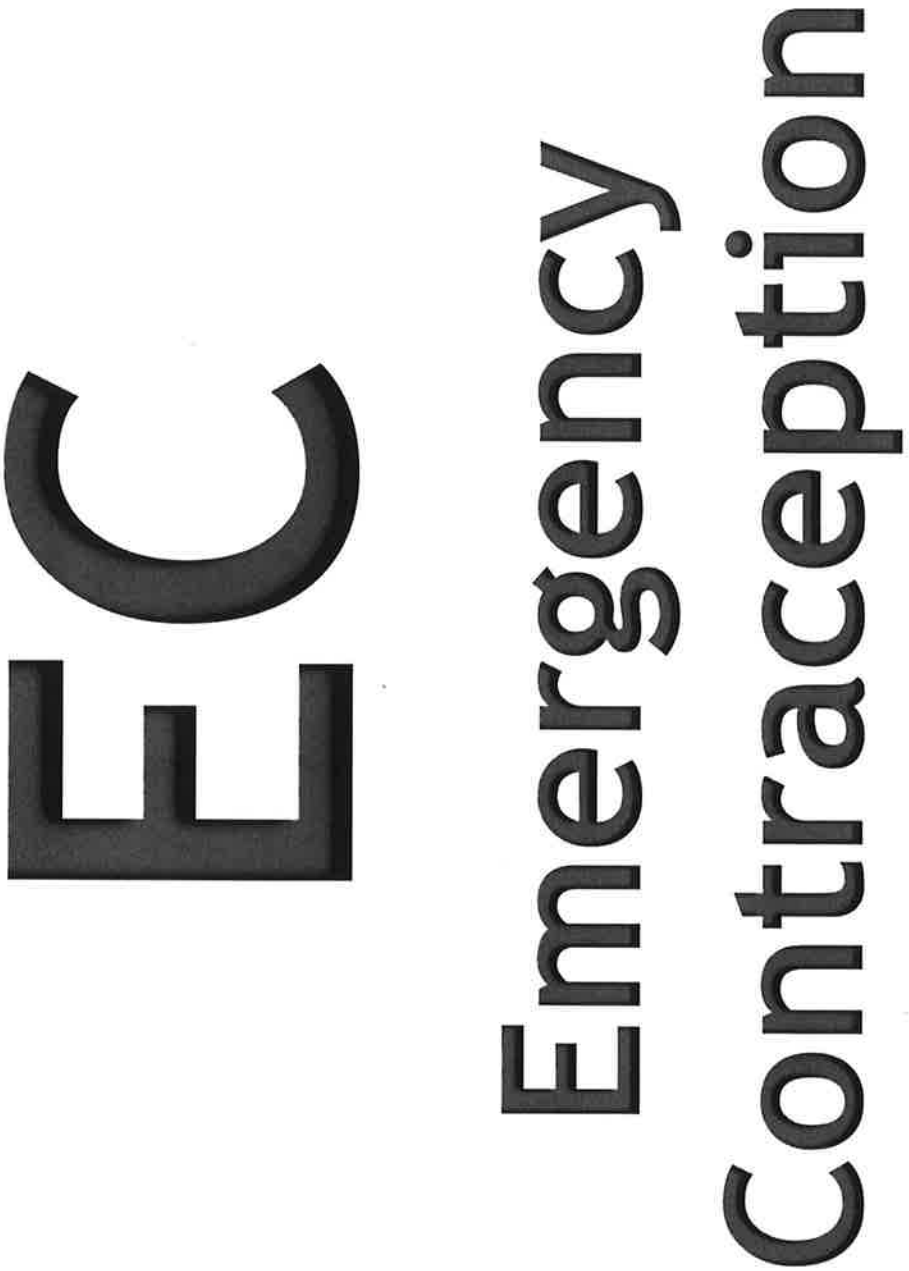
Birth Control Sign



Birth Control Sign

Birth Control Sign

Birth Control Sign



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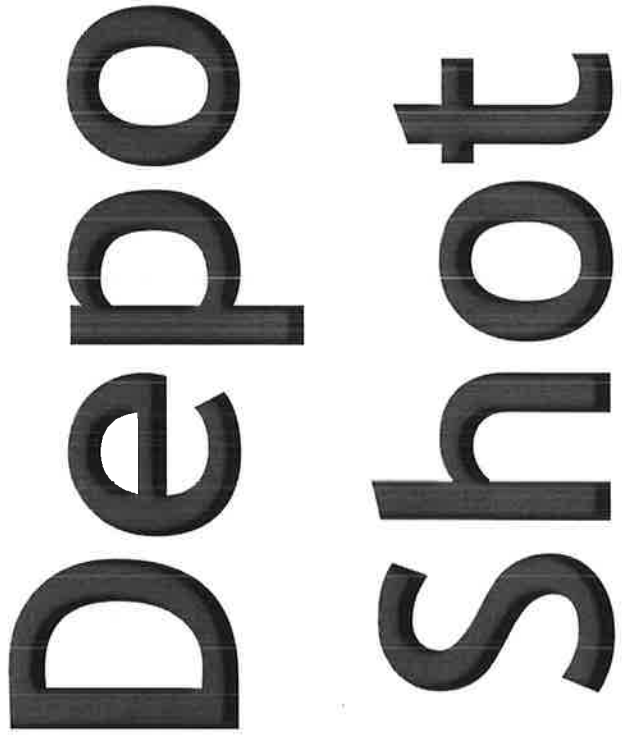

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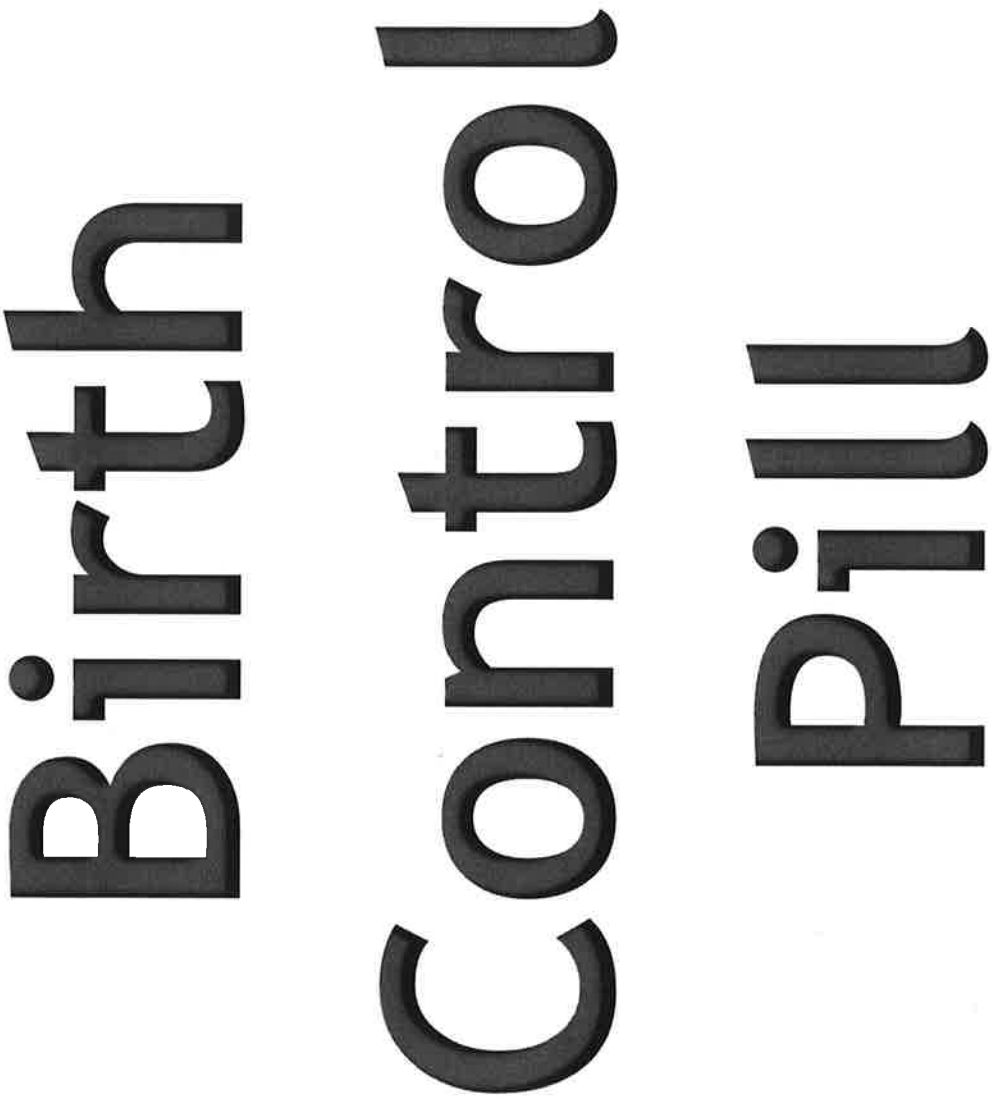
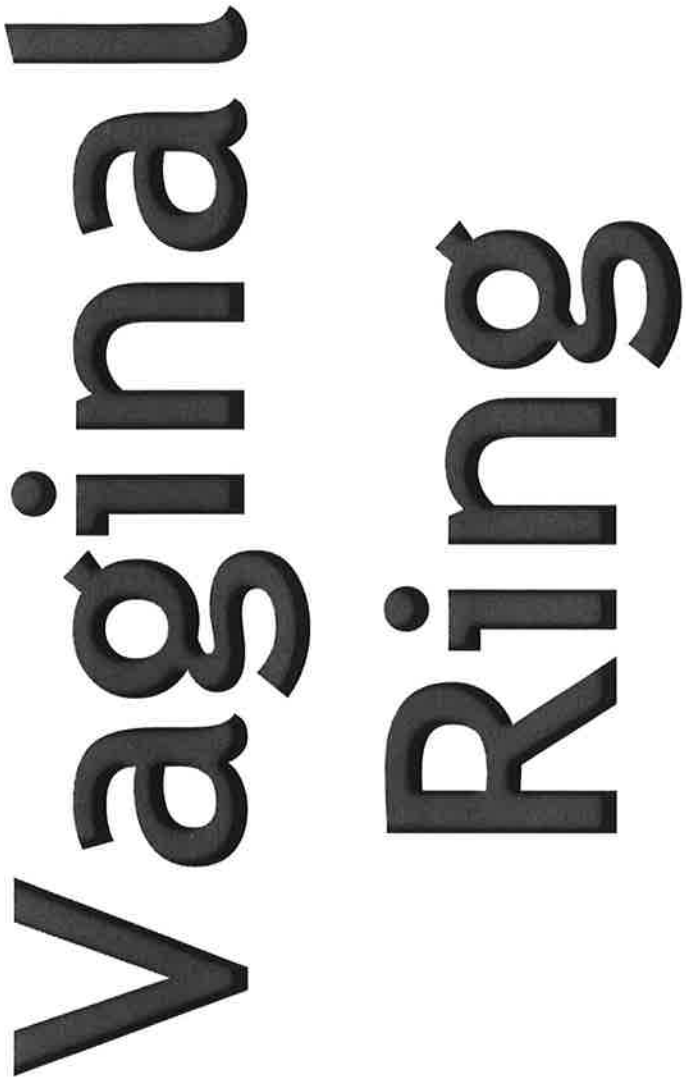


Birth Control Sign

Birth Control Sign



Birth Control Sign

Sexual Health Resources
In King County

Handout

Confidential
Teens of any age can get all the services listed on this handout confidentially in Washington State. Confidential services include birth control, condoms, emergency contraception, pregnancy tests, STD and HIV tests, prenatal care, abortion and adoption.

Birth Control and STD Clinics
These clinics have birth control, condoms, emergency contraception, pregnancy tests, STD tests and HIV tests. Services are confidential. Teens in Washington State can sign up for free birth control insurance, called Take Charge, at Public Health and Planned Parenthood.

Public Health – Seattle & King County
Free or low cost teen clinics
206-263-1505
www.teenclinic.com

Planned Parenthood Great Northwest
1-800-769-0045
www.plannedparenthood.org

- Birth control method information (World Health Organization): Scroll down to see chart. http://www.who.int/mediacentre/factsheets/fs351/en/
- STD information (Centers for Disease Control): http://www.cdc.gov/std/
- HPV vaccine information (Centers for Disease Control): http://www.cdc.gov/vaccines/vpd-vac/hpv/

Help Finding a Clinic and Other Services
Community Health Access Program
(CHAP Line)
206-284-0331 or 1-800-756-5437
Also helps people apply for health insurance
chap@kingcounty.gov

Teen Link
1-866-833-6546
www.866teenlink.org

Prenatal Care
Public Health – Seattle & King County
Maternity Support Clinics and WIC
206-263-1505
www.kingcounty.gov/healthservices/health/personal/MSS.aspx

Abortion Clinics
Cedar River Clinics
(425) 255-0471
www.cedarriverclinics.org

Planned Parenthood
1-800-769-0045
http://www.plannedparenthood.org/planned-parenthood-great-northwest

Adoption Agencies
Amara
(206) 260-1700
http://amaraparenting.org

Open Adoption & Family Services
1-800-772-1115
http://www.openadopt.org/

Sexual Health Resources In the U.S.

Handout

Confidential
Click on the map to find out if sexual health services are confidential in your state.
http://sexetc.org/action-center/sex-in-the-states/

Birth Control and STD Clinics
There are many websites and phone numbers to help teens find birth control, condoms, emergency contraception, pregnancy tests, STD tests and HIV tests.

- Enter your zip code or call to find the nearest Planned Parenthood clinic.
  www.plannedparenthood.org 1-800-230-PLAN
- Enter your zip code to find the nearest birth control clinic that is free or low cost.
  http://www.hhs.gov/opa/
- Enter your zip code to find a clinic for HIV tests, birth control, counseling and other services.
  www.aids.gov
- Enter your zip code to find the nearest place to get emergency contraception.
  www.not-2-late.com
- Call your local public health department to get information about local birth control and STD clinics.
- Birth control method information (World Health Organization): Scroll down to see chart.
  http://www.who.int/mediacentre/factsheets/fs351/en/
- STD Information (Centers for Disease Control): http://www.cdc.gov/std/
- HPV Vaccine Information (Centers for Disease Control): http://www.cdc.gov/vaccines/vpd-vac/hpv/

Help Finding a Clinic and Other Services

- Enter your address to find the nearest health clinics that are free or low cost. These clinics are for all health issues, not just sexual health.
  http://findahealthcenter.hrsa.gov/

Prenatal Care

- Scroll to your state to find the phone number for the Women, Infants, Children (WIC) Program.
  http://www.fns.usda.gov/wic/toll-free-numbers-wic-state-agencies
- WIC is a nutrition program that helps pregnant women, new mothers, and young children eat well, learn about nutrition and stay healthy. They also give information about where to get prenatal care.

Abortion Clinics

- Click on the map to see a list of abortion clinics in your state.
  http://prochoice.org/think-youre-pregnant/find-a-provider/
- Call 1-877-257-0012 to find the nearest abortion clinic.
- Call 1-800-772-9100 to get more information about abortion and where to get financial help.

Adoption Agencies

- Call 1-800-772-1115 to talk with an adoption counselor at Open Adoption and Family Services.
- The phone line is open 24 hours a day.

Developing a Local Sexual Health Resources List

Teacher Guide

In order to ensure that students have access to the health care services they need, it is important for teachers to develop a sexual health resource sheet specific to their geographic area. FLASH provides a resource sheet for King County, Washington, as an example that can be used as a template. If you are not familiar with the resources in your area, the following national resources will help you in compiling a local resource sheet. If, for some reason, you cannot develop a local resource sheet, a national resource sheet has been provided for you.

FLASH recommends referring young people to clinics and agencies that are teen and LGBT friendly, culturally competent, supportive of all pregnancy options, and that consider the teen to be their primary client. When creating your local resource sheet, keep these criteria in mind.

Confidential
Individual state policies on teens accessing reproductive health care are provided by Sex, etc., a project of Rutgers University. http://sexetc.org/action-center/sex-in-the-states/

Birth Control and STD Clinics
To find local birth control and STD clinics, call your local health department. If you need further assistance finding clinics that offer a full array of services, the following links may be of help.

- www.plannedparenthood.org to find a local Planned Parenthood clinic
- http://www.hhs.gov/opa/ to find a local Title X clinic
- www.not-2-late to find locations for accessing emergency contraception
- http://locator.aids.gov/ to find HIV testing locations

Help Finding a Clinic and Other Services
The U.S. Department of Health and Human Services, Health Resources and Services Administration maintains a list of sliding scale or free clinics across the United States.
http://findahealthcenter.hrsa.gov/

Prenatal Care
To find prenatal care providers who serve teens, call your local WIC provider. The link below provides a State number that can direct you to a local provider.
www.fns.usda.gov/wic/toll-free-numbers-wic-state-agencies

Abortion Clinics
The National Abortion Federation maintains a list of abortion providers by state.
http://prochoice.org/think-youre-pregnant/find-a-provider/

Adoption Agencies
Open Adoption and Family Services works with clients from across the nation. Should a client prefer a local resource, they will work with her to identify a local provider.
http://www.openadopt.org/

The Best Thing...

Visual

Instructions: Work with your small group to complete the sentence below about your group's method of birth control. Think about why a person using it might like it. For example, do you think they would find it convenient, easy to use, helpful for other health issues, etc.?

In our opinion, the best thing about

_____ *(name of method)* is

_____

_____

Individual Homework: Birth Control Laws

Name: _____ **Period:** _____

Use the Internet to answer the following questions about state birth control laws. You may use the following tips for searching online.

- This website will bring you to a map of the United States. Click on the state you want to learn about and scroll down to read about birth control laws and condom laws for teens. http://sexetc.org/action-center/sex-in-the-states/
- Try doing a general internet search with the phrase "birth control laws in (insert your state)."

1. Write the name of the state you want to research. It can be the state you live in or any other state that interests you.

2. Can teens get birth control without their parent's or guardian's permission? If there are any special rules about this, please write them down.

3. Can teens get condoms without their parent's or guardian's permission?

Family Homework: Talking About Birth Control

All Family Homework is optional. Students may complete Individual Homework instead.

Purpose: Family Homework is a chance to share your beliefs about sexuality and relationships, and the beliefs of your family, culture or religion.

Directions: Student will do the homework with a family member or trusted adult who is like family. Find a quiet place where the two of you can talk privately for 5-10 minutes. Please follow these guidelines:

- It is OK for either of you to skip a question.
- What you discuss will not be shared with anyone else, unless you give one another permission to share it.
- Take turns asking questions. When it is your turn to listen, try to understand the other person's response.

Ask the adult: Today we learned about birth control methods. Did you learn about birth control in school when you were a student? If so, what do you remember about the class?

Ask the student: Tell me something you learned about birth control methods today.

Ask each other: Do you think teens should be required to get their parent's permission to use birth control? Why or why not?

Family Homework Confirmation Slip: Talking About Birth Control

Due: _____

We have completed the family homework.

_____ _____

Date Signature of family member or trusted adult

_____ _____

Student's name Signature of student

Exit Ticket

Handout

When does a person take emergency contraception?

Lesson 7: Assessment Questions

1. Circle the birth control methods that a person can only get from a clinic or doctor's office.

IUD	Patch
Implant	Pill
Condom	Ring
Depo	Withdrawal

2. Which of the following birth control methods protects against pregnancy and STDs, including HIV?

   A. Condom
   B. Pill
   C. IUD
   D. EC

3. Where could a person get medically accurate information about pregnancy prevention?

4. Describe 2 ways to prevent pregnancy for a couple who is having vaginal sex.

5. Describe 2 important things a person should know about condoms.

Lesson 7: Assessment Key and Standards Alignment

Question	Answer	Standards
1. Circle the birth control methods that a person can only get from a clinic or doctor's office.	IUD, Implant, Depo, Patch, Pill, Ring	NHES: SH3.8.4
2. Which of the following birth control methods protects against pregnancy and STDs, including HIV? A. Condom B. Pill C. IUD D. EC	A	NHES: SH1.8.31 NSES: PR.8.CC.3
3. Where could a person get medically accurate information about pregnancy prevention?	Possible correct answers: Any resource listed on the resource sheet, or whatever resource you shared with students (e.g. school-based health center, school nurse, etc.)	NHES: SH3.8.6 SH3.8.8 NSES: PR.8.AI.1 PR.8.AI.2 PR.8.AI.3
4. Describe 2 ways to prevent pregnancy for a couple who is having vaginal sex.	Correct answers include any methods of birth control or abstinence	NHES: SH1.8.30 SH1.8.32
5. Describe 2 important things a person should know about condoms	Possible correct answers: • Prevent pregnancy • Prevent STDs including HIV • Easy to get • Easy to use • No age restriction • Any of the instructions for using condoms correctly	NHES: SH1.8.31 NSES: PR.8.CC.3
Exit Ticket: When does a person take emergency contraception?	Any of the following answers are acceptable: • Within 5 days of unprotected sex • After having sex without birth control or a condom • After a condom breaks • If a person is raped	NSES: PR.8.CC.4 PR.8.AI.2
Individual Homework: Birth Control Laws		NHES: SH3.8.6 NSES: PR.8.AI.3

Integrated Learning Activities

CREATIVE WRITING: Birth Control Song Lyrics
Write down 5-10 lines of any song you like. Then they rewrite the lyrics to include birth control. You can write about a specific method of birth control or about birth control in general. It can have any tone—serious, funny, etc. The only requirement is that the new lyrics are PG and only use medically accurate information.

MATH: Birth Control Effectiveness

1. Answer the following questions about the odds of getting pregnant with each of the following methods:

   - No birth control

     If couples have vaginal sex without birth control, they have an 85% chance of getting pregnant within the year. If 50 couples have vaginal sex without using birth control, how many pregnancies would be expected by the end of the year?

     Answer: 42 or 43 pregnancies with no birth control

   - Using the IUD

     If couples use the IUD for pregnancy prevention, they have much less than a 1% chance of getting pregnant within the year. If 50 couples have vaginal sex using the IUD, how many pregnancies would be expected by the end of the year?

     Answer: 0 pregnancies (at the very most, 1 pregnancy)

   - Using the condom

     If couples use the condom correctly for pregnancy prevention every time they have sex, they have a 2% chance of getting pregnant within the year. If 50 couples have vaginal sex using the condom, how many pregnancies would be expected by the end of the year?

     Answer: 1 pregnancy

2. Based on these math problems, what conclusions can you draw about the effectiveness of the IUD and the condom, when used correctly and every time?

   Answer: They are both very effective. The IUD is more effective.

3. What could a couple who wanted a higher level of protection against pregnancy do?

   Answer: Use the IUD and condom at the same time, or not have sex.

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To Parents & Guardians: Introducing FLASH

Dear Families,

Your student will soon begin their sexual health unit in our class. We will be teaching the FLASH curriculum. FLASH is a medically accurate, age-appropriate comprehensive sexual health education curriculum. The goals of the curriculum are to prevent teen pregnancy, STDs and sexual violence, and to increase family communication about sexual health related topics such as dating, sex and abstinence.

FLASH builds skills to support young people in remaining abstinent, as well as teaching about other methods of disease and pregnancy prevention. It promotes respectful communication, and builds skills for healthy relationships. FLASH also contains family homework assignments in which students talk with a family member about the topics covered in class via a prescribed set of questions. Students receive credit for speaking with an adult, but are never required to discuss the content of their conversations.

FLASH provides a protocol for teachers when answering student questions about values that includes referring student back to families to learn their specific values. As a result, students may come home with questions about the values and expectations you have for them regarding these topics. We hope this will provide a meaningful opportunity for you to talk about these important topics together. A list of the Middle School FLASH lessons is provided below. If you have any questions or would like to preview a lesson, please don't hesitate to contact me.

Lesson 1: Reproductive System and Pregnancy
Lesson 2: Sexual Orientation and Gender Identity
Lesson 3: Rules of Dating
Lesson 4: Saying No
Lesson 5: Preventing STDs
Lesson 6: Condoms to Prevent HIV and Other STDs
Lesson 7: Birth Control Methods

Laws Relevant to a Sexual Health Unit

Legal Requirements of Sexual Health Education

State laws regarding sexual health education vary. Some states require sexual health education while others do not. In some states, HIV and STD prevention education is required, but nothing more. Other states require that all sexual health education delivered must be comprehensive and medically accurate. State may also have specific requirements, such as that sexual health education must be taught at certain grades, or that certain topics are required or prohibited. Look up sexual health education laws for your state here: www.guttmacher.org/statecenter/spibs/spib_SE.pdf

Providing Health Care for Minors

Individual states have laws about what, if any, health care minors can consent to on their own. Different ages may apply to different services, such as accessing contraceptive care, STD services, prenatal care, adoption, abortion, medical care for a child, and mental health care. When discussing with a student any kind of health care for which the student can legally consent, it is very important to remember to protect that student's privacy. Disclosing a students' health information even to other teachers or school employees is a violation of privacy and possibly illegal. See what the minor consent laws are in your state: www.guttmacher.org/statecenter/spibs/spib_OMCL.pdf

Sexual Exploitation & Assault Laws

Sexual assault and abuse laws

Sexual assault and abuse laws define sex crimes, including those committed against minors. Look up your state laws here: www.rainn.org/public-policy/laws-in-your-state

Statutory rape and age of consent

Each state has laws criminalizing sex between individuals with certain age differences. The younger people in these situations may or may not have given verbal consent for the sexual activity that took place. They are incapable of legally giving consent because of their age. These age differences vary from state to state. If statutory laws were not covered on the page provided above for sexual assault and abuse laws, find additional information here: http://aspe.hhs.gov/hsp/08/SR/StateLaws/index.shtml

Help, advice and information

State sexual violence coalitions can answer questions about state laws, and can provide help, support, advice or professional consultation. They can also connect you with local sexual assault centers. Find your state coalition here: www.nsvrc.org/organizations

Safe Surrender of Infants

Many states have enacted Safe Surrender laws in order to protect the health of infants who would otherwise be abandoned. Laws may specify who can leave an infant at a Safe Haven location, and which locations may serve as Safe Havens. Look up your state's law here: www.nationalsafehavenalliance.org/states/

Laws Affecting Lesbian, Gay, Bisexual & Transgender Students and Those with LGBT Parents

Laws affecting LGBT students and students with LGBT parents are changing rapidly in the United States. Relevant laws include those related to discrimination, health care coverage, marriage, adoption and hate crimes. See state laws that affect LGBT individuals: www.hrc.org/state_maps

Age of Marriage

Age of marriage varies from state to state, as do the ages at which young people need parents' permission to marry. See state laws regarding age of marriage here: www.law.cornell.edu/wex/table_marriage

Recognizing and Reporting Sexual Abuse and Assault

At least one in five girls and one in ten boys will be sexually abused at some point in their childhood.[1] People ages 15 to 24 report rape and sexual assault at far higher rates than any other age group.[2] If you suspect a student in your classroom has been or is being sexually abused, sexually exploited or injured (by anyone, not just a caregiver) you are required to report it. It is important to also remember that you likely always have students who are currently experiencing sexual abuse or assault, or who have in the past. Strive to create a classroom that is safe and inclusive, and in which good boundaries are modeled. You do not have to know for certain that a student has been abused to make a report and to offer the student support.

How to tell that a student may have been sexually abused

1. The student tells you (possibly following a lesson on sexual exploitation or sexual assault).

2. The student acts differently from usual, in troubled ways . . .
   - Regressing to younger behaviors
   - Clinging to you or another staff person
   - Cranky, hostile or depressed
   - Sleeping in class, or lacking energy
   - Development of minor ailments (headaches, stomach aches, no appetite)
   - Reluctant to leave school at end of day
   - Dressing provocatively or wearing many layers of clothing even during hot weather

   These behaviors can signal other stresses, but it never hurts to ask if you can help with a problem.

3. One student confides that another student was exploited.

What to do if a student confides in you or if you have reasonable cause to believe a student has been assaulted

1. Believe that student and say, "I believe you."

2. Tell the student that it's not their fault and say, "I care about you and I'm glad you told me."

3. Speak privately with the student and maintain the student's confidentiality within the school, except if you feel the need to enlist the help of one other adult support person (your principal, school nurse, or whomever you trust the most).

4. Report the abuse. In all 50 states, the law requires professional school personnel to report the suspected abuse to either the police or to a child protection agency.[3] It is not sufficient to turn the case over to your principal or anyone else, even if this is what your school protocol advises. You are required by law to report it yourself or make certain it has been reported by another person (for example, by being in the room at the time). You do not need to know for

certain that abuse has occurred to be obligated to report. All you need is *reasonable cause to believe* it has occurred; it is the job of the child protection agency to investigate, not yours.

5. Offer the student as much control as possible over the timing and manner of reporting. If he wishes, for example, he could make the report himself while you sat at his side for support.

6. If you need or want support or advice for yourself or the child in reporting the abuse, seek professional help.[4]

What to do if you get an anonymous question from a student that indicates possible abuse

1. If you recognize the handwriting, ask that student if you can talk privately. Do not pressure the student, but explain that you care and that if there is anything the student wants help with, you can help. If the student denies writing the question, say that you care and want to help if the student ever does need help in the future. Explain that, in the meantime, you do have to notify Child Protective Services that you received the question, even if you aren't sure who wrote it.

2. If you don't recognize the handwriting, call Child Protective Services for advice about whether to make a formal report.

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[3] Find state laws here: www.childwelfare.gov/systemwide/laws_policies/statutes/mandaall.pdf.

[4] To find your local sexual assault center, visit: www.nsvrc.org/organizations.

Guidance for Utilizing Guest Speakers

FLASH does not require the use of guest speakers, and the lessons are designed to be easy to use by a classroom teacher. However, some schools and teachers may choose to bring in guest speakers who are experts in sexual health education or who represent community resources. It is important to note that outside speakers are bound to the same laws and requirements as classroom teachers.

In order to ensure the best outcomes for students, guest speakers should utilize lessons and teaching methods aligned with current sexual health education research. Specifically, guest speakers should share medically accurate information and focus on building the same beliefs, attitudes and skills that are the focus of the FLASH curriculum.

FLASH strives to prevent STDs and teen pregnancy by teaching medically accurate information about birth control, condoms, pregnancy and STDs, including HIV; strengthening the belief that people can protect themselves from STDs and unintended pregnancy; promoting positive attitudes about abstinence, condoms and birth control; and developing refusal skills. FLASH works to prevent sexual violence by undoing gender stereotypes, particularly stereotypes about men that stress violence, control and sexual conquest; developing skills in recognizing consent or the lack thereof; and promoting peer norms that don't support acts of sexual violence.

Guest speakers should not present information, promote beliefs or attitudes, or teach skills that are in conflict with any of the above mentioned strategies. Doing so will weaken the effectiveness of FLASH and make it harder to prevent teen pregnancy, STDs and sexual violence. Finally, guest speakers should avoid outdated and non-evidence-based practices, such as using scare tactics, stressing gender differences, disparaging condoms and other contraceptives, perpetuating stereotypes, and shaming or belittling students.

High School FLASH

Grades 9-12

3rd Edition

Public Health
Seattle & King County

High School FLASH

Grades 9-12

3rd Edition

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Medical Review

The following physicians provided medical review for the 3rd edition of High School FLASH. Medical reviewers for previous editions of FLASH can be found under Acknowledgements.

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High School FLASH, 3rd Edition, and Middle School FLASH, 2nd edition, are also available in an online format. To use the Lesson Selection Tool or to purchase a license to use the online curriculum:
www.etr.org/flash/

To order professionally-printed hard copies of FLASH:
www.etr.org/flash/order-now/

For questions about the curriculum and ordering:
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To download free FLASH lessons at the elementary and special education levels:
www.kingcounty.gov/health/health

Updates

Keep your FLASH binder current by subscribing to be notified of changes.
Go to www.kingcounty.gov/health/flash and click on the link that says, "Receive email updates about lessons edits and other important FLASH news."

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What's New in the 3rd Edition?

High School FLASH has been redesigned to make it more teacher friendly and to better achieve the goals of the curriculum:

- Preventing teen pregnancy
- Preventing STDs including HIV
- Preventing sexual violence
- Improving family communication
- Increasing knowledge about sexual and reproductive health

Standards
The 3rd edition of High School FLASH has been aligned to the CDC's National Health Education Standards for Sexual Health (HECAT) and the National Sexuality Education Standards. Each lesson lists the standards that are covered in that lesson, and a whole curriculum alignment grid is provided for both sets of standards.

Lesson Selection Tool
Schools who opt not to teach High School FLASH in its entirety can utilize the Lesson Selection Tool to sort lessons by the standards that are covered, or by the behavioral goal they are trying to impact, such as lowering teen pregnancy rates or decreasing sexual violence. Visit www.etr.org/flash/curriculum/lesson-planning-tool/ to use the tool.

Assessments
Each lesson now contains assessments based on the standards it is aligned to. Additionally, each lesson concludes with an exit ticket activity, for on the spot assessment of material covered that day.

Layout
The lessons now begin with a brief summary, so teachers can see at a glance what the lesson covers. Additionally, a timed table of activities is provided on the first page, to assist teachers in staying on track and help them easily see where the bulk of the time on each activity is dedicated. Teacher scripting has been clearly demarcated from lesson instructions, to make the lessons easier to follow. In the online version, scripting can be hidden completely for teachers who are experienced users of the lesson.

School Environment
The new culminating lesson focuses on improving health across the school community through the use of a social norms campaign. Influencing the entire school environment improves the efficacy of the curriculum, improving its ability to lower rates of pregnancy, STDs and sexual violence.

Curriculum Contents

Introduction and Credits

Lesson Plans

1. Climate Setting
2. Reproductive System
3. Pregnancy
4. Sexual Orientation and Gender Identity
5. Undoing Gender Stereotypes
6. Healthy Relationships
7. Coercion and Consent
8. Online Safety: Sexual Violence Prevention
9. Abstinence
10. Birth Control Methods
11. Preventing HIV and other STDs
12. Condoms to Prevent Pregnancy, HIV and other STDs
13. Testing for HIV and other STDs
14. Communication and Decision Making
15. Improving School Health

Appendices

1. Letters to Families Introducing High School FLASH
2. Laws Relevant to a Sexual Health Unit
3. Recognizing and Reporting Sexual Abuse and Assault
4. Guidance for Utilizing Guest Speakers

Goals & Philosophy of FLASH

The FLASH curriculum is designed to prevent teen pregnancy, STDs and sexual violence, increase family communication, and improve young people's knowledge about sexual and reproductive health. FLASH is a comprehensive curriculum, emphasizing abstinence, condoms and birth control to prevent pregnancy and STDs. FLASH lessons prepare students to:

- Successfully navigate puberty
- Abstain from sex
- Use condoms and birth control when they do have sex
- Confirm consent before engaging in sexual activity
- Report sexual abuse
- Communicate with their family about sexual health
- Make decisions that minimize risk to their sexual health
- Seek medical care in order to take care of their reproductive health

Theoretical Basis for FLASH

The FLASH curriculum is based on the Theory of Planned Behavior. It is designed to support young people in making healthy choices: abstain from sex, use protection when they do have sex, seek health care when they need it, communicate effectively with their families, and respect other's decisions not to have sex.

The Theory of Planned Behavior posits that the combination of attitudes toward behavior, subjective norms, and self-efficacy shape an individual's behaviors. As such, FLASH includes a variety of strategies designed to create positive attitudes, beliefs and norms and to build skills and self-efficacy in order to reduce rates of pregnancy, STDs and sexual violence.

- There are activities that focus on building positive attitudes about abstinence, condoms, birth control and puberty
- There are activities that focus on building positive peer norms about abstinence, condoms, birth control and respecting other's decisions no to have sex
- There are activities that focus on building self-efficacy, by teaching skills and offering ample and appropriately scaffolded practice, so that students can have the experience of successfully using the new skill

The sexual violence prevention lessons are further based on the Social-Ecological Model and the Confluence Model. The Social Ecological Model addresses factors at the (1) individual, (2) relationship, (3) community, and (4) society levels that put people at risk of experiencing violence as a victim or perpetrator. FLASH focuses primarily on the levels 2, 3 and 4. The use of scenarios, introspective work and social norm re-setting addresses these levels. Visit the CDC's Violence Prevention website for more information.

The Confluence Model of Sexual Aggression has long been used to explain sexual violence, but has only recently begun to be applied in the realm of prevention. This model posits that adverse developmental experiences during childhood have a detrimental impact on the ways in which individuals view themselves and others, and their ability to form meaningful and healthy

relationships. In particular, these experiences can lead to a rigid, violent and objectifying view of women, which is a significant risk factor for perpetrating sexual violence (CDC). FLASH addresses this risk factor by focusing heavily on increasing respect for all genders and breaking down harmful gender stereotypes.

Recommended Policy, Procedure & Practice

TEACH ACCURATE INFORMATION
Sexual health education instruction should be medically and scientifically accurate. Sources of reliable information include government agencies (e.g., the U.S. Centers for Disease Control and Prevention, your state or local health department), major universities, and the peer-reviewed journals and websites of major national professional associations. Materials should be reviewed for accuracy on a regular basis as science continually evolves.

TEACH AGE APPROPRIATE CONTENT
Sexual health education instruction should be age appropriate and should anticipate students' growth and development. Content and skills should be taught before students will need them in their own lives, when possible. There is no risk that introducing material before students are sexually active will hasten their sexual debut. The American Academy of Pediatrics reports that "There is no evidence that increased sexual knowledge … affects the likelihood of adolescents having sexual intercourse at a younger age."[1]

TEACH IN WAYS THAT INCLUDE EVERY CHILD
In sexual health education it's crucial to validate and affirm every student with conscious regard for the probable diversity in the room including aspects of diversity that may not be readily apparent. Students will be much more able to personalize health information and acquire new skills if they feel seen and respected for their genders and gender identities, races and ethnicities, abilities and disabilities, sexual orientations, and varying body types.

TEACH IN THE USUAL CO-ED SETTING
Teaching sexual health education in co-ed classrooms has many advantages. It ensures that all students are receiving the same information, in the same way, thus decreasing any sense of secrecy associated with these topics. The experience of respectful discussion in a co-ed classroom cuts down on disrespectful communication between genders when students have less supervision, such as in hallways, recess, cafeteria, and outside of school etc. It prepares all students to communicate about sexual health related topics with a future partner, regardless of their gender. It supports sexual violence prevention by not creating false distinctions between men and women. And finally, it does not place an undue burden on gender variant and transgender children to choose a classroom to affiliate themselves with.

PREVIEW VISUAL AIDS
It's important to preview any YouTube or other films before showing them in class, including those recommended within this curriculum. Previewing is important regardless of a film's subject matter, both to ensure teachers are familiar with the content and to address any technological difficulties.

TEACH COMPREHENSIVELY

The most effective sexual health education programs take a comprehensive approach, teaching about abstinence, birth control and condoms. The FLASH curriculum reinforces the national norm that the majority of teens do, in fact, abstain from intercourse. It teaches the refusal skills needed to effectively use abstinence. The FLASH curriculum also teaches the benefits of birth control, including condoms. It teaches skills needed to use birth control effectively, including condom use skills and skills in accessing health care. It promotes positive attitudes and positive peer norms about birth control, condoms and abstinence.

DISPLAY BIRTH CONTROL METHODS

Best practice in middle and high school is to show and handle the actual birth control methods, including condoms, in order to model your comfort with them. In middle school, people need to learn the steps for correct condom use. In high school, students should practice doing those steps in class. Students in both middle and high school should be allowed to handle other birth control methods.

MANAGE SEXUAL HARASSMENT, INTIMIDATION, AND BULLYING

Best practice is to establish in the beginning of a semester that the learning community will be harassment-free. Students can better learn this sensitive material in a safe and supportive environment. Every class has students who have experienced sexual abuse or rape, as well as students who have suffered other traumas related to their sexuality. The sexual health education classroom must not be a site of further trauma. It is important to treat bullying that is based on gender, sexual orientation, or gender identity with similar gravity and consequences as you would any other bullying.

PARTNER WITH FAMILIES

Families are children's first and most important sexuality educators. Research has shown that when parents value delaying sex and using contraception and when they communicate with their child about sexuality openly and comfortably, the child is less likely to take sexual risks. Hence, one of the goals of the FLASH curriculum is to foster increased communication between students and their families about dating, relationships and sexual health. Families should also receive adequate notice in advance of the sexual health unit so that they can preview materials, ask any questions they have, and choose whether or not their child will participate. Parents who have concerns should be invited to silently observe a class in which their child is not participating.

EXCUSE STUDENTS

In many states, families have the right to excuse their child from planned sexual health lessons. FLASH considers that best practice. Families who choose to have their student excused can be offered FLASH lessons and Family Homework activities to use at home if they wish. Best practice is for teachers to handle the student's leaving class in a discreet and respectful way and to give them meaningful alternative work to do elsewhere.

ANSWER ALL QUESTIONS

It's the philosophy of the FLASH curriculum that every student's question deserves an accurate, age-appropriate answer. Sometimes students ask questions in crude or shocking ways out of anxiety, peer pressure or to testing limits. Treating all questions seriously changes the climate quickly to a more mature one. Guidelines for handling questions follow in this Introduction.

PROTECT STUDENTS' PRIVACY AND SEEK HELP WHEN APPROPRIATE

It is important to keep student disclosures and personal information confidential within legal boundaries. Never reveal one student's private information to another student. Talk with another staff person only in private and only when necessary. If students disclose information that requires a report to Child Protective Services, afford the student as much control as possible. Invite the student to do the telling themselves, if they prefer, with the teacher present for support and to ensure that it happens. Disclose only what is necessary.

Getting Prepared

TRAINING

The FLASH curriculum is written to be as user-friendly as possible. Nevertheless, teachers find training extremely useful. Professional FLASH training enables participants to practice and refine skills under the guidance of professional sexual health educators, increasing their skill and confidence delivering the curriculum.

To set up a FLASH curriculum training for your district or university or to find out please send your inquiry to FLASHTrain@etr.org.

Professional conferences and institutes provide additional training in comprehensive sexual health education:

- Institutes for Community/Sexual Health Educators (ICHEs), sponsored by the Center for Health Training in WA, TX and CA; Health Care Education and Training in the Midwest; and Answer (the program that offers the sexetc.org website) in the Northeast. http://www.cardeaservices.org/projects/iche.html
- Adolescent Sexuality Conference in Seaside, OR, sponsored by a consortium of agencies and coordinated by Oregon Department of Human Services. http://oregon-asc.org/
- Annual Sex Ed Conference in Somerset, NJ, sponsored by the Center for Family Life Education. http://sexedconference.com/about-cfle/

The following organizations offer excellent professional development for teachers regarding sexual health education, including face-to-face and online:

- ETR, www.etr.org
- Answer, answer.rutgers.edu/page/training
- Planned Parenthood, www.plannedparenthood.org

SEXUAL HEALTH EDUCATION LAWS

It is important to follow all policy governing sexual health education, including state laws, State Department of Education guidelines, and local School Board policy. Be aware that current practices are sometimes based on "the way things are done" rather than policy or law, and may require further discussion among staff and administration. For more information about relevant laws, see Appendix 2.

Partnering with Your Administrator

It is best practice to involve building administrators prior to teaching the FLASH unit. The principal must be informed about the unit in order to respond to parents' questions and

concerns. Discuss the course content, materials, activities, parent communication, outside speakers (if used), and question answering protocols with your building principal.

Partnering with Families

Helping Families Decide if Their Child Should Participate

Every family wants the best for their child. It is important to understand their questions and concerns to help address them.

- Are they worried that their child will be embarrassed or that there will be a lot of teasing and harassment as a result of these lessons?
- Is their primary concern that their family's conservative or progressive values might be disrespected? Are they from a culture or a religious tradition with values very different from those they see in mainstream media?
- Do they fear that participating might encourage their child to have sex sooner than she or he otherwise would have?
- Are they afraid that their child's sexual assault experience or her having had an abortion will make the class difficult for him or her? Is their child gay and they worry he'll feel invisible in this unit? Is she adopted and they want her not to feel disrespected for that? Does their child have a medical condition or surgery that they worry classmates will learn about?

Families need to feel heard and understood. Reflect back what you hear and ask clarifying questions. But, most important: the clearer you can be about what they're worrying about, the easier it will be to offer a helpful response.

If part of their concern is the content or tone of the lessons, offer them a chance to look at the lesson plans. Make copies of the lessons for them or make the curriculum available in the office for them to read.

If part of their concern is how you will handle values, explain the use of the FLASH Values Question Protocol. The wide range of beliefs about non-universal values will be respected and acknowledged. Students will always be encouraged to find out what their families believe about these issues. The teacher will never share their own values about these topics with the class. Universal values will be reinforced (e.g. forcing someone to have sex is wrong, etc.)

If part of their concern is their child's emotional safety, you might describe how you go about establishing ground rules. Explain that you revisit them as often as necessary and that your top priority – just like theirs – is that your students feel recognized and unafraid.

If part of their concern is whether their child is ready, it may help them to realize that many students already have acquired a lot of misinformation and disrespectful modeling from peers and from the media. Explain that your class will work to replace misinformation with accurate content and disrespectful attitudes with respect. Make sure they know that researchers have found that programs similar to FLASH can actually help teens abstain longer and use better

protection later on. But also be clear that you'll respect their decision if they choose to waive their child's participation.

If one topic in particular is of concern to them, you can invite them to waive their child from that lesson instead of the whole unit.

Bottom line: The students and their families are the best judges of what is best for them.

Supporting Family Communication

FLASH will be far more effective in reducing teen pregnancy, STDs, and sexual assault among your students if their families communicate about these issues at home while you teach about them in school.

FAMILY HOMEWORK
FLASH provides ten-minute homework assignments that encourage communication, particularly regarding the adult's and the child's personal feelings and beliefs, and those of their cultures and religions. When you use these Family Homework assignments, please follow these guidelines:

a. Explain that the student can do the assignment with an adult family member, or someone who is like family (e.g. guardian, foster parent, etc.)

b. Always offer an alternative Individual Homework assignment for students who may not be able to talk with an adult in the family or whose family prefers not to do Family Homework. The same credit should be available for either kind of assignment, so that nobody gets punished for not completing Family Homework.

c. Never ask students to report on the content of these conversations - only that they did talk. To ask about a student's or family's beliefs or feelings would violate their privacy. The child gets credit just for having talked with a trusted adult.

REFER HOME
When issues arise in the classroom where there's diversity of opinion, always use the FLASH Values Question Protocol (explained in detail in this introduction). Even on occasions when you don't have time to use the whole protocol, even if the bell is about to ring, remember to refer students to their families.

Teaching the Unit

FLASH is designed to be teacher friendly. It does not require many outside materials or much advance preparation. Ample teacher scripting is provided to support delivery of new lessons and activities. The first page of each lesson plan includes an agenda. The agenda is later expanded upon in detail, as "activities." Most lessons offer italicized scripts, not to lock you into our language, but as a tool to translate into your own words as needed.

The following best practice guidelines in the teaching of sexual health education will provide additional support for teachers:

- Use medical terminology, except when reading a student question that contains slang. Follow the guidance provided later in the introduction for answering student questions that contain slang. Model comfort and ease with medical words for body parts.

- Promote positive attitudes and beliefs about abstinence, condoms, and all birth control methods. Don't let your personal beliefs and values influence your positive portrayal of these important topics.

- Teach inclusively. Make sure your language and examples represent the diversity of young people in your school, including gay, lesbian, bisexual and transgender young people, teens who are and who are not yet sexually active, students with disabilities, etc.

- Teach with a kind and matter-of-fact tone. It's important not to joke about or trivialize sexual health education. However, it is also not helpful to be stern or overly serious. A matter of fact tone, coupled with kind and supportive words, will put students at ease and help them learn.

- Teach as if an administrator or parent were in the room. In other words, there are no secrets – never say or do anything you wouldn't be proud to find on the internet.

Making Referrals

There are times you will need to refer students for services that aren't within your scope of practice: counseling, health care, or substance abuse treatment. It's important to know ahead of time if minors can consent for their own care in your state, or what the age restrictions are. School nurses are often great resources for learning about youth-friendly, non-biased services that exist in your community.

PREGNANCY
You may need to refer a student for a pregnancy test or for services related to an existent pregnancy. The most appropriate referral is usually to a family planning clinic. They can perform a pregnancy test and can make additional referrals if a student is pregnant. Remember that when referring a student to any community-based provider, not just those that are pregnancy related, only offer resources that give complete, unambiguous answers over the phone regarding their missions, services, funding and what they will or will not refer for. Most legitimate family planning clinics in the U.S. receive Title X ("Title Ten") federal funding. These clinics provide the full range of FDA-approved contraceptives. They also provide unbiased pregnancy options counseling and referral for all legal options.

To find a Family Planning clinic in your area, call the National Women's Health Information Center (1-800-994-9662 or go to http://www.hhs.gov/opa/title-x-family-planning/initiatives-and-resources/title-x-grantees-list/), a service of the U.S. Department of Health and Human Services.

SEXUAL ORIENTATION & GENDER IDENTITY
There is no reason to believe that a student needs a mental health referral simply because they are lesbian, gay, bisexual or transgender (LGBT). Being LGBT is not a pathology and does not require treatment. However, if a student is struggling with sexual orientation or gender identity,

or if an LGBT student needs mental health counseling about a different issue, it is important that they receive a referral to a professional who is qualified to work with them.

The American Psychological Association "advises that parents, guardians, young people and their families avoid sexual orientation treatments that portray homosexuality as a mental illness or developmental disorder and instead seek psychotherapy, social support and educational services that provide accurate information on sexual orientation and sexuality, increase family and school support and reduce rejection of sexual minority youth."[2] For solid advice from the American Academy of Pediatrics, the American School Counselor Association, the National Association of School Psychologists, and ten other professional associations, see *Just the Facts about Sexual Orientation and Youth: A Primer for Principals, Educators and School Personnel.* Go to: www.apa.org/pi/lgbt/resources/just-the-facts.pdf. To find a reputable provider in your area, check with a local LGBT agency, PFLAG chapter, or university mental health clinic.

Answering Students' Questions

The surest way to meet students where they are developmentally is to make time for them to ask questions and to honor them with answers.

In this section, we will discuss the place of values in the classroom and offer:

- A model for addressing value-laden questions, the FLASH Value Question Protocol
- Strategies for addressing other questions students ask, including:
  - questions containing slang
  - personal questions
  - questions about sexual technique

The Place of Values in the Classroom

It's neither possible nor desirable to provide value-free education. Every moment you spend in the classroom you are communicating some of what you believe about sexuality. When you talk about your students' families, when you talk about your family, when you intervene in sexual bullying, you communicate values.

FLASH is not value free. But those who work in public schools need to distinguish between two different *types* of values. They need to be handled differently.

There are some that are relatively universal. These are values shared by 95% of families we serve. They are values we aren't only *permitted* to express; they are ones we are obligated to reinforce.

There are others that are not universal. These need to be answered with care to avoid hurting or offending a child and their family.

Relatively universal values include such things as:

- Forcing someone to have sex with you is wrong.
- Knowingly spreading disease is wrong.
- Taking care of your reproductive health is important.
- Sex between children and adults is wrong.
- Elementary school-aged children should not have sex.

Values that are not universal – those without consensus in the United States – are ones where a teacher should NEVER teach or express a particular belief. But that doesn't mean we should avoid them altogether. The teacher's role is to provide information on these matters and to facilitate respectful discussion about them.

Examples of non-universal issues where there is a wide range of values in the community include:

- Abortion
- Birth control
- Masturbation
- Sex outside of marriage
- Cohabitation
- At what age & under what circumstances it's ok to start having sex

Parents and guardians, unlike teachers, should feel free to ask their children about their feelings and beliefs and to share their own with their children. In fact, this sort of dialogue within families is very important. Children absolutely need a chance at home to explore feelings and beliefs with adults they love, just as they need a chance to learn factual information and to have universal, community values reinforced at school. Employees of public schools and other public agencies, unlike family members, have an ethical obligation not to share our personal beliefs in these non-universal arenas; and not to side with one family or one religious perspective.

Just because it is inappropriate in a public school setting to teach *particular* values on controversial issues, it does not mean one can't teach *about* the issues. It just means that it must be done with respect for the diversity of opinion within the community. For example, a teacher may discuss abortion—what it is, where abortions are performed, the fact that it is legal in the United States—but it is not appropriate for that teacher to share their beliefs about the rightness or wrongness of abortion.

When answering a question about an issue where there is diversity of opinion, utilize the Values Question Protocol that follows.

FLASH Values Question Protocol

1. **Listen to the question or read it aloud verbatim.**
2. **Validate the question.**
3. **Identify it as a belief question.**
4. **Answer the factual part, if there is one.**
5. **Help the class describe the community's range of beliefs.**
6. **Refer to family, clergy and other trusted adults.**

Example:
Q: *"What do you believe about masturbation?"*
A: *"That's an interesting question; a lot of kids wonder about masturbation. This is not a fact question like most of the ones you've been asking me. It's one where every culture and every family believes something different. I can tell you what masturbation is. It's when a person touches their genitals for pleasure. What kinds of beliefs have you heard about masturbation? Some people believe … [pause] Uh, huh, and some people believe … [pause, listen, nod] Some people believe … [pause]. So the point is there are lots of different perspectives about masturbation. Only your family can tell you what they believe about it. It would be a good idea for you to talk with someone in your family, and ask them what their beliefs are.*

You will eventually tailor your use of the protocol, only using every step the first time that, for example, masturbation comes up. For now, you should practice the protocol step by step until it becomes a natural part of your teaching.

READ THE QUESTION
Read it verbatim, if you can. Use your judgment, of course, but even reading aloud relatively crude language—as long as you do it with a serious tone and facial expression —conveys your respect for the child who asked the question. It is likely to promote respect in return. Sometimes students need, for social status' sake or out of embarrassment, to ask in ways that seem intended to challenge us even though the underlying question is completely legitimate and they have a serious need for an answer. Even when they don't, someone else in the class may. And if not, your taking the question seriously will still set a vitally important tone. More about questions containing slang on page 14.

VALIDATE THE QUESTION
"I am glad someone asked this one." Or *"That's an interesting question."* Or *"People ask this every year."* Or *"This one is really compassionate/imaginative/respectful."*
This will encourage your students to keep asking while also discouraging snide remarks about whoever asked that particular question.

IDENTIFY IT AS A BELIEF QUESTION
"Most of the questions you've been asking have been 'fact questions' where I could look up an answer that all the experts agree upon. This one is more of a 'value question' where every person, every family, every religion or culture has a different belief."
Teaching your students to distinguish facts from opinions (and from feelings) is at least as important as any content you will convey.

ANSWER THE FACTUAL PART, IF THERE IS ONE
"Before we get to differing beliefs about masturbation, let me just make sure you know it doesn't cause people to go blind or mentally ill or to grow hair on their palms or anything like that." Even if the question is about the rightness or wrongness of masturbation, you need to make sure that your class understands what it is and that - values notwithstanding - no physical harm results from masturbating.

Some questions that are apparently fact questions may need a discussion of the underlying values, but always start by answering them:
"Can girls masturbate?" "This is a common question. Masturbation is when someone touches their own genitals for pleasure. Both boys and girls are able to masturbate. People do have different ideas, though, about whether or not masturbation is OK..."

HELP THE CLASS DESCRIBE THE COMMUNITY'S RANGE OF BELIEFS

"Tell me some of the things you've heard that people believe about that."
"Some people believe ___?"
"Um, hmm, and some people believe ___?"

On sensitive issues such as sex and religion, it can be really unfair and potentially illegal to ask individual students their own beliefs. But it is very appropriate to ask them to think about what they have heard.

In a class that is used to thinking about the range of community values, you will be able to draw a full assortment of answers from the students. In other groups, especially younger ones, you may draw only a dichotomy (*"Some people believe masturbation is wrong."* and *"Some people believe it is right."*) In any case, your role is two-fold:

1. to make sure that every belief gets expressed - or paraphrased - respectfully, hopefully just the way the person who believed it might express it, and
2. to make sure that a complete a range of beliefs gets expressed, even if you have to supplement the few values the group can think of:

"That's right, some people believe that masturbation is wrong under any circumstances and that people should never do it. And some believe masturbation is a good and healthy thing, as long as it's done in private. Some people believe it's OK for little kids to masturbate but that after a certain age, children should be taught not to. Others believe there's no age limit. Some people think masturbating is fine for people who are single but that once you are in a relationship it's better to stop. But then some couples give each other privacy so their partner can masturbate."

REFER TO FAMILY, CLERGY AND OTHER TRUSTED ADULTS

"Because people have such different beliefs about masturbation, I really want to encourage you to talk with someone in your family, or an adult who is like family to you about this topic. Only they can tell you what they believe."

Notice that this encouragement didn't assume that every child has a parent they can talk with. Some may be newly in a foster home and don't yet have that kind of relationship with their new "parents."

Other Types of Questions

Most questions your class asks will not be value laden. New teachers are often relieved to discover that *most* questions asked in a sexual health unit, like most in other units, are straightforward fact questions: ones for which you have an answer.

Some types of questions can be more challenging. Rather than a formal protocol, like the one we offered for value-laden questions, the following pages contain tips and strategies. Your professional judgment will determine which you use in response to a particular question.

QUESTIONS USING SLANG

Student questions often contain slang. Most often, students use slang because it is the terminology they are most familiar with, or because they have a question about the meaning of the term.

Slang terms range from widely used, common terms to words that some may find inappropriate or off-putting. When students use slang it is an opportunity to teach the class the medical or

standard term. It is also an opportunity to maintain a respectful environment and diffuse the need to test or shock the teacher.

Strategies:

- Validate questions with slang, just as you would all other types of student questions.
- When reading a written question aloud, read the question verbatim. Identify the slang as such, in a non-judgmental way, and translate it into medical/standard language. Let the class know we'll all be using the medical/standard term in class.
- Assume good intent on the part of your students. Students typically use the language they have been exposed to, including by family members. Don't denigrate students for using slang; simply instruct the class to use the medical/standard term in health class.
- Handle slang as a learning opportunity, in your regular calm and respectful manner. This greatly reduces students need to test or shock you.
- Your answer might include the values question protocol.
- Let your administrator know, in advance, how you handle slang in your classroom.
- Slurs fall into a different category than slang. If students use a slur in sexual health class (e.g. for women, people who are gay, etc.), use the following steps: (1) validate question by saying you're glad this important topic came up; (2) identify the term as an offensive word; (3) let the class know we won't be using this word in school, ever, because it is hurtful. It is helpful to proceed as though the speaker didn't mean harm because it will help them save face and more readily adopt more respectful language.

PERSONAL QUESTIONS

Students sometimes ask questions that contain a personal element. The question could be about you, such as, "How old were you the first time you had sex?" It could be about the student himself or herself, such as, "I have a rash that I am worried about, what should I do?" Or, it could be a personal question about someone else, such as, "Is Mr. Smith gay?"

Students ask these questions for a variety of reasons… They are curious about the trusted adults in their life. They are newly learning about boundaries. They are seeking to normalize their own experiences. They are applying the things they are learning in sexual health class to themselves and the people in their lives. And, they find you a credible and accurate source of information about things that are important to them.

There are many useful strategies for answering these questions in a helpful way, while also teaching about privacy and appropriate boundaries.

Strategies:

- Validate personal questions, just like other student questions. Be cautious about inadvertently embarrassing or shaming students for asking personal questions.
- Use personal questions as an opportunity to model and teach about healthy boundaries.

- Do not share information about your sexual experiences or history. Sometimes teachers want to share this information to set a positive example or to share a cautionary story. Even though the intent is good, it is still inappropriate to share with students. It is also less helpful to students than one might hope.

- When you decline to answer a question about yourself, follow these steps: (1) affirm that students are often curious about the adults in their life; (2) reframe the question, so that it is general, not personal; and (3) answer with factual information and/or the values question protocol.

- When students ask a written questions about themselves or someone else, paraphrase the question to the third person. Answer the question about people in general, not this specific person.

- When students ask questions out loud about themselves or someone else, remind the class about respecting people's privacy, and answer the question about people in general, not this specific person.

SEXUAL TECHNIQUE QUESTIONS

Technique questions are about how to perform a sexual act. They are often worded as "How do you…", "How does a person…" or "What's the best way to…"

Clearly, giving guidance about sexual performance is inappropriate. Yet there are helpful, age appropriate ways to respond to these questions. Most questions that appear to be about technique (to adults) are just a student's way of getting more information about a topic. The intent of the question is usually "What is…"

Even during those times when a sexual technique question is being asked, there is usually a general factual question embedded in it that can be answered instead.

Strategies:

- Validate questions worded in this way, just as you would all other types of question.

- Reframe technique questions as factual questions. Answer the factual aspect of the question.

- If you think the question is really asking for information on how to perform sexual acts, let the class know that teachers, school nurses, etc. don't give sex advice. Instead, use the student's question as an opportunity to give accurate information about the topic in general.

- Your answer might include the values question protocol.

Gaining Skills and Confidence in Answering Student Questions

Many educators view answering student questions as the cornerstone of sexual health education. Not only is it fundamental to student learning; it can build trust in your classroom, provide modeling of respectful communication, and address the confusing and sometimes dangerous misinformation that bombards young people in our culture. Skill and confidence

come with practice, but training and technical assistance is available. With training and technical assistance, most educators find that their anxiety lessens, their skills improve rapidly, and answering student questions becomes a more enriching experience for them and their students.

Contact FLASHTrain@etr.org for more information about scheduling a training.

Final Considerations

Sexual health education is an important part of young people's school experience. In additional to giving them factual information they need about their bodies and feelings, it teaches important skills that students will use to keep themselves healthy well into their adulthood. Young women and men who become pregnant in high school are at high risk of dropping out of school. STDs acquired while an adolescent may stay with that person for the rest of their lives. Risk of sexual assault is at its highest during high school and college years. The information taught in FLASH has a real impact on the health, happiness and futures of young people.

If you have any further questions that were not covered in this introduction, please contact the developers of this curriculum. You can also find additional information on the FLASH website, in the appendixes of the FLASH curriculum, and in the Rationale sections of the High School lessons.

References

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[2] American Psychological Association. (2009, August 5). *Insufficient Evidence that Sexual Orientation Change Efforts Work, Says APA*. Retrieved from www.apa.org/news/press/releases/2009/08/therapeutic.aspx.

Climate Setting

Grades 9-12, Lesson 1

Summary

The climate-setting lesson begins by reviewing the FLASH Bill of Rights and collaboratively developing ground rules to ensure a climate of safety and respect. Students participate in a 4 Corners exercise to engage in FLASH prevention messages. The teacher leads the class in developing anonymous questions, which will be answered throughout the rest of unit. The lesson concludes with homework expectations, focusing on the role of family homework as an avenue to promote family communication about these topics.

Student Learning Objectives

The student will be able to …

1. List classroom ground rules that promote safety and respect.
2. Analyze factors that influence the decision to abstain from sex.
3. Analyze factors that influence the use of condoms and birth control.
4. Support others to make positive and healthy decisions about abstinence, birth control, condoms and relationships.

Lesson Timing

Warm up	Bell work + 3 minutes
Introduce FLASH	2 minutes
Set classroom expectations	8 minutes
4 Corner exercise	19 minutes
Anonymous questions	10 minutes
Homework expectations	5 minutes
Exit ticket	3 minutes
Total	50 minutes

FLASH Key Concepts

Birth control and condoms are excellent at preventing pregnancy.

Many teens successfully use birth control and condoms.

Teens of every sexual orientation and gender identity need to learn about birth control and STD prevention, for themselves or to help a friend.

Condoms are easy to get and easy to use.

Abstaining from oral, anal and vaginal sex means a person does not have to worry about pregnancy or STDs.

People of every sexual orientation and gender identity choose abstinence.

Standards

National Health Education Standards (SHECAT)

Standard 1	Students will comprehend concepts related to health promotion and disease prevention.
SH1.12.5	Summarize the importance of talking with parents and other trusted adults about issues related to relationships, growth and development and sexual health.
Standard 8	Students will demonstrate the ability to advocate for personal, family, and community health.
SH8.12.2	Persuade and support others to avoid or reduce risky sexual behavior.
SH8.12.3	Persuade and support others to make positive and healthy choices about relationships.
SH8.12.4	Collaborate with others to advocate for improving personal, family, and community sexual health.

National Sexuality Education Standards

ID.12.SM.1	Explain how to promote safety, respect, awareness and acceptance.
PR.12.INF.1	Analyze influences that may have an impact on deciding whether or when to engage in sexual behaviors.
SH.12.INF.1	Analyze factors that may influence condom use and other safer sex decisions.

Rationale

The purpose of the climate-setting lesson is to develop a safe, respectful and engaging learning environment for the FLASH unit. Developing a positive classroom climate is a common strategy in all fields of education. Sexual health educators find that establishing a positive classroom climate for the sexual health unit is an investment in high-quality learning experiences and respectful behavior between students for the remainder of the unit.

Positive classroom climate is one important aspect of positive school climate, which is associated with a host of positive outcomes, including effective risk prevention, health promotion, student learning and academic achievement.[1] This lesson strives to meet several indicators of the National School Climate Standards, including collaboratively developing codes of conduct; promoting the social, emotional and ethical development of students; and creating an environment where all students are welcomed, supported and feel socially and emotionally safe.[2]

The curriculum as a whole rests heavily on risk and protective factor research related to the prevention of teen pregnancy, STDs and sexual violence.[3] [4] [5] [6] These important evidence-based factors are introduced in the climate-setting lesson, and will be addressed in greater depth throughout the curriculum. For example, the 4 Corners exercise begins building positive attitudes about abstinence, condoms and other forms of contraception. Family Homework, which is introduced in Lesson 1 and reinforced in all subsequent lessons, is intended to increase parent communication with teens about condom use, increase comfort and skill talking with teens about sex, and increase clarity of values about adolescent sexual behavior. These family communication determinants play an important role in the prevention of teen pregnancy, STDs and HIV.[7]

Materials Needed

Student Materials

- Small pieces of identical paper (2 per student)
- *FLASH Bill of Rights*
- *Anonymous Questions*
- *FLASH Family Homework Letter,* available in multiple languages on the FLASH website
- *Lesson 1 Exit Ticket*

Classroom Materials

- *Lesson 1 Warm Up*
- A shoebox or big envelope for collecting questions (1 per class)
- 8 large pieces of paper

Teacher Preparation

1. Write each of the following 8 messages on a large piece of paper:
   Round 1 Messages:
   - Birth control and condoms are excellent at preventing pregnancy
   - Many teens successfully use birth control and condoms
   - Teens of every sexual orientation and gender identity need to learn about birth control and STD prevention, for themselves or to help a friend
   - Condoms are easy to get and easy to use

   Round 2 Messages:
   - Abstaining from oral, anal and vaginal sex means a person does not have to worry about pregnancy or STDs.
   - People of every sexual orientation and gender identity choose abstinence.
   - It's never okay to pressure someone to have sex
   - It's important to respect someone's choice not to have sex, even if they have had sex before

2. In each of the 4 corners of the room, post a message from Round 1 and a message from Round 2. Keep the papers covered or folded.

Activities

1. Warm up

Display warm up as bell work. The purpose is to engage students in the unit. This warm up has no incorrect answers.

Prompt: In this sexual health unit, we will learn about ways to prevent pregnancy, STDs, including HIV, and sexual violence. We will also increase our knowledge of sexual health and have opportunities to talk more about these topics with family members.

Check the 1 topic you already know the most about (for example, from health class, books, your family, etc.):

2. Introduce the FLASH unit

Explain that the class is beginning a 3-week unit on sexual health.

Today we are beginning the sexual health unit. In the warm up, you saw many of the topics we'll be covering over the next 3 weeks. In this unit we'll be talking about a lot of serious issues. We'll also have fun and learn a lot. This unit is going to help all of us stay safe and healthier, and become more knowledgeable about sexual health. Today, we are going to have an overview of the unit.

3. Set classroom expectations for the FLASH unit

Hand out and read the *FLASH Bill of Rights*. Explain that students will generate ground rules to help ensure that everyone has these rights during class. Describe the situations when a teacher, as a mandated reporter, cannot maintain confidentiality. Keep the *FLASH Bill of Rights* and student-generated ground rules posted for the entire unit.

We already have expectations about how to behave in this classroom, but I think it's important to revisit these as we begin our sexual health unit. The FLASH curriculum has a Bill of Rights. It describes important rights that all students should have when learning about sexual health.

1. *The right to be treated with respect*
2. *The right to protect the privacy of oneself, one's family and friends*
3. *The right to ask questions about sexual health without being judged*
4. *The right to receive accurate answers*
5. *The right to one's beliefs, including the beliefs of one's family, culture and faith*

Together, we are going to decide on ground rules for this unit. Let's think of concrete rules that would help ensure that we truly have these rights in our class. For example, what ground rules would ensure that people are treated with respect?

Write students' suggestions on a piece of large paper. If students miss any ground rules you think are important, suggest them yourself. Examples:

- No put-downs.
- It's OK to agree or disagree.

- Listen and be respectful of other people's opinions.
- No mean comments about people's bodies or sexuality
- It's OK to laugh and have fun. Don't laugh at others.
- Any question is OK.
- All questions will be answered.
  There will be times when I don't know the answer to a question. When this happens, I will look up the answer or ask for a volunteer to research it.
- Protect confidentiality. Don't share private information publicly. Don't share anyone else's name.
  I take privacy very seriously. I won't ask you questions about your own sexual health, and I won't answer questions about mine either.

When discussing confidentiality, describe the situations that teachers and other school staff are legally bound to report.

There are some situations when, as a teacher, I can't keep information private. If I learn that students are thinking about hurting themselves or someone else, or that someone is being abused or neglected, I must try to get help. This is an important law that all teachers must follow.

Conclude the ground rules.

Great job! I'm going to keep the Bill of Rights and the ground rules posted throughout the unit.

4. Lead 4 Corners exercise

Introduce the 4 Corners exercise on FLASH prevention messages. Ask students to imagine that they are leading a teen campaign to prevent pregnancy and STDs and need to choose the main messages. Their choices are posted in the 4 corners of the room.

Unfold or uncover the Round 1 messages on condoms and birth control:
- Birth control and condoms are excellent at preventing pregnancy
- Many teens successfully use birth control and condoms
- Teens of every sexual orientation and gender identity need to learn about birth control and STD prevention, for themselves or to help a friend
- Condoms are easy to get and easy to use

Then tell students to walk to the corner with the message that they think is best for the campaign. Allow time for students in each corner to discuss their decision among themselves, and then ask them to share their reasoning with the class.

Then uncover or unfold the Round 2 messages about abstinence:
- Abstaining from oral, anal and vaginal sex means a person does not have to worry about pregnancy or STDs.
- People of every sexual orientation and gender identity choose abstinence.
- It's never okay to pressure someone to have sex
- It's important to respect someone's choice not to have sex, even if they have had sex before

Again, have students walk to the corner that they think has the best message for the campaign, discuss their decision among themselves, and then share with the class.

There are no incorrect answers. The purpose is to introduce students to important prevention concepts. When students report out, allow different responses to stand side by side, without debating their merits. Remind students of the ground rules: agree to disagree, and respect all opinions. Condoms/birth control and abstinence are discussed in separate rounds so that students do not debate them.

We're going to do an exercise called "4 Corners" to help us all get familiar with some of the ideas in this unit. This exercise has no wrong answers.

I want you to imagine that we are developing a sexual health campaign for teens. The purpose of the campaign is to help prevent pregnancy and STDs. We're going to choose messages to put on TV, radio, Internet and magazines to help teens protect themselves and stay safe.

In each corner of the room, you'll see a different message. When I say "go," I want you to stand by the message you think will work best for this campaign. Be prepared to talk about why you made that choice. There will be two rounds. The first round will focus on condom and birth control messages. The second round will focus on messages about abstinence, or choosing not to have sex.

Remember, there are no wrong answers. You'll all be deciding which messages, in your opinion, would work best for a teen campaign. Any questions? Go! (3 minutes for instructions)

Uncover the newsprint for Round 1 in each corner. Have students go the corner of their selected message. (2 minutes)

Talk with the other people in your corner about some of the reasons you chose that message. You may have chosen it for the same or different reasons. (2 minutes)

Ask the group in each corner: *Would anyone like to report why their group thought this message would work best for a teen campaign?* (4 minutes)

Now let's do this again for some messages about abstinence.

Uncover the newsprint for Round 2 in each corner. Have students go to the corner of their selected message. (2 minutes)

Again, talk with the people in your corner about why you chose that message. (2 minutes)

Ask the group in each corner: Would anyone like to report why their group thought that message would work best for a teen campaign? (4 minutes)

Nice job, everyone! I can tell from the discussion that all of these messages are important in different ways.

5. Students write anonymous questions

Hand out the *Anonymous Questions* instruction sheet and review it with students. Pass out 1 to 3 slips of paper per student, making sure the entire class has the same color. Ask students to write at least one question without writing their names. Explain that if they don't know the medical term for something, they can use whatever word they know, and you will teach the medical term when you answer the question.

One of the best parts of the FLASH unit is all the questions students ask. Many of the questions are asked out loud during class. But it's also important to have a chance to ask questions anonymously. What does anonymous *mean? (That's right. No names. No one knows who wrote the question.)*

Let's look at the Anonymous Questions instruction sheet together.

1. ***Write at least one question. Don't write your name.*** *For some people, writing an anonymous question will help them ask something that's really important to them without worrying about what others will think. Even if you're comfortable asking any question out loud, for this exercise, I want every single student to write a question. If you have more than one question, write each question on a separate slip of paper.*

2. ***The question can be about any topic in this unit.*** *Students ask all kinds of questions. For example, they ask about:*
   - ***Sexual health:*** *what kinds of exams people need, what clinics they can go to, how to take care of their bodies*
   - ***Sexually transmitted diseases:*** *how people can protect themselves, how they know if they have one, how common STDs are*
   - ***HIV and AIDS:*** *how people get HIV, how to protect themselves*
   - ***Birth control:*** *what methods there are, how they work, if a method is safe, how to get birth control*
   - ***Abstinence and decisions about sex:*** *how people decide about sex, how to talk about it*
   - ***Sexual abuse and rape:*** *how to help a friend who's been hurt, how common is it, what people should do if they've been hurt*
   - ***Sexual orientation and gender identity:*** *how people might know that they're gay, lesbian, bisexual or transgender, how to support a friend who is coming out, what does it mean to be transgender*
   - ***Relationships and love:*** *what makes a good relationship, how to help a friend who's in a bad relationship, how to talk to a partner about something difficult*
   - ***Pregnancy, becoming a parent, abortion, adoption:*** *what are the laws, where can a person who's pregnant get help*
   - ***People's bodies:*** *how things work, what's normal, what to do if you have a concern*

3. ***Here are some common ways to start anonymous questions.*** *You can write your question any way you want. Many students find these question-starters helpful:*
   - *Is it true that…?*
   - *Should you worry if…?*
   - *What do they mean by…?*
   - *How do you know if…?*
   - *Is it normal…?*

- *What should you do if…?*

4. ***Use medical words, if you know them.*** *If you're not sure of the medical word for something when writing or asking a question, use whatever word you know, even if it's slang. When I answer the question, I'll teach the medical word, so we can all use it in class.*

   I'll be answering all of the anonymous questions throughout the unit. By the end, we'll get to all of them. I bet everyone will learn so much from the FLASH lessons that we'll be able to answer a lot of these questions together.

Allow time for students to write their questions, each on a different slip of paper. If students can't think of a question after hearing all of the instructions, instruct them to either write a question they think other students would be interested in or write a piece of factual information about one of the topics you will cover. The goal is to have everyone write something.

Collect the questions in a box or large envelope, labeled with the current class period. Explain that you will be answering the anonymous questions throughout the unit, but not today.

Use the following guidelines when answering anonymous questions throughout the unit:
- Sort the questions by topic. Plan on answering questions during the appropriate lesson or as time allows.
- Get help answering any question in advance, if needed
- Read each question verbatim. Answer it yourself, or if you think the content has been covered already, see if the class can answer it.
- Use FLASH Key Concepts to guide your answers.
- Use the Values Question Protocol to answer questions about non-universal values.
- If a question includes slang, read it verbatim and provide the medical term when answering the question.
- Answer all questions.

6. Introduce FLASH homework expectations

Hand out *FLASH Family Homework Letter* for students to take home to their parents or guardians. The purpose of FLASH family homework is to encourage family discussion about the lesson content.

Explain that every FLASH lesson has family homework. The student and an adult family member or other adult who is like family complete the assignment together. The family member signs the homework in order for the student to get credit. Family homework is available in multiple languages, and can be printed from free PDFs online at www.etr.org/flash/ under the "Family Resources" tab. Students who choose not to do the family homework may complete the individual homework for the same credit.

Every FLASH lesson has family homework. You can complete family homework with any adult family member or with a trusted adult who is like family. The purpose is to help adult family members and teens talk about these topics. Even though it might be uncomfortable at first for some people, a lot of students say they really like this part of the unit.

The homework has questions for the student and adult to ask each other about that day's lesson. The questions focus on people's beliefs and values. No particular knowledge or experience is required to do the homework, and no one is required to ask or answer any personal questions. It takes about 10 minutes. To get credit, the adult signs a slip saying that you did the assignment together. You won't be asked to report back on anything you talked about.

The family homework is available in a number of different languages. Let me know what language you need.

For students who can't complete the family homework, or who don't want to, each lesson has an individual homework assignment that can be completed instead for the same credit.

Tonight, your only homework is to bring home the Family Homework Letter.

Good work today! Tomorrow, we'll get started by reviewing the reproductive system.

7. Exit ticket

Hand out the *Lesson 1 Exit Ticket.*

Question: Today we discussed several ways to promote respectful behavior and a good learning environment during the sexual health unit. Describe one ground rule from class today.

Answer: Students may describe any ground rule generated during the class.

Warm Up

In this sexual health unit, we will learn about ways to prevent pregnancy, STDs including HIV, and sexual violence. We will also increase our knowledge of sexual health and have opportunities to talk more about these topics with family members.

Check the 1 topic you already know the most about (for example, from health class, books, your family, etc.):

- ☐ Reproductive System
- ☐ Pregnancy
- ☐ Sexual Orientation and Gender Identity
- ☐ Healthy Relationships
- ☐ Preventing Sexual Violence
- ☐ Abstinence
- ☐ Birth Control
- ☐ Condoms
- ☐ HIV and Other STDs

Check the 1 topic you think will be most interesting to learn more about:

- ☐ Reproductive System
- ☐ Pregnancy
- ☐ Sexual Orientation and Gender Identity
- ☐ Healthy Relationships
- ☐ Preventing Sexual Violence
- ☐ Abstinence
- ☐ Birth Control
- ☐ Condoms
- ☐ HIV and Other STDs

FLASH Bill of Rights

1. The right to be treated with respect

2. The right to protect the privacy of oneself, one's family and friends

3. The right to ask questions about sexual health without being judged

4. The right to receive accurate answers

5. The right to one's beliefs, including the beliefs of one's family, culture and faith

Anonymous Questions

1. **Write at least one question. Don't write your name.**

2. **The question can be about any topic in this unit.**
   - Sexual health
   - Sexually transmitted diseases
   - HIV and AIDS
   - Birth control
   - Abstinence and decisions about sex
   - Sexual abuse and rape
   - Sexual orientation and gender identity
   - Relationships and love
   - Pregnancy, becoming a parent, abortion, adoption
   - People's bodies

3. **Here are some common ways to start anonymous questions.**
   - Is it true that…?
   - Should you worry if…?
   - What do they mean by…?
   - How do you know if…?
   - Is it normal…?
   - What should you do if…?

4. **Use medical words, if you know them.**
   - Don't worry if you can't think of the right word for something or can't spell it.
   - Just use the word you know, even if it's slang.

To Parents & Guardians:

Introducing *FLASH Family Homework*

An important part of the FLASH sexual health unit is Family Homework. Family Homework is completed by the student and an adult family member together. This letter explains the purpose of FLASH Family Homework and what you can expect.

One of the goals of the FLASH unit is to increase parent and teen communication about sexual health. Even though teens don't always show it, surveys show that they would like to talk more about these issues with a parent or other trusted adult, and research shows that these conversations play a very important role in helping teens prevent pregnancy, STDs and HIV. The FLASH program includes Family Homework to make these discussions easier and more frequent.

Family Homework is completed by the student and an adult family member, or with an adult who is like family (e.g. foster parent, guardian, etc). The questions in the Family Homework ask about your thoughts and beliefs on a topic related to the classroom lesson. You don't need to have any information about sexual health to do the homework. No one is required to ask or answer any personal questions. Each Family Homework takes about 10 minutes. To get credit, the adult signs a slip saying that the homework was completed. Students will not be asked to share anything you talked about.

Young people are surrounded by messages in the media telling them how to behave sexually. Although the power of the media is huge, we know that family communication is also very powerful. Family Homework is intended to help adults talk clearly and directly with teens about their beliefs and hopes for them.

Family Homework is recommended but not required. If a family decides not to do Family Homework, students will be offered an individual homework assignment that can be completed for the same credit.

Thank you for taking the time to look at the Family Homework. We hope it helps you and your teen have these valuable discussions.

Family Homework Letter – Confirmation Slip

Due: _____

I received the Family Homework Letter.

_____ _____

Date Signature of family member or trusted adult

_____ _____

Student's name Signature of student

Exit Ticket

Today we discussed several ways to promote respectful behavior and a good learning environment during the sexual health unit. Describe one ground rule from class today.

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Reproductive System

Grades 9-12, Lesson 2

Summary

Using visuals, the teacher describes the external and internal reproductive organs, while students follow on their worksheets. The teacher also describes the main components of the sexual response system. The class concludes by identifying organs and structures with similar roles.

Student Learning Objectives

The student will be able to …

1. Name the parts of the human reproductive system.
2. Describe the path of an egg during the menstrual cycle.
3. Describe the path of a sperm during ejaculation.
4. Recognize that there is a wide range of normal anatomy.
5. Name the 3 main components of sexual response.

Lesson Timing

Warm up	Bell work + 3 minutes
Purpose of lesson	2 minutes
Describe reproductive organs	25 minutes
Define sexual response terminology	8 minutes
Wrap up lesson	7 minutes
Assign homework	
Exit ticket	5 minutes
Total	50 minutes

FLASH Key Concepts

People's bodies can look very different from each other. These differences are normal and healthy.

The reproductive systems of males and females have many similarities.

Standards

National Health Education Standards (SHECAT)

Standard 1	Students will comprehend concepts related to health promotion and disease prevention.
SH1.12.37	Summarize the relationship between the menstrual cycle and conception.
SH1.12.39	Summarize the benefits of respecting individual differences in aspects of sexuallty (such as sexual activity, sexual abstinence, sexual orientation, gender expectations, gender identity), growth and development, and physical appearance.

National Sexuality Education Standards

AP.12.CC.1	Describe the human sexual response cycle, including the role hormones play.

Rationale

Knowledge of the reproductive system helps students better understand later lessons on pregnancy, birth control, STDs and HIV. This lesson is primarily intended to be a review of previously covered material.

The National Sexuality Education Standards cover the reproductive system only at younger grades, with one standard on sexual response at the secondary level. The National Health Education Standards (SHECAT) related to the reproductive system at the high school level have to do with understanding the relationship between the menstrual cycle and conception and respecting individual differences in growth and development.

This lesson revisits standards for lower grades, and covers the high school standards on the menstrual cycle, the human sexual response cycle, and respecting individual differences in sexuality, growth and development.

This lesson emphasizes similarities between the reproductive anatomy of most men and women. The purpose is twofold:

- First, it creates a schema for better comprehension (e.g., egg and sperm are both sex cells; the ovaries and testicles both produce sex hormones; the fallopian tube and vas deferens are both passageways for sex cells, etc.) The pairing of functions and processes, where they exist, makes the information about the reproductive system easier to understand and remember.

- Second, it supports sexual violence prevention concepts taught elsewhere in FLASH. According to the CDC, adherence to extreme gender stereotypes is a risk factor for perpetration of sexual violence.[1] Historically, these stereotypes are projected onto reproductive functions in health and science education (e.g. active sperm, passive egg). This lesson provides the framework and scripting to avoid unintentional gender stereotypes, to offer equitable and accurate information, and to discuss differences respectfully.

There is tension between the approaches of showing male and female reproductive similarities, and being inclusive of a range of gender identities and anatomical variations. Both approaches are critical to the goals of the FLASH curriculum. The intention of this lesson is to provide a clear understanding of human reproductive anatomy and sexual response; to show respect for all students' bodies, gender identities, sexual orientations and families; and to counter male and female gender stereotypes.

Materials Needed

Student Materials

- *Reproductive System Worksheets*
  - *Worksheet 1*
  - *Worksheet 2*
  - *Worksheet 3*
  - *Worksheet 4*
- *Individual Homework: Anatomy*
- *Family Homework: Talking About the Reproductive System,* available in multiple languages on the FLASH website
- *Lesson 2 Exit Ticket*

Classroom Materials

- *Lesson 2 Warm Up*
- *Reproductive System Visuals*
  - *Visual 1*
  - *Visual 2*
  - *Visual 3*
  - *Visual 4*
- *Sexual Response System Visual*
  - *Visual 5*

Teacher Materials

- *Reproductive System Answer Keys*
  - *Answer Key 1*
  - *Answer Key 2*
  - *Answer Key 3*
  - *Answer Key 4*

Teacher Preparation

Prepare Visuals for document camera or projector.

Activities

1. Warm up

Display warm up as bell work.

Question: Today we are reviewing the parts of the body involved in sexual reproduction. List all the parts of the human reproductive system that you can remember.

2. Explain purpose of lesson

The purpose of the lesson is to review the human reproductive system and the sexual response system.

Today we're going to study the reproductive system and the sexual response system.

The reproductive system includes the body parts involved in starting a pregnancy. The egg and sperm can join through vaginal sex, donation of sperm, or the help of medical technology.

The sexual response system includes the body parts involved in sexual feelings. It includes the physical responses that happen during sexual activity with another person or during masturbation.

Knowledge of these systems will be useful for later lessons. It can also help people communicate with doctors about their reproductive and sexual health, now or in the future.

3. Review the external reproductive organs

Show students *Reproductive System Visual 1 and Visual 2*. Fill in the names and describe the functions of the organs of the genitals (external views) while students take notes on the *Reproductive System Worksheet 1 and Worksheet 2*.

Explain that the drawings do not represent all people's bodies.

These drawings show pictures of what many people's bodies look like, but bodies actually look very different from each other. These differences are normal and healthy. There are many reasons someone's body might look different from these drawings, for example, if someone hasn't gone through puberty yet, if they are intersex, or sometimes because of a disability. Surgery or medicine can change the way someone's body looks, and of course, the size and shape of everyone's body is different. The illustrations are meant only as a guide.

Show *Visual 1* and describe the parts.

This is a picture of the reproductive organs that are on the outside of someone's body. These parts are usually on a man's body.

1. *Pubic hair*
   - *Pubic hair starts growing during puberty at the base of the penis.*

2. *Penis*
   - *The penis is made of a special tissue called erectile tissue, which is why the penis is able to become erect*
3. *Shaft*
4. *Glans*
   - *The penis is made up of the shaft and the glans, and, at birth, the foreskin.*
   - *The penis has many nerve endings, which makes it very sensitive.*
   - *The part of the penis with the most nerve endings is the glans.*

5. *Foreskin*
   - *The foreskin protects the glans of the penis.*
   - *A person that has had a circumcision don't have foreskin on their penis.*
   - *The foreskin also provides sensation.*

6. *Urethra*
   - *The urethra runs inside the penis and has an opening at the end of the penis.*
   - *The opening of the urethra at the end of the penis is where semen and urine leave the body.*
   - *Only one fluid at a time can leave the body.*

7. *Scrotum*
   - *The scrotum is a muscular sac that holds the testicles.*
   - *It keeps sperm at the right temperature by bringing the testicles closer to the body when cold, and further from the body when warm.*
   - *It also provides sensation.*

Show *Visual 2* and describe the parts.

This is a picture of the reproductive organs that are on the outside of someone's body. These parts are usually on a woman's body.

1. *Vulva*
   - *Vulva is the word for the parts of the reproductive system on the outside of most women's bodies. The outside parts of everyone's reproductive system are called genitals.*

2. *Pubic hair*
   - *Pubic hair starts growing during puberty on the vulva, but not near the opening of the vagina or on the clitoris.*

3. *Clitoris*
   - *The clitoris has many nerve endings, which makes it very sensitive.*
   - *The part of the clitoris that shows on the outside of the body is called the glans.*
   - *The clitoris is made of erectile tissue, like the penis, and also becomes erect.*

4. *Urethra*
   - *The urethra is how urine leaves the body.*
   - *The opening of the urethra is between the clitoris and vagina.*

5. *Vagina*
   - *The vagina is a muscular, stretchy organ on the inside of the body.*
   - *It provides a passageway into the body for sperm, and out of the body for vaginal fluids, menstrual fluids and a baby during childbirth.*
   - *There is often tissue called the hymen that partly covers the opening of the vagina during childhood and early adolescence. During puberty, estrogen makes the hymen very stretchy. It does not get in the way of tampons or vaginal sex. A person cannot tell if someone has used tampons or had intercourse by looking at the hymen.*

6. *Labia*
   - *The labia are two folds of skin around the openings of the urethra and vagina. The top of the labia meet at the clitoris.*
   - *The outer labia have pubic hair.*
   - *The labia also provide sensation.*

4. Review the internal reproductive organs

Show students *Reproductive System Visual 3 and Visual 4*. Describe the names and functions of the organs in the reproductive systems (internal views) while students take notes on the *Reproductive System Worksheet 3 and Worksheet 4*.

Show *Visual 3* and describe the parts.

First describe the body parts that are not part of the reproductive system. They are already labeled.

This is a side view drawing of the reproductive system, showing the parts that men usually have in their body.

The anus and bladder are not part of the reproductive system, but they are located nearby. They are already labeled on the worksheet.

- *The anus is where bowel movements pass out of the body.*
- *It also provides sensation.*
- *The bladder is where urine is stored.*

Then describe the reproductive organs in the order that they are involved with ejaculation.

1. *Testicles*
2. *Scrotum*
   - *There are two testicles located inside the scrotum.*
   - *During puberty, the testicles start producing sperm, which are also called sperm cells.*
   - *During puberty, the testicles also start producing the hormone testosterone. The process of sperm leaving the body is called ejaculation.*

3. *Epididymis*

- *The epididymis is located toward the back of each testicle.*
- *Sperm mature here before leaving the body.*

4. *Vas deferens*
   - *When sperm leave the epididymis, they travel through long tubes called the vas deferens.*
   - *In the vas deferens, the sperm pass by different glands that add liquids.*
   - *The combination of sperm and liquids is called semen.*

5. *Seminal vesicles (two)*
6. *Prostate gland (one)*
7. *Cowper's glands (two)*
   - *Liquid from the seminal vesicles and prostate gland become part of the semen.*
   - *Liquid from the Cowper's glands is also called pre-ejaculate because it leaves the body before the other fluids. It protects sperm from the acid in urine.*

8. *Urethra*
9. *Penis*
   - *During ejaculation, the urethra is the tube that carries semen out of the body through the penis.*
   - *The urethra also carries urine out of the body, but it cannot carry both urine and semen at the same time.*

Show *Visual 4* and describe the parts.

First describe the body parts that are not part of the reproductive system. They are already labeled.

This is a side view drawing of the reproductive system, showing the parts that women usually have in their body.

The anus, bladder and urethra are not part of the reproductive system, but they are located nearby. They are already labeled on the worksheet.

- *The anus is where bowel movements pass out of the body.*
- *It also provides sensation.*
- *The bladder is where urine is stored.*
- *The urethra is the tube that carries urine out of the body.*

Then describe the reproductive organs in the order that they are involved with ovulation and menstruation. Remind the class that ovulation is the process of the egg leaving the ovary, and menstruation is the process of blood and tissue leaving the body, usually about once a month.

1. *Ovary*
   - *There are two ovaries in the reproductive system.*
   - *The ovaries are where eggs are produced and mature. The egg is also called the ovum or the egg cell. Egg cells are already in the ovaries when a person is first born.*
   - *During puberty, the ovaries begin producing the hormone estrogen.*

- *Ovulation is the process of a mature egg leaving the ovary.*

2. *Fimbria*
3. *Fallopian tubes*
   - *The fimbria are the fringe-like ends of the fallopian tube.*
   - *When the mature egg leaves the ovary, the fimbria guide it into the fallopian tube.*
   - *The egg then travels through the fallopian tube to the uterus.*

4. *Uterus*
   - *The uterus is made of muscular walls.*
   - *Fertilization is when the egg cell and sperm cell join. Pregnancy will begin when the joined cells attach to the lining of the uterus, which has built up a rich lining of tissue and blood. If the pregnancy continues, it will grow in the uterus for the next 9 months.*
   - *If an egg cell and sperm cell do not join, the lining of the uterus will dribble out of the body over the next few days. This is called menstruation or a period.*
   - *It happens about once a month, starting in puberty and ending during menopause.*

5. *Cervix*
   - *The cervix is the bottom section of the uterus.*
   - *It produces fluid that has a different consistency and color at different times of the menstrual cycle. For example, cervical fluid is wetter and more stretchy during ovulation.*

6. *Vagina*
   - *The small opening of the cervix is at the back of the vagina.*
   - *During menstruation, the menstrual fluid leaves the uterus by flowing through the cervix and vagina, and out of the body.*
   - *During childbirth, the baby also travels from the uterus, through the cervix and vagina, and out of the body.*

7. *Glans of clitoris*
8. *Shaft of clitoris*
   - *The clitoris provides sensation. It has two parts: the shaft and glans.*
   - *The shaft is inside the body. The glans is outside, making it part of the genitals.*
   - *The glans of the clitoris is in front of the openings of the urethra and vagina.*

5. Define sexual response system terms.

Show the *Visual 5: Human Sexual Response* and briefly explain the 3 components: desire, arousal, release.

Now we're going to talk about human sexual response. Genitals are only one part of the sexual response system. It also includes emotions, the brain, hormones, the senses and the entire body.

Three important aspects of sexual response are desire, arousal and release.

Desire *is the feeling of wanting to be sexually close to someone.*
- *A person who feels desire may or may not decide to be involved in sexual activity.*

Arousal *is the experience of being sexually excited.*

- *Arousal can result from a person's thoughts and attractions, as well as from sexual activity with another person or during masturbation. People may have very different emotions during arousal depending on the circumstances.*
- *For most women, arousal often includes the clitoris becoming erect, the vagina getting wetter, and the labia swelling.*
- *For most men, arousal often includes the penis becoming erect, the scrotum moving closer to the body, and a small amount of fluid being released from the penis.*
- *For all, arousal often includes heartbeat and breathing getting faster, nipples getting erect, and skin becoming more sensitive.*

Release *is a reduction of sexual tension that can happen gradually over time, or more immediately during an orgasm.*

- *An orgasm is a release of sexual tension that results in muscle contractions in the pelvic area and a physical feeling of sexual pleasure. For most men, orgasm also includes ejaculation.*
- *Like arousal, orgasm is a physical response that sometimes happens during sexual activity with another person or during masturbation. People may have very different emotions during orgasm depending on the circumstances.*

6. Conclude the lesson

Wrap up by asking questions about the common body parts between most male and female reproductive systems and sexual responses:

- What do the ovaries and testicles have in common?
  Answer: Produce sex cells (sperm and egg); produce hormones (estrogen and testosterone).

- What do the sperm and egg have in common?
  Answer: They are both sex cells and are both needed to for people to reproduce.

- What do the fallopian tubes and vas deferens have in common?
  Answer: They are the pathways for the egg and for the sperm.

- What do the penis and clitoris have in common?
  Answer: They both have a shaft and glans, become erect, and are the most sensitive part of the genitals.

7. Assign homework

Allow students to choose between the individual or family homework and explain the assignments as needed.

Individual Homework: Anatomy

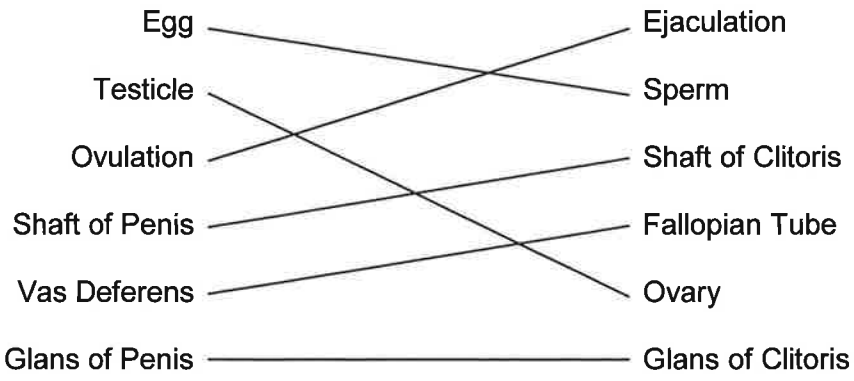
Family Homework: Talking about the Reproductive System, available in multiple languages on the FLASH website

8. Exit ticket

Hand out the *Lesson 2 Exit Ticket.*

Directions: Draw a line connecting the body parts and processes that have similar roles in most male and female bodies.

Answer:

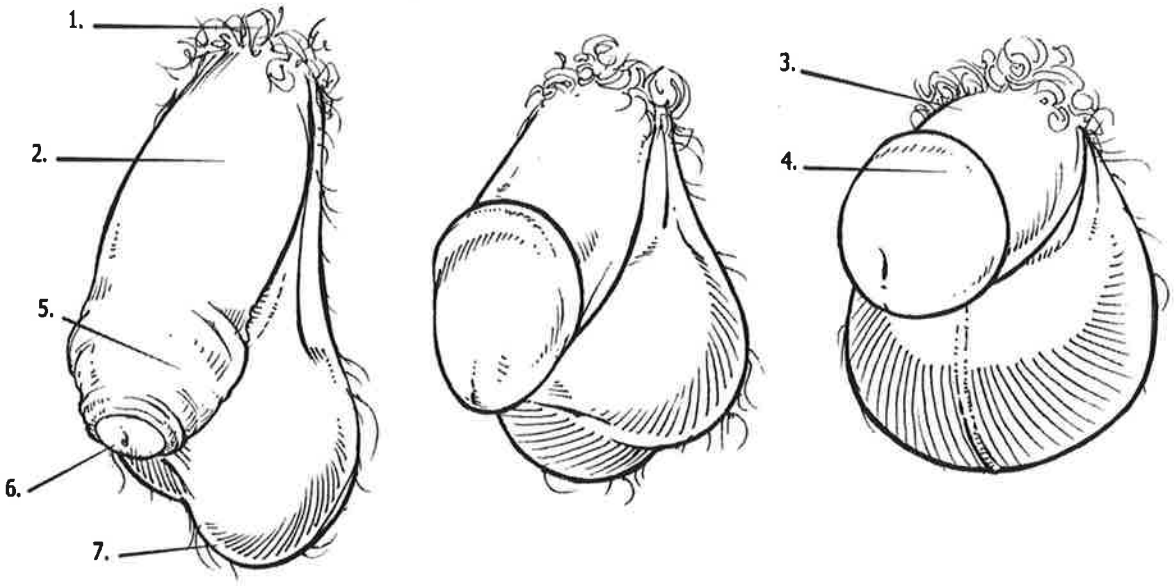


Warm Up

Today we are reviewing the parts of the body involved in sexual reproduction. List all the parts of the human reproductive system that you can remember.

Reproductive System Worksheet 1

Genital Variation



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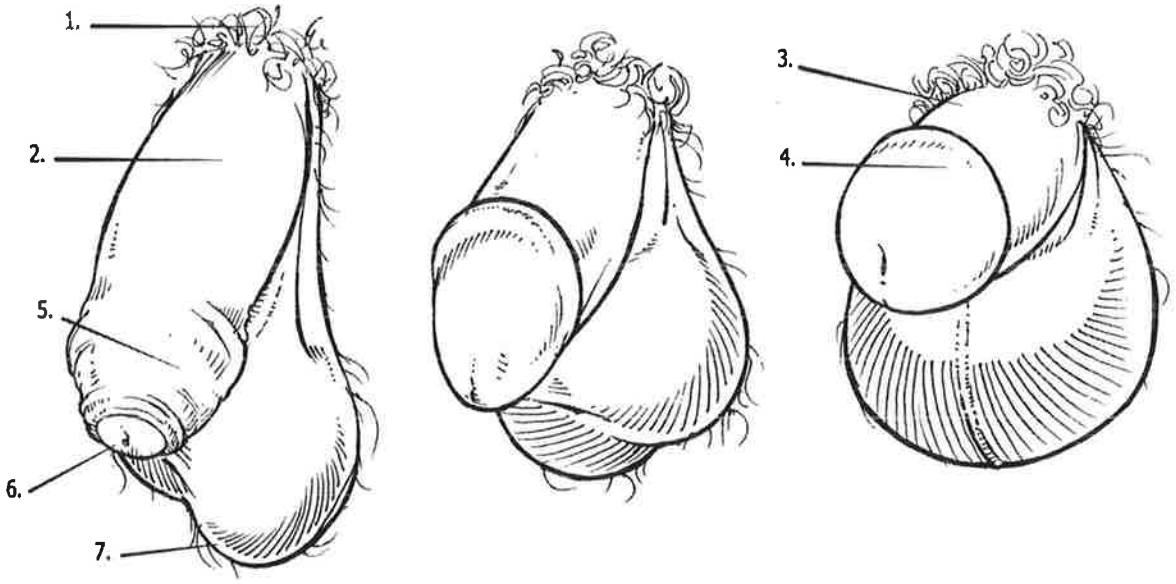
Reproductive System Visual 1

Genital Variation



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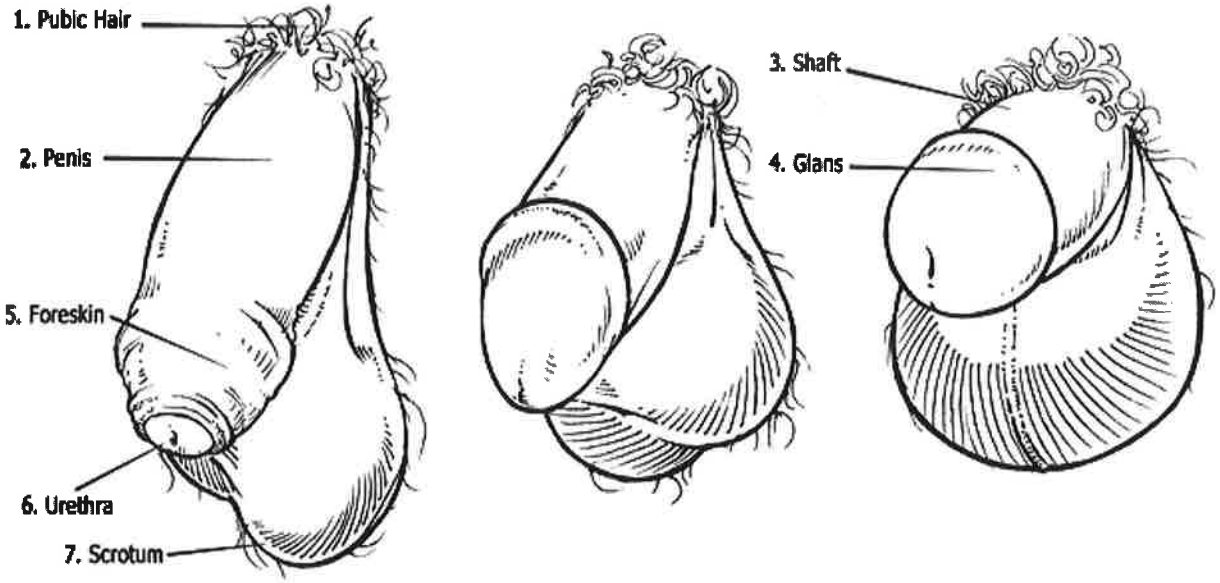
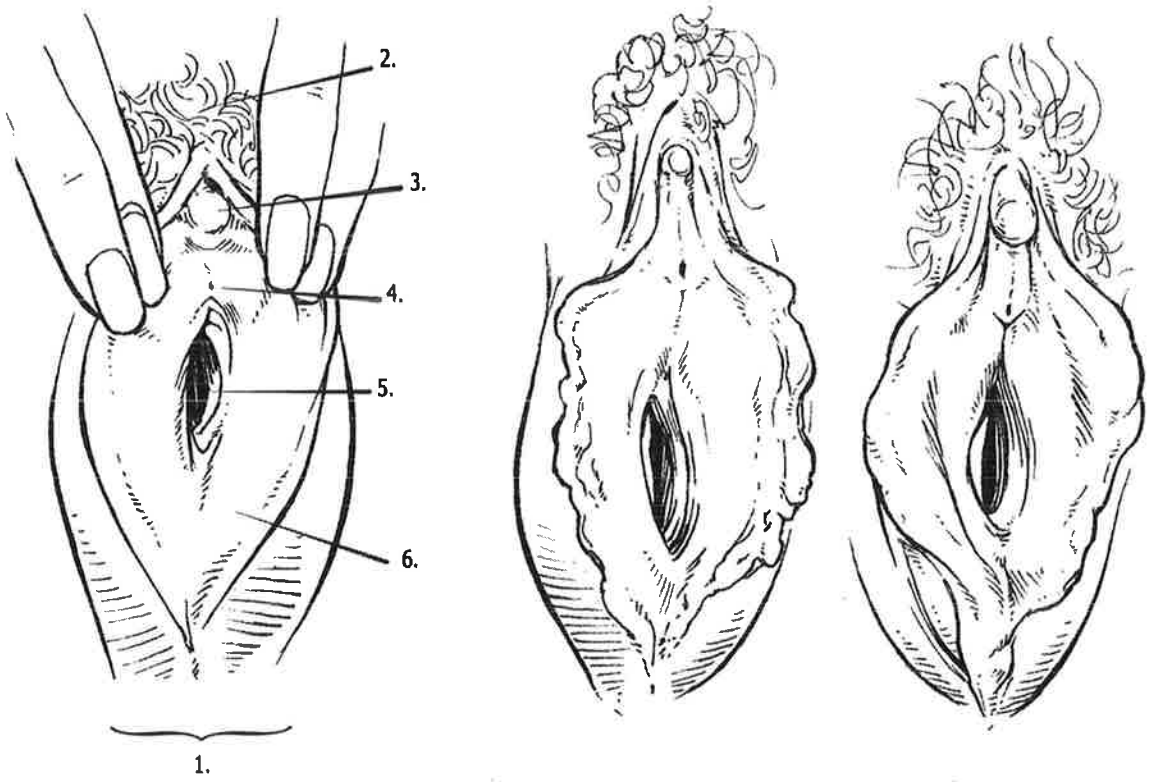
Reproductive System Answer Key 1

Genital Variation



Reproductive System Worksheet 2

Genital Variation



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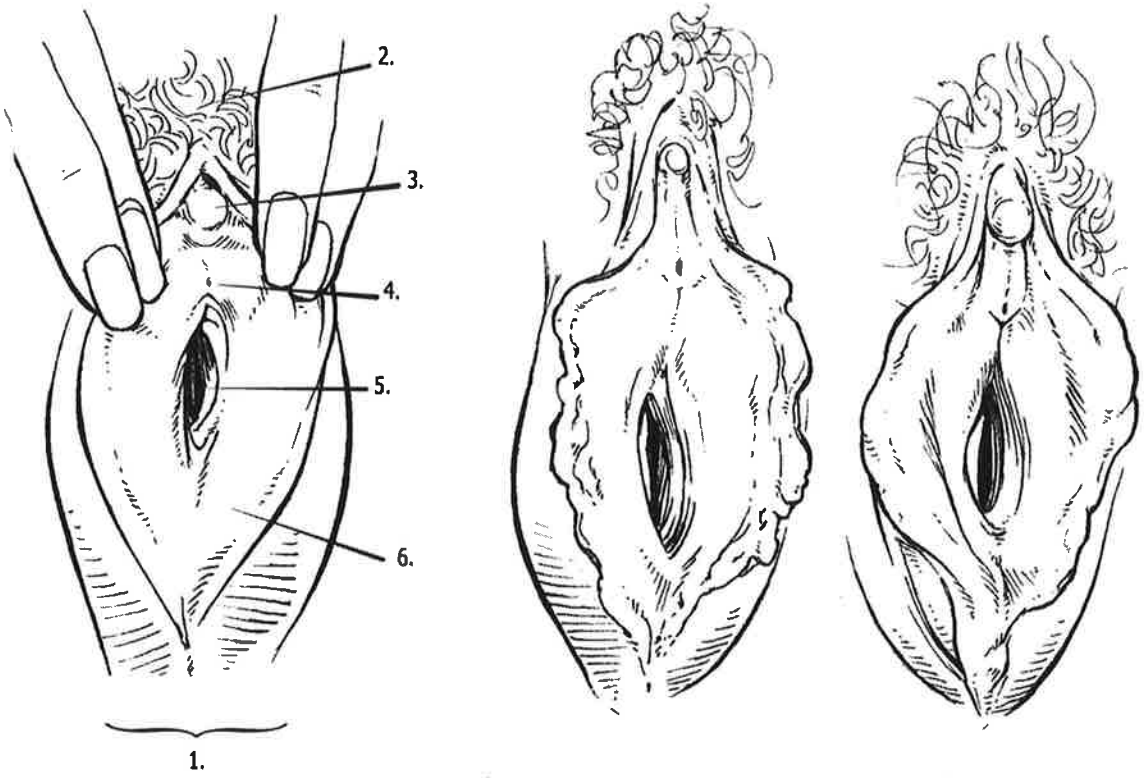
Reproductive System Visual 2

Genital Variation



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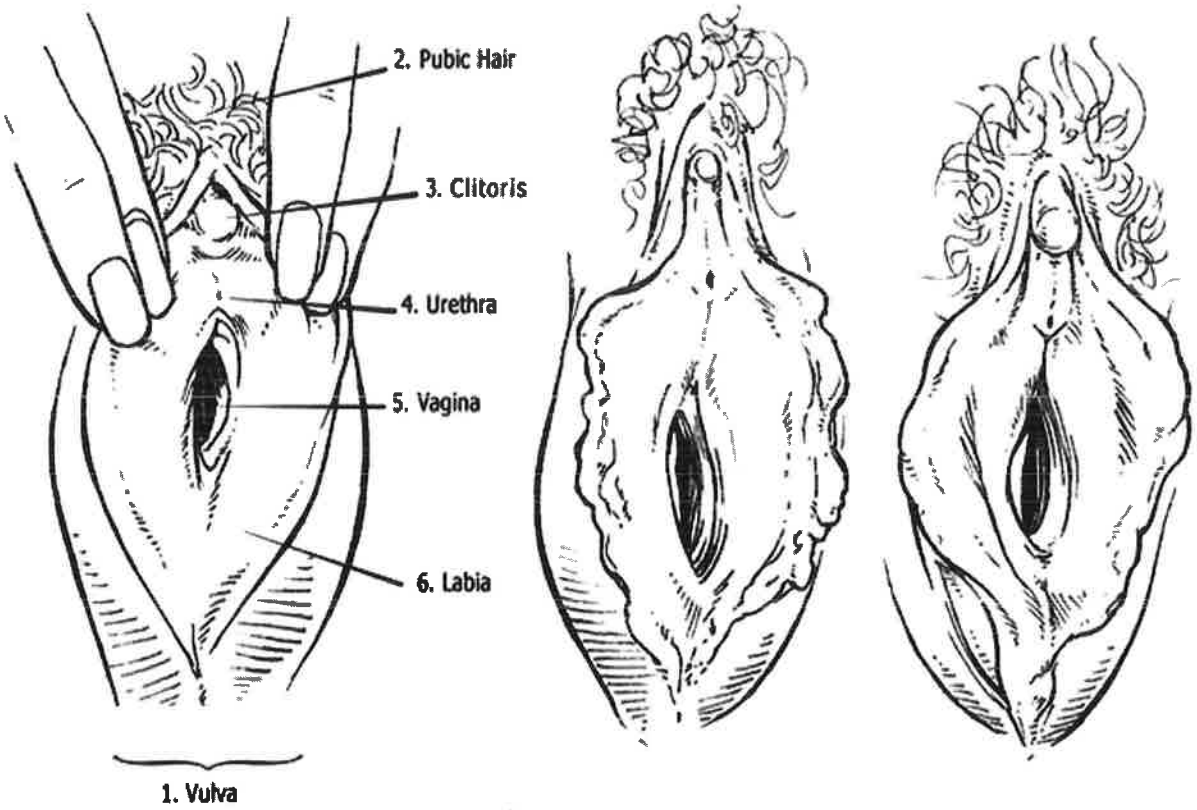
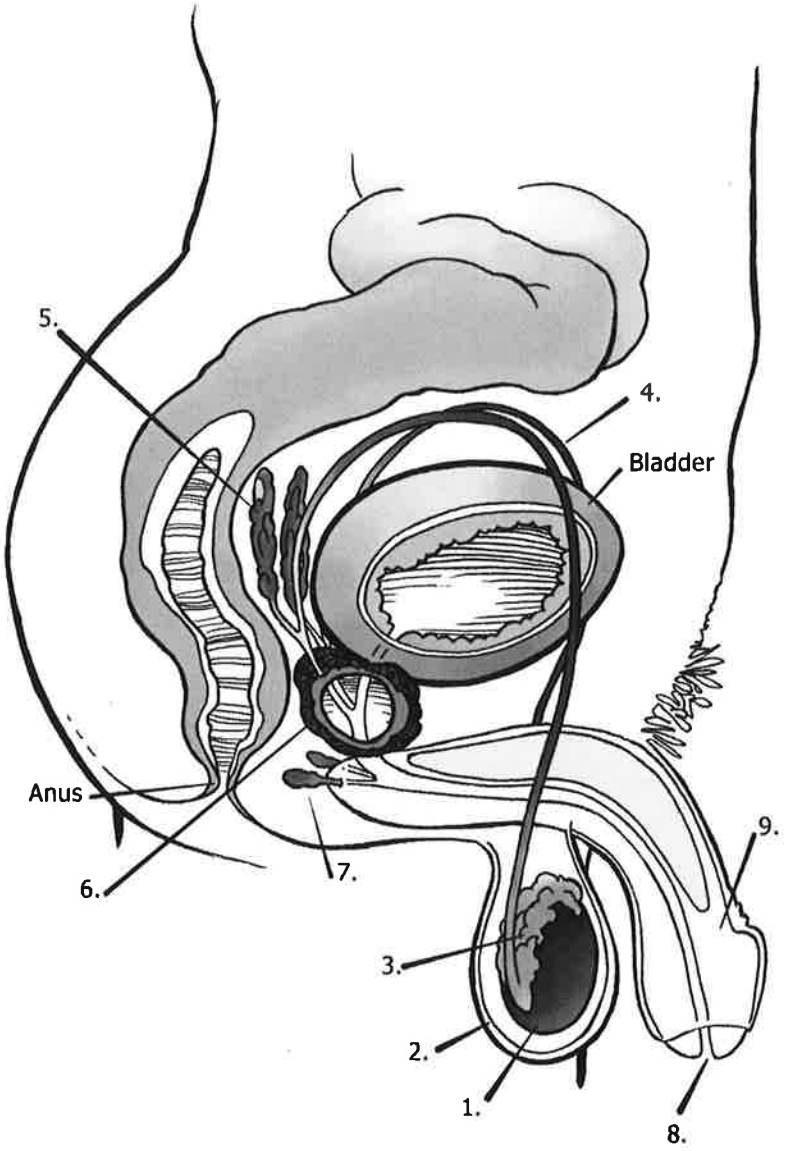
Reproductive System Answer Key 2

Genital Variation



Reproductive System Worksheet 3



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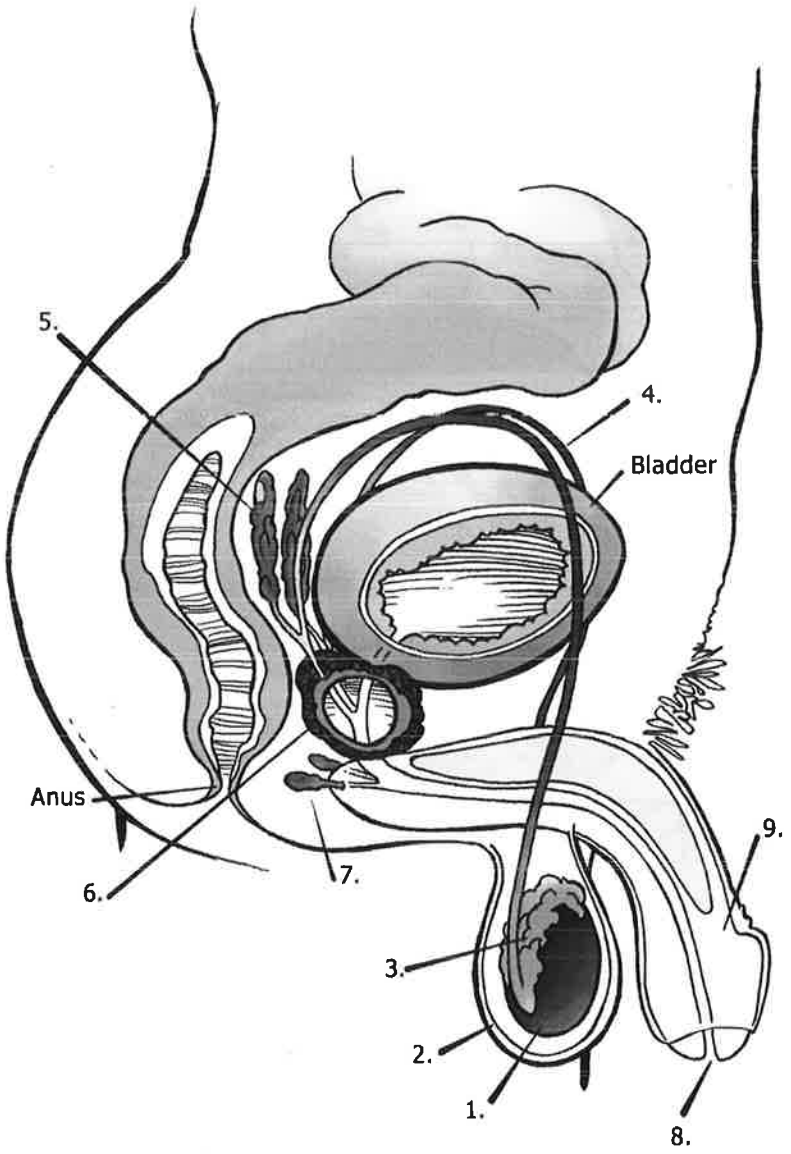
Reproductive System Visual 3



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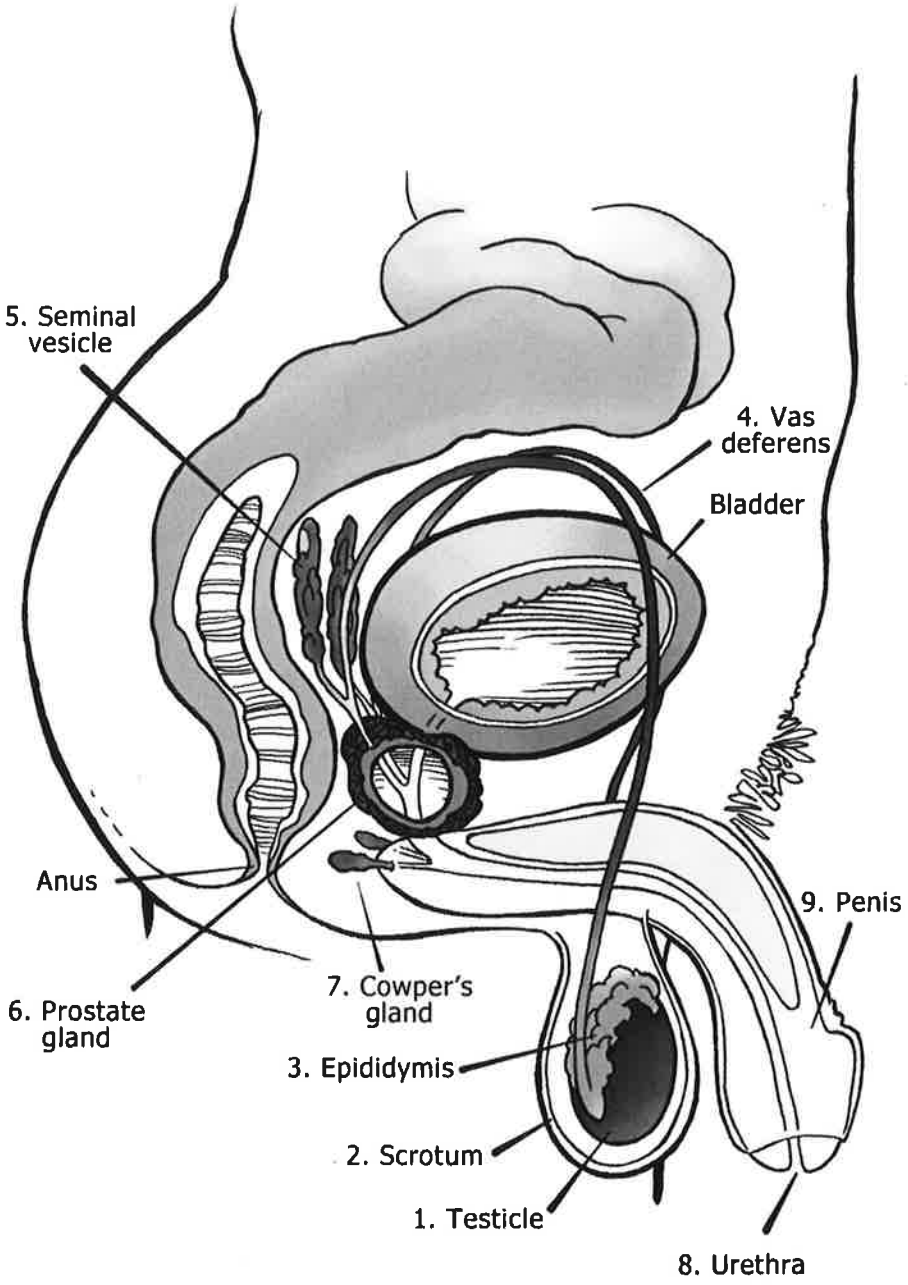
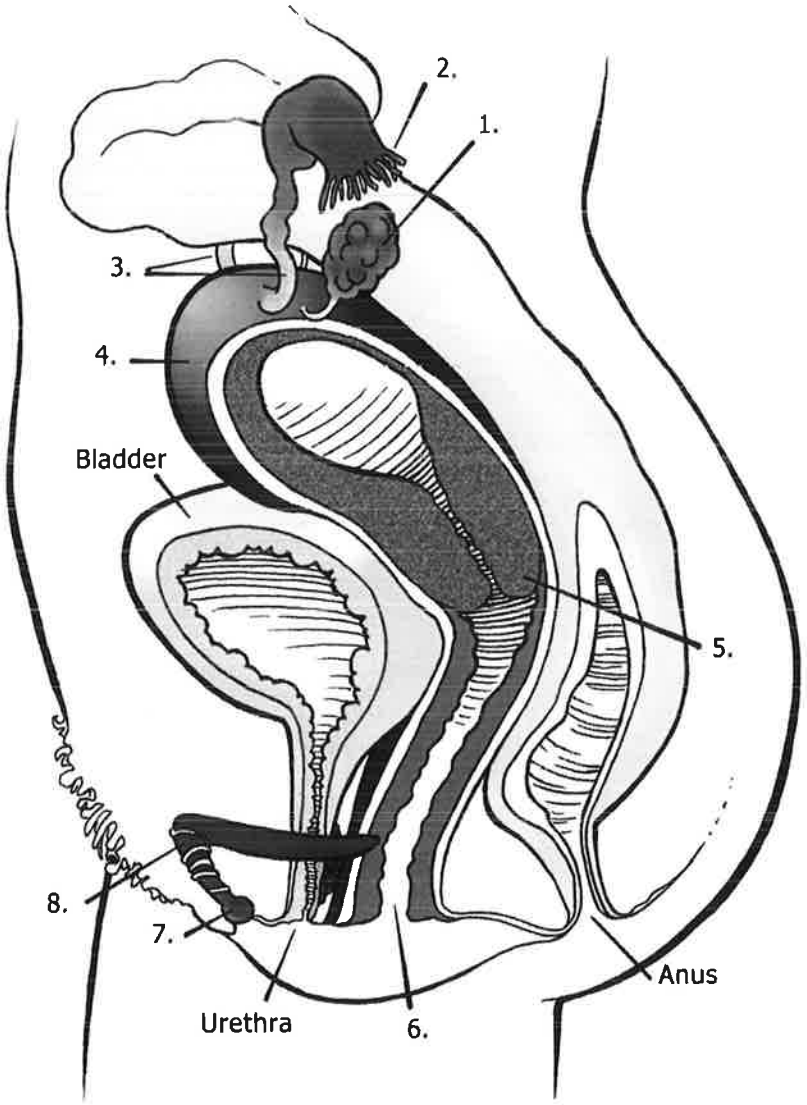
Reproductive System Answer Key 3



Reproductive System Worksheet 4



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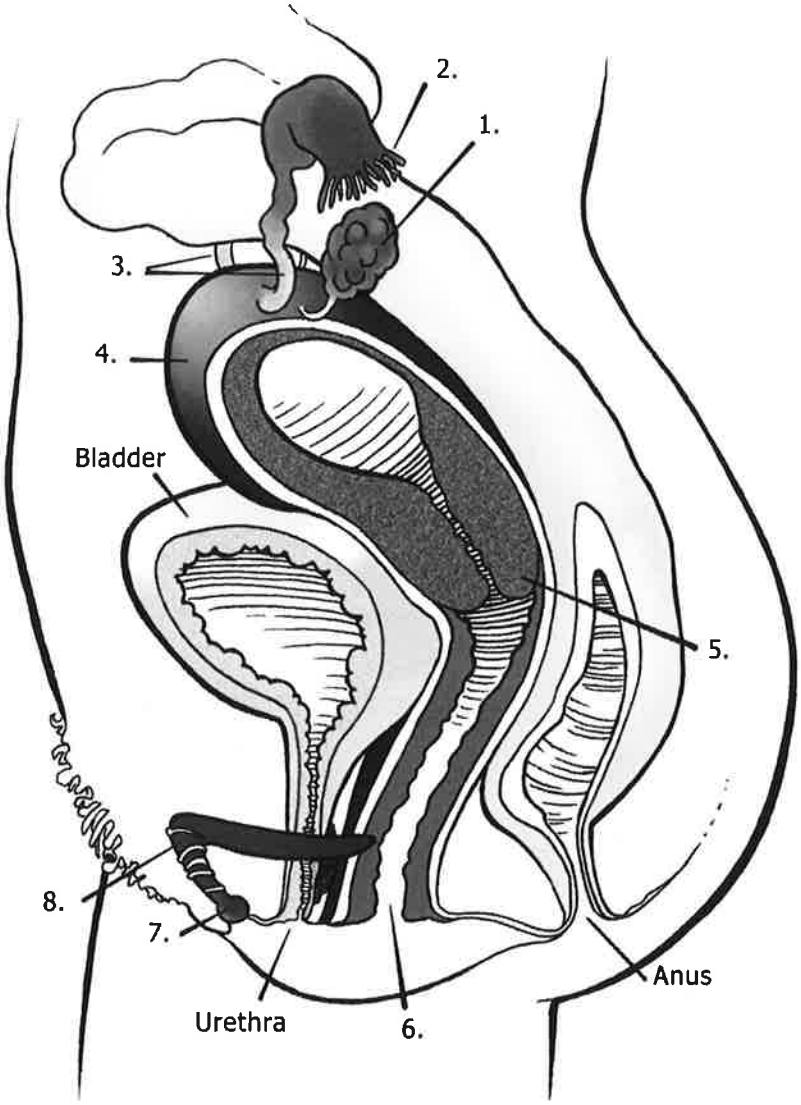
Reproductive System Visual 4



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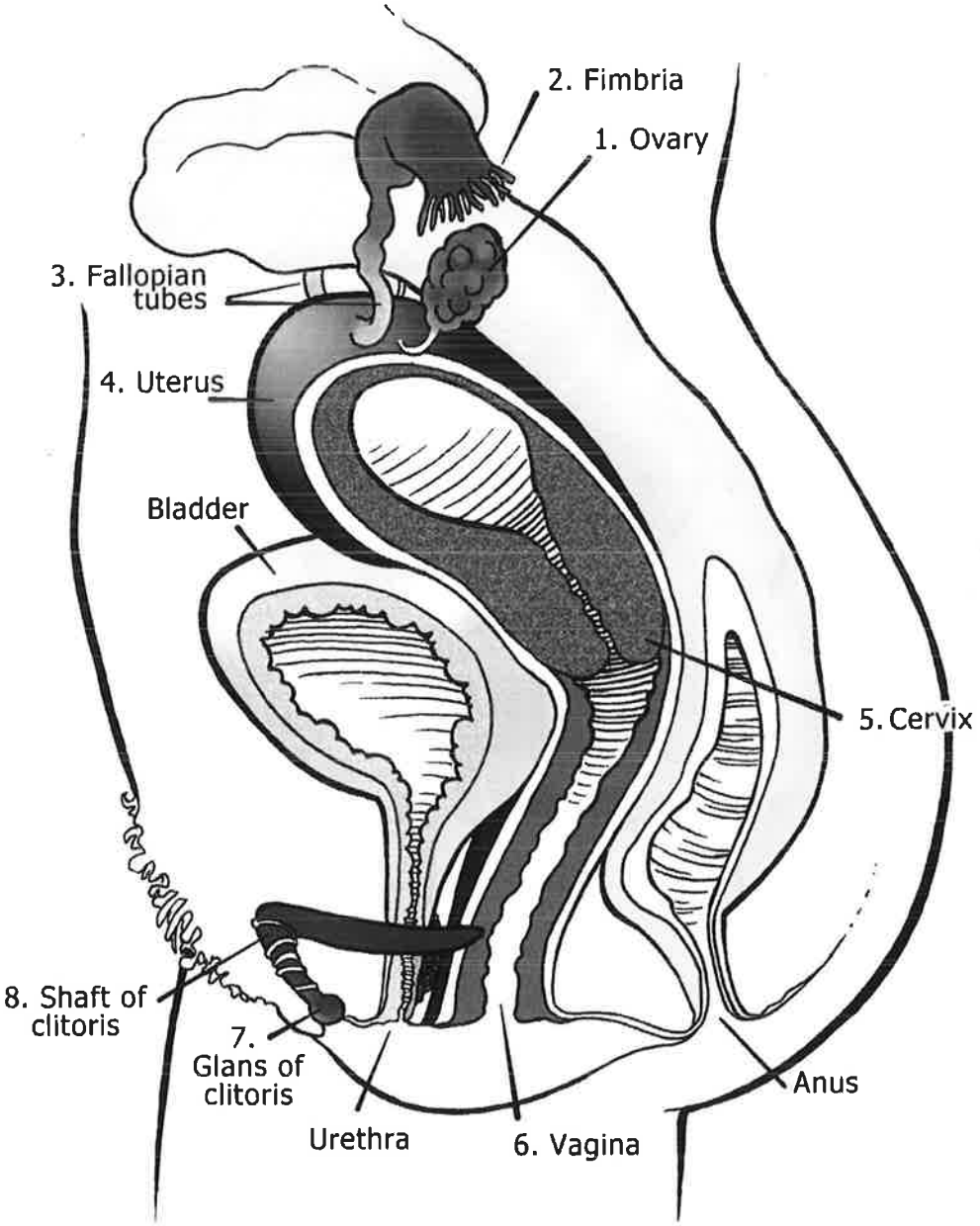
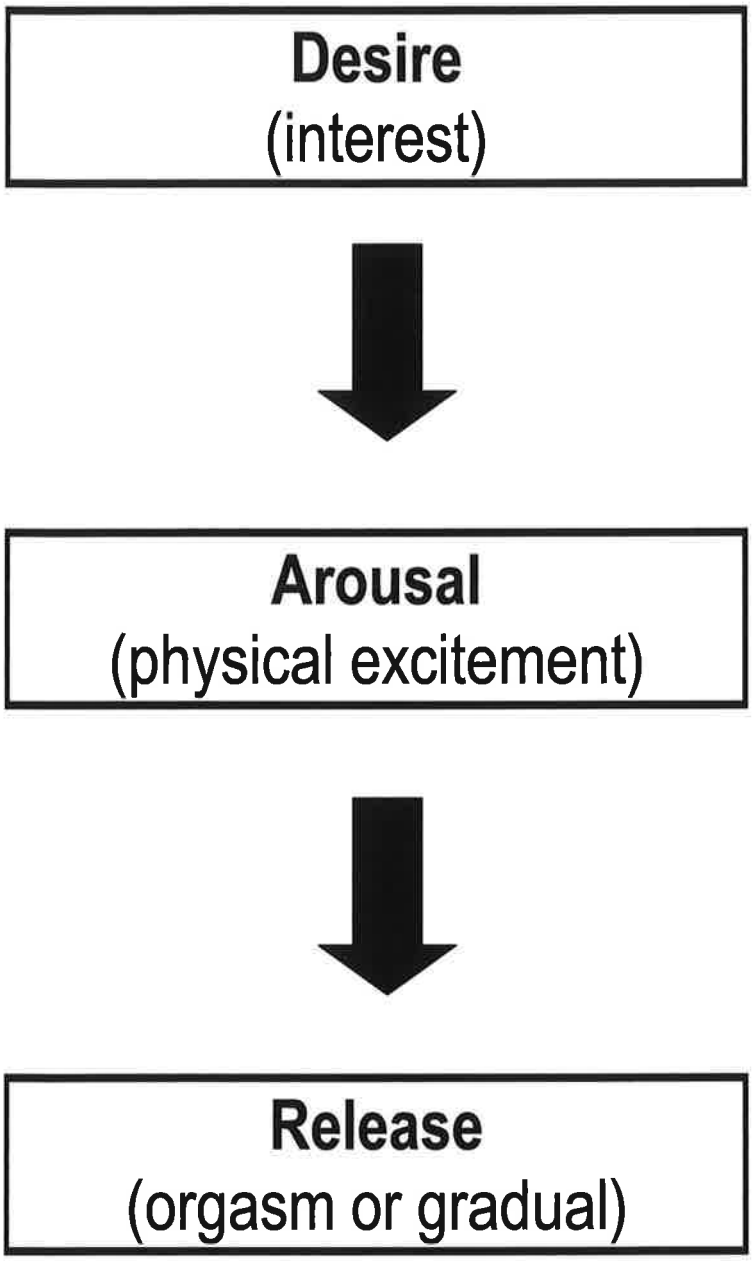
Reproductive System Answer Key 4



Human Sexual Response Visual 5



Individual Homework: Anatomy

Name: _____ **Period:** _____

1. Do most people's bodies have 1 or 2 of each body part listed below? The first one is done for you as an example.

Cervix	(1)	2	Scrotum	1	2
Clitoris	1	2	Testicle	1	2
Epididymis	1	2	Urethra	1	2
Fallopian tube	1	2	Uterus	1	2
Labia	1	2	Vagina	1	2
Ovary	1	2	Vas deferens	1	2
Penis	1	2	Vulva	1	2

2. Write the word that describes each body process listed below.

   A. The process of sperm leaving the body

   B. The process of the egg leaving the ovary

   C. The process of blood and tissue leaving the uterus about once a month.

Individual Homework: Anatomy Key

1. Circle "1" if most people have one of that body part. Circle "2" if most people have two. The first one is done for you as an example.

Cervix	1
Clitoris	1
Epididymis	2
Fallopian tube	2
Labia	2
Ovary	2
Penis	1
Scrotum	1
Testicle	2
Urethra	1
Uterus	1
Vagina	1
Vas deferens	2
Vulva	1

2. Write the word that describes each body process.

   A. The process of sperm leaving the body: **Ejaculation**

   B. The process of the egg leaving the ovary: **Ovulation**

   The process of blood and tissue leaving the uterus about once a month. **Menstruation**

Family Homework: Talking about the Reproductive System

All Family Homework is optional. Students may complete Individual Homework instead.

Purpose: Family Homework is a chance to share your beliefs about sexuality and relationships, and the beliefs of your family, culture or religion.

Directions: Student will do the homework with a family member or trusted adult who is like family. Find a quiet place where the two of you can talk privately for 5-10 minutes. Please follow these guidelines:

- It is okay for either of you to skip a question.
- What you discuss will not be shared with anyone else, unless you give one another permission to share it.
- Take turns asking questions. When it is your turn to listen, try to understand the other person's response.

Ask the adult: Are there words or names for the reproductive system body parts that are unique to our culture or family? Are there any names we give to body parts that have special meaning to you?

Ask the student: What body part names and functions did you learn about in class?

Ask each other: Do you have any funny stories about names for body parts? (For example, not being able to pronounce the word *penis* as a child and calling it a "peepee" instead.)

Family Homework Confirmation Slip: Talking about the Reproductive System

Due: _____

We have completed the family homework.

_____ _____

Date Signature of family member or trusted adult

_____ _____

Student's name Signature of student

Exit Ticket

Draw a line connecting the body parts and processes that have similar roles in most male and female bodies.

Egg	Ejaculation
Testicle	Sperm
Ovulation	Shaft of Clitoris
Shaft of Penis	Fallopian Tube
Vas Deferens	Ovary
Glans of Penis	Glans of Clitoris

Lesson 2: Assessment Questions

1. Circle the correct statements below:

   A. The shapes and sizes of bodies and body parts vary greatly from person to person.
   B. There is a wide range of normal anatomy.
   C. Physical differences between people should be respected.
   D. Physical differences between people are usually the sign of a serious medical problem.

2. Fill in the correct term.

   Ejaculation
   Ovulation
   Semen
   Testicle
   Urethra
   Vagina
   Vulva

   A. The process of the egg leaving the ovary:

   B. The process of sperm leaving the body:

   C. Another word for the labia, clitoris and the opening of the vagina:

   D. A passageway into the body for sperm, and a passageway out of the body for vaginal fluids, menstrual fluids and a baby during childbirth:

   E. Where urine or semen leaves the body;

   F. Where testosterone and sperm are produced, starting in puberty:

   G. The liquid containing sperm and other fluids:

3. Circle the three terms that describe an aspect of sexual response.

   Desire Ovulation Arousal

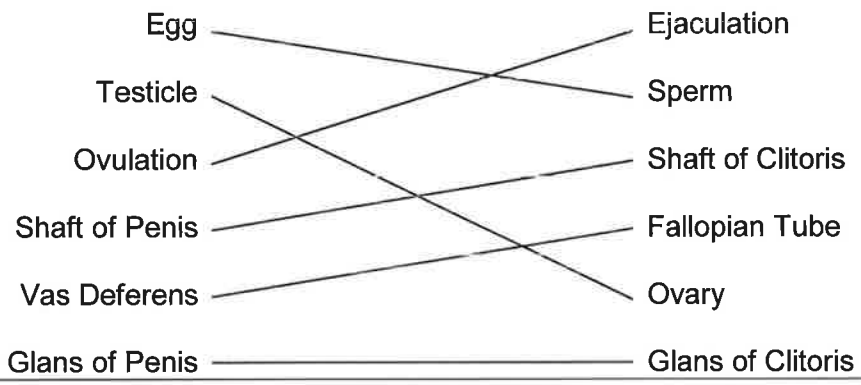
   Release Sperm production

Lesson 2: Assessment Key and Standards Alignment

Question	Answer	Standards
1. Circle the correct statements below: A. The shapes and sizes of bodies and body parts vary greatly from person to person. B. There is a wide range of normal anatomy. C. Physical differences between people should be respected. D. Physical differences between people are usually the sign of a serious medical problem.	A, B and C	NHES: SH1.12.39
2. Fill in the correct term. Ejaculation Ovulation Semen Testicle Urethra Vagina Vulva A. The process of the egg leaving the ovary: B. The process of sperm leaving the body: C. Another word for the labia, clitoris and the opening of the vagina: D. A passageway into the body for sperm, and a passageway out of the body for vaginal fluids, menstrual fluids and a baby during childbirth: E. Where urine or semen leaves the body; F. Where testosterone and sperm are produced, starting in puberty: G. The liquid containing sperm and other fluids:	A. Ovulation B. Ejaculation C. Vulva D. Vagina E. Urethra F. Testicle G. Semen	No High School NHES or NSES standards on reproductive anatomy

3. Circle the three terms that describe an aspect of sexual response. Desire Ovulation Release Arousal Sperm production	Desire, Arousal, Release	NSES: AP.12.CC.1

4. **Exit Ticket:** Draw a line connecting the body parts and processes that have similar roles in most male and female bodies.



Integrated Learning Activities

ART: Reproductive System Illustrations
Look for illustrations of the reproductive system online or in books. Bring examples to class of those you think are the most artistic, the easiest to understand or the most confusing.

FAMILY AND CONSUMER SCIENCE: Impact of Steroids
Research the use of steroids by athletes. Write a paragraph about why these can be harmful to the reproductive system, especially for teens? What steroids do doctors prescribe for people with medical problems? How are these different from steroids taken to improve athletic performance?

MATH: Sperm and Egg Quantities
Find statistics on the number of sperm cells produced in a lifetime. Find comparable statistics on the number of egg cells people are born with. Were these numbers higher or lower than what you expected? Create a graph, chart or table showing the difference between these numbers.

References

[1] Centers for Disease Control and Prevention. Division of Violence Prevention. www.cdc.gov/violenceprevention/sexualviolence/riskprotectivefactors.html. Accessed 12/31/2014.

Pregnancy

Grades 9-12, Lesson 3

Summary

The teacher uses visuals to describe the main processes related to pregnancy. The class brainstorms the early signs of pregnancy and discusses local pregnancy testing resources. The lesson concludes with a game to review content.

Student Learning Objectives

The student will be able to …

1. Identify the laws related to reproductive and sexual health care services.
2. Describe the signs of pregnancy.
3. Describe prenatal practices that can contribute to or threaten a healthy pregnancy.
4. Access medically accurate information about pregnancy, pregnancy options and prenatal care services.

Lesson Timing

Warm up	Bell work + 2 minutes
Purpose of lesson	3 minutes
Process of conception	5 minutes
Early signs of pregnancy and testing	8 minutes
9 Months of pregnancy	7 minutes
Review game	22 minutes
Assign homework	
Exit ticket	3 minutes
Total	50 minutes

FLASH Key Concepts

None

Standards

National Health Education Standards (SHECAT)

Standard 3	Students will demonstrate the ability to access valid information and products and services to enhance health.
SH3.12.1	Evaluate the validity and reliability of sexual health information.
SH3.12.3	Evaluate the validity and reliability of sexual healthcare services.
SH3.12.5	Determine when professional sexual healthcare services may be required.
SH3.12.6	Determine the accessibility of valid and reliable sexual healthcare services.

National Sexuality Education Standards

PR.12.CC.3	Identify the laws related to reproductive and sexual health care services (i.e., contraception, pregnancy options, safe surrender policies, prenatal care).
PR.12.CC.4	Describe the signs of pregnancy.
PR.12.CC.5	Describe prenatal practices that can contribute to or threaten a healthy pregnancy.
PR.12.AI.3	Access medically-accurate information about pregnancy and pregnancy options.
PR.12.AI.4	Access medically-accurate information about prenatal care services.

Rationale

This lesson provides basic information about conception, fertilization, chromosomes, and fetal development. Following the guidance of the National Sexuality Education Standards and National Health Education Standards (SHECAT), it includes information related to pregnancy testing, pregnancy options, safe surrender laws, prenatal care, and related laws and services.

Materials Needed

Student Materials

- *Sexual Health Resources - King County, National,* or develop a local resource sheet
- Local clinic brochures, if available
- *Two Truths and a Lie*
- Blank paper for Two Truths and a Lie game
- *Individual Homework: Pregnancy*
- *Family Homework: Pregnancy,* available in multiple languages on the FLASH website
- *Lesson 3 Exit Ticket*

Classroom Materials

- *Lesson 3 Warm Up*
- *Visuals 1, 2 and 3*

Teacher Materials

- *Developing a Local Sexual Health Resources List: Teacher Guide* for those developing a local resource sheet

Teacher Preparation

1. Create a local Sexual Health Resource Sheet for students, following the instructions in *Developing a Local Sexual Health Resources List: Teacher Guide*

2. Call your local family planning clinic to acquire brochures and learn if pregnancy testing is confidential for minors in your state. Many related state laws are listed at www.guttmacher.org.

   When sharing clinic resources with students, only include clinics that can answer "yes" to the following questions:
   - Does the clinic offer clinical services with a licensed health care provider?
   - Does the clinic provide or refer for all FDA-approved contraceptive methods?
   - Does the clinic provide of refer for prenatal care, adoption and abortion?

   Some clinics advertise as full-service pregnancy centers, even though they are staffed by lay people rather than licensed medical providers. Their purpose is often to dissuade clients from using birth control or accessing abortion services.

3. Prepare Visuals for document camera or projector.

Activities

1. Warm up

Display warm up as bell work.

Question: There are many changes to the body that happen during a pregnancy. List as many as you can.

Possible answers:

- No period
- Tender, swollen breasts
- Feeling tired
- Nausea or vomiting
- Urinating more often
- Like or dislike certain foods
- More sensitive to smell
- Sometimes no symptoms at all

2. Explain purpose of lesson

Today's class will focus on pregnancy, building on what we learned about the reproductive system. We will cover some of the basics about pregnancy including conception, how people know they're pregnant, the stages of pregnancy and having a healthy pregnancy.

3. Briefly cover the process of conception

Project and discuss *Visual 1 and Visual 2.*

Visual 1: Sperm and Egg

- *The human body is made of billions of cells: brain cells, blood cells, bone cells and many more. This includes egg cells and sperm cells. It takes an egg cell and a sperm cell to start a pregnancy.*
- *The egg cell and sperm cell are different from all the other cells in the human body. They have half as many chromosomes. Chromosomes are the parts inside a cell that determine which characteristics are passed from generation to generation.*
- *When sperm and egg join, their chromosomes form into pairs, making them like all the other body cells, with 2 pairs of 23 chromosomes, for a total of 46.*

Visual 2: The First Week

- *The egg cell and sperm cell can join in a few different ways: through vaginal sex, donation of sperm, or the help of medical technology.*
- *When ejaculation happens during vaginal sex without a condom, a teaspoon of semen goes in the vagina. The semen contains about 300 million sperm. Thousands enter the uterus, and travel toward the Fallopian tubes with help from the fluid in the cervix. It takes 2 days for sperm to begin reaching a Fallopian tube.*
- *If ovulation happened recently and an egg cell is present, one sperm cell may enter the egg. Fertilization is complete when the egg cell and sperm cell have joined.*

- *About half of the time, the fertilized egg continues growing. It travels down the Fallopian tube toward the uterus. (If not, the fertilized egg leaves the body with the period blood [1,2]).*
- *By the fourth or fifth day, the fertilized egg is only the size of a grain of sand. It enters the uterus and attaches to the rich lining. This process is called implantation.*
- *Now conception is complete.*

Chromosomes

- *Every cell in the human body has a pair of chromosomes that help determine a person's assigned sex. Remember that egg and sperm cells only have half the chromosomes of other cells. Most egg cells have an X chromosome. Sperm cells usually have either an X or Y chromosome.*
- *When an egg joins a sperm with a Y chromosome, the newly formed cell usually has XY chromosomes and will have a male assigned sex.*
- *When an egg joins a sperm with an X chromosome, the newly formed cell usually has XX chromosomes and will have a female assigned sex.*
- *Sometime when an egg joins a sperm the newly formed cell has XO, XXY, XYY or XXX chromosomes. People with these sets of chromosomes are usually intersex. The doctor may assign the baby male or female sex, depending on the appearance of their genitals. About 1 out of every 2000 people is intersex.*

4. Brainstorm early signs of pregnancy

Have students brainstorm the early signs of pregnancy. Write the signs of pregnancy on the board as students suggest them, providing additional information as needed.

Provide local resources for pregnancy testing by distributing the *Sexual Health Resources* (*King County, National*, or the local one you developed), or clinic brochures, and review state laws for confidential pregnancy testing.

What are some common signs of pregnancy? Let's brainstorm them as a class. (Write students suggestions on the board and add information as needed.)

No period:
Most of the time, periods stop from the beginning of pregnancy, but not always.

Tender, swollen breasts:
As early as 2 weeks after conception, hormone changes may make the breasts feel tender, sore, fuller or heavier.

Feeling tired:
Hormone changes during pregnancy can make a person feel sleepy and less energetic.

Nausea:
Sometimes called "morning sickness," nausea can happen any time of the day. It also comes from the hormone changes of pregnancy. It can include vomiting or not.

Urinate more often:
The feeling of having to go to the bathroom a lot can also be a symptom of pregnancy. This sensation sometimes stops and then comes back later in the pregnancy.

If a person thinks they might be pregnant, even without any of these symptoms, they should get a pregnancy test. A pregnancy test can be done at a clinic or purchased at a drug store to be used at home. It takes about 5 minutes to get the results. At a clinic, the person pees into a cup and a medical staff person runs the test. In a home test, the person pees on the plastic stick that comes with the test. The test can be done 7-10 days after pregnancy begins.

How can people know they are getting a pregnancy test at a reliable clinic?

Answer:
- Clinic has medical staff, such as doctors, nurse practitioners or physician assistants.
- Staff will provide information about places that will help them if they choose to become a parent, have an abortion, or make an adoption plan, without giving personal opinions, or trying to promote a particular choice.

For teachers in King County, Washington:
Hand out *Sexual Health Resources in King County.*
Teens in Washington State can get a pregnancy test confidentially.

For teachers in other parts of the country:
Use *Developing a Local Sexual Health Resources List: Teacher Guide* to develop a local resource sheet or hand out *Sexual Health Resources in the U.S.* Call your local family planning clinic to acquire brochures and learn about relevant state laws. Many state laws are listed at www.guttmacher.org.

5. Briefly describe each trimester of pregnancy

Project and discuss *Visual 3.* Summarize the main events of each trimester of pregnancy, including fetal development, prenatal care and pregnancy options.

Pregnancy trimesters
For the first 2 months, the set of developing cells is called an embryo. After that, it is called a fetus. People often use the word "baby" during pregnancy, but baby *refers to the time after birth. Pregnancies are often described in 3-month periods of time or "trimesters." Each trimester is made up of about 12 weeks.*

***The first trimester** of pregnancy is the first 3 months after conception.*
- *During this time, all the organs begin to develop. This is when the embryo is most at risk for damage from infections and substances such as alcohol and nicotine.*[3]
- *The term "prenatal care" means taking care of the pregnant person's health, which is very important right from the start of the pregnancy. Trying to eat well, rest, take vitamins, exercise, and avoid alcohol, nicotine and other drugs are all important things to do. Seeing a prenatal doctor or midwife is also important at this time.*
- *Most miscarriages happen during the first trimester. A miscarriage is when a pregnancy ends before the fetus can survive on its own. The cause for most miscarriages is not known.*
- *The first trimester is also when most abortions take place.* Abortion *is ending a pregnancy with the help of a doctor. It is the most common medical procedure in the United States*[4]*. People have many different beliefs and feelings about abortion.*

- *By the end of the first trimester, the fetus weighs about a half ounce, about the weight of 3 nickels.*

The second trimester *is the next 3 months of pregnancy.*

- *During this time, the organs continue to grow and mature.*
- *In the middle of the second trimester, the fetus weighs just about 1 pound, about as much as 4 sticks of butter. By the end of the second trimester, it is still unable to survive outside the uterus without extraordinary medical attention.*
- *Prenatal care is still very important at this time.*

The third trimester *is the last 3 months of pregnancy until birth.*

- *During this last trimester, the fetus's brain and lungs continue to mature. The fetus begins to open and close its eyes, suck its thumb, and respond to light and sound.*
- *By the end of the third trimester, when the baby is born, the average weight is 6½ pounds, about as much as 3 quarts of milk, though many babies are smaller or larger.*
- *It's important to know about laws that protect newborns. These are often called "safe haven" laws. Every state allows people in crisis to hand over their newborns to the proper authorities, such as a hospital or fire station, anonymously and without getting in trouble. The purpose of these laws is to protect infants and make sure that there is someone to take care of them.*
- *Stillbirth is the death of a baby before or during delivery. Many of the causes of stillbirth are unknown. Under 1% of babies are stillborn in the United States[5].*

At any time in a pregnancy*, an adoption plan can be made.*

- Adoption *is when people become the legal parent of a child that is not their biological child. Adoption is more common than many people think; over 2% of all U.S. children are adopted.[6] If there is an adoption plan in place, the baby will go to live with the adoptive parents after it is born.*

6. Play "Two Truths and a Lie" game

Hand out the *Two Truths and a Lie* worksheet to each student. Divide the class into teams of three to four people. The teacher reads a statement, and all the teams huddle to decide which statement is untrue (the "lie"). Teams write their answer on a piece of blank paper (1, 2 or 3), and show their answers at the same time. Each team with a correct answer gets a point. Have students correct their worksheets, after each answer is given.

Conclude the lesson.

Today we have talked about how pregnancy happens, and how people know they are pregnant. Later, we will discuss how to prevent pregnancy.

7. Assign homework

Allow students to choose between the individual or family homework and explain the assignments as needed.

Individual Homework: Pregnancy

Family Homework: Pregnancy, available in multiple languages on the FLASH website

8. Exit ticket

Hand out the *Lesson 3 Exit Ticket*.

Questions:

Can teens get a pregnancy test confidentially at a doctor's office or clinic in this state?
Where can teens and adults get a pregnancy test in our community?

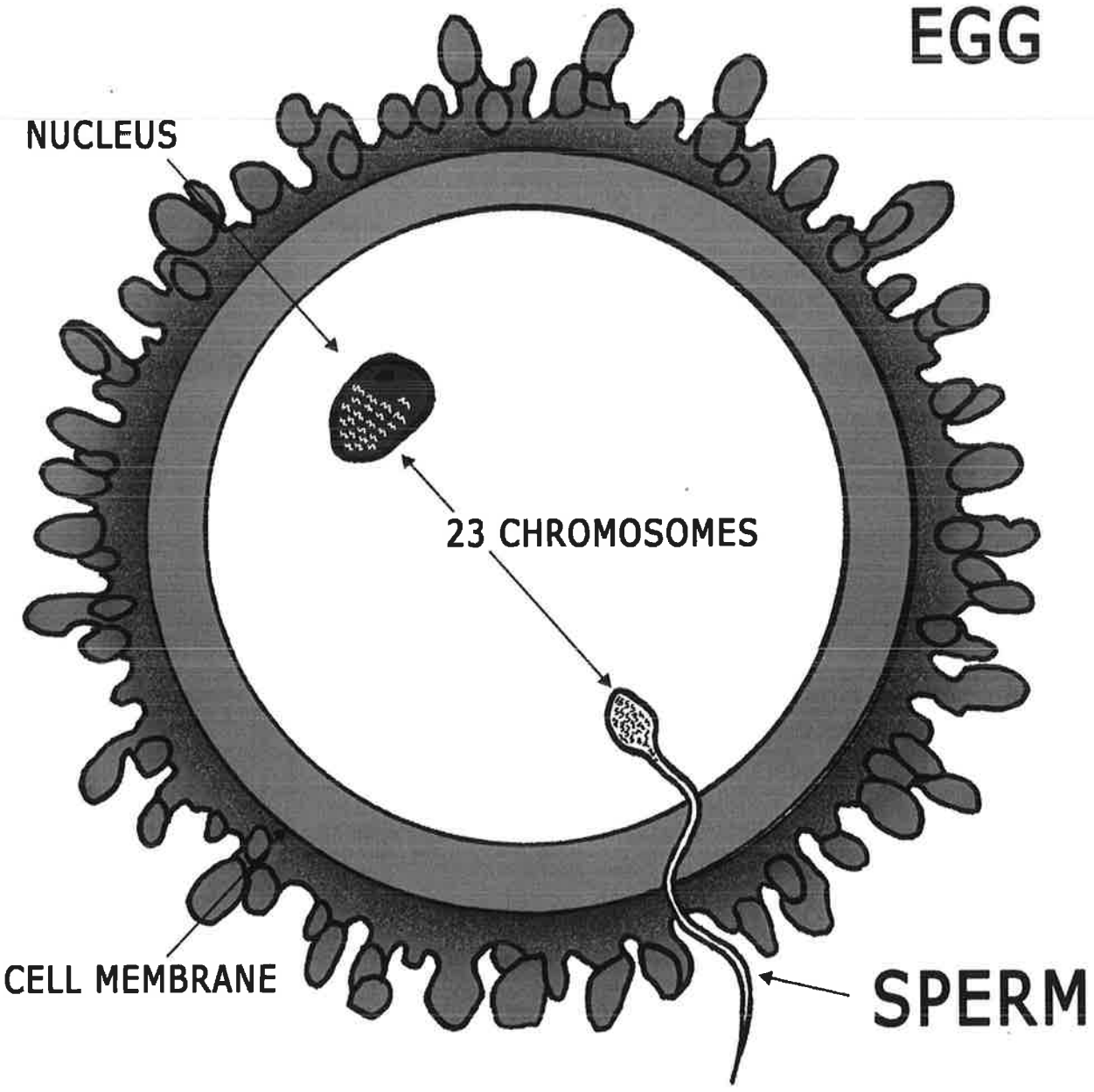
Answer: Depends on community. Use information acquired for Activity 4.

Warm Up

There are many changes to the body that happen during a pregnancy. List as many as you can.

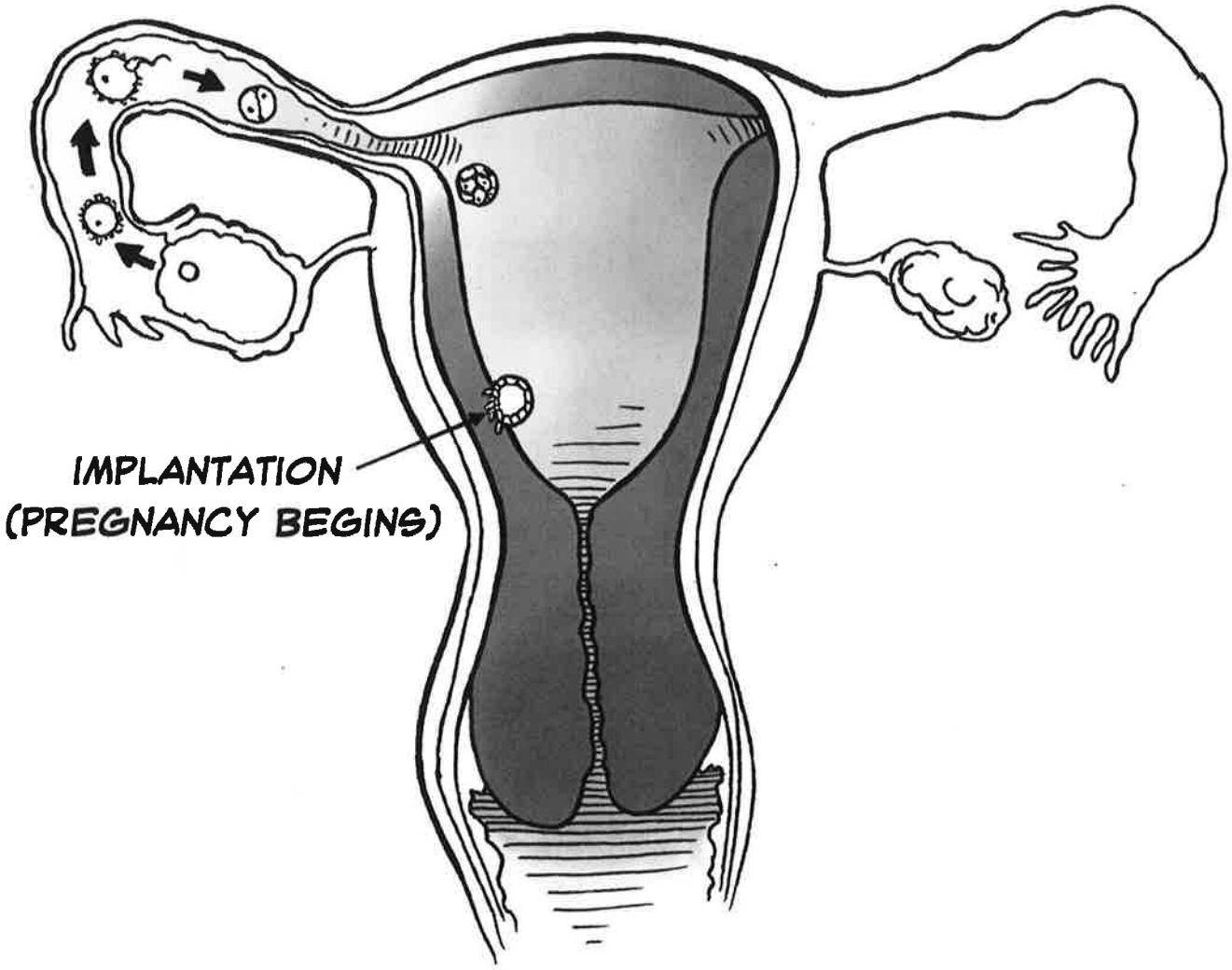
Visual 1

Sperm & Egg



Visual 2

The First Week



Visual 3

Pregnancy Trimesters

First Trimester
Conception - 3 months
major organs developing
most miscarriages happen
most abortions take place

Second Trimester
4 months - 6 months
organs keep growing and developing

Third Trimester
7 months - 9 months
brain and lungs continue to mature
under 1% of all births will be still births
birth typically during weeks 37-42

Week 1 | 12 | 22 | 28 | 40

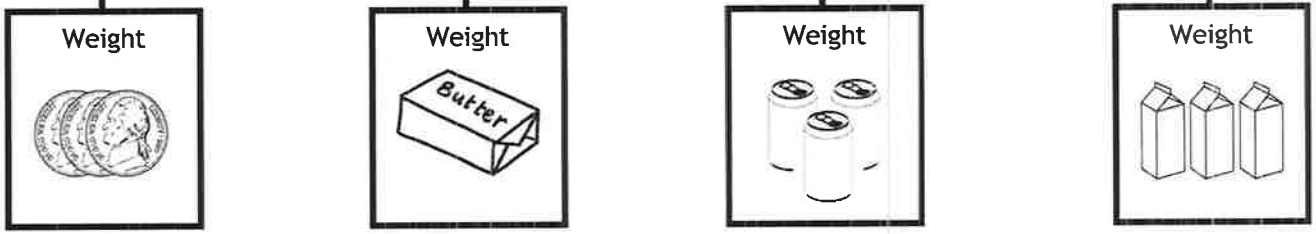
Day 1: First day of period

Week 3: Sperm and egg meet, fertilization

Week 4: Implantation

Week 5: earliest possible pregnancy test, 2 weeks after sperm and egg meet

Week 12: embryo becomes a fetus



- Prenatal care is important in every stage of a pregnancy
- An adoption plan can be made at any point in a pregnancy

Sources: Centers for Disease Control[9], Mayo Clinic[10]

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Sexual Health Resources
In King County

Student Handout

Confidential
Teens of any age can get all the services listed on this handout confidentially in Washington State. Confidential services include birth control, condoms, emergency contraception, pregnancy tests, STD and HIV tests, prenatal care, abortion and adoption.

Birth Control and STD Clinics
These clinics have birth control, condoms, emergency contraception, pregnancy tests, STD tests and HIV tests. Services are confidential. Teens in Washington State can sign up for free birth control insurance, called Take Charge, at Public Health and Planned Parenthood.

Public Health – Seattle & King County
Free or low cost teen clinics
206-263-1505
www.teenclinic.com

Planned Parenthood Great Northwest
1-800-769-0045
www.plannedparenthood.org

- Birth control method information (World Health Organization): Scroll down to see chart. http://www.who.int/mediacentre/factsheets/fs351/en/
- STD information (Centers for Disease Control): http://www.cdc.gov/std/
- HPV vaccine information (Centers for Disease Control): http://www.cdc.gov/vaccines/vpd-vac/hpv/

Help Finding a Clinic and Other Services
Community Health Access Program
(CHAP Line)
206-284-0331 or 1-800-756-5437
Also helps people apply for health insurance
chap@kingcounty.gov

Teen Link
1-866-833-6546
www.866teenlink.org

Prenatal Care
Public Health – Seattle & King County
Maternity Support Clinics and WIC
206-263-1505
www.kingcounty.gov/healthservices/health/personal/MSS.aspx

Abortion Clinics
Cedar River Clinics
(425) 255-0471
www.cedarriverclinics.org

Planned Parenthood
1-800-769-0045
http://www.plannedparenthood.org/planned-parenthood-great-northwest

Adoption Agencies
Amara
(206) 260-1700
http://amaraparenting.org

Open Adoption & Family Services
1-800-772-1115
http://www.openadopt.org/

Sexual Health Resources In the U.S.

Student Handout

Confidential
Click on the map to find out if sexual health services are confidential in your state.
http://sexetc.org/action-center/sex-in-the-states/

Birth Control and STD Clinics
There are many websites and phone numbers to help teens find birth control, condoms, emergency contraception, pregnancy tests, STD tests and HIV tests.

- Enter your zip code or call to find the nearest Planned Parenthood clinic.
  www.plannedparenthood.org 1-800-230-PLAN
- Enter your zip code to find the nearest birth control clinic that is free or low cost.
  http://www.hhs.gov/opa/
- Enter your zip code to find a clinic for HIV tests, birth control, counseling and other services.
  www.aids.gov
- Enter your zip code to find the nearest place to get emergency contraception.
  www.not-2-late.com
- Call your local public health department to get information about local birth control and STD clinics.
- Birth control method information (World Health Organization): Scroll down to see chart.
  http://www.who.int/mediacentre/factsheets/fs351/en/
- STD Information (Centers for Disease Control): http://www.cdc.gov/std/
- HPV Vaccine Information (Centers for Disease Control): http://www.cdc.gov/vaccines/vpd-vac/hpv/

Help Finding a Clinic and Other Services

- Enter your address to find the nearest health clinics that are free or low cost. These clinics are for all health issues, not just sexual health.
  http://findahealthcenter.hrsa.gov/

Prenatal Care

- Scroll to your state to find the phone number for the Women, Infants, Children (WIC) Program.
  http://www.fns.usda.gov/wic/toll-free-numbers-wic-state-agencies
- WIC is a nutrition program that helps pregnant women, new mothers, and young children eat well, learn about nutrition and stay healthy. They also give information about where to get prenatal care.

Abortion Clinics

- Click on the map to see a list of abortion clinics in your state.
  http://prochoice.org/think-youre-pregnant/find-a-provider/
- Call 1-877-257-0012 to find the nearest abortion clinic.
- Call 1-800-772-9100 to get more information about abortion and where to get financial help.

Adoption Agencies

- Call 1-800-772-1115 to talk with an adoption counselor at Open Adoption and Family Services.
- The phone line is open 24 hours a day.

Developing a Local Sexual Health Resources List

Teacher Guide

In order to ensure that students have access to the health care services they need, it is important for teachers to develop a sexual health resource sheet specific to their geographic area. FLASH provides a resource sheet for King County, Washington, as an example that can be used as a template. If you are not familiar with the resources in your area, the following national resources will help you in compiling a local resource sheet. If, for some reason, you cannot develop a local resource sheet, a national resource sheet has been provided for you.

FLASH recommends referring young people to clinics and agencies that are teen and LGBT friendly, culturally competent, supportive of all pregnancy options, and that consider the teen to be their primary client. When creating your local resource sheet, keep these criteria in mind.

Confidential
Individual state policies on teens accessing reproductive health care are provided by Sex, etc., a project of Rutgers University. http://sexetc.org/action-center/sex-in-the-states/

Birth Control and STD Clinics
To find local birth control and STD clinics, call your local health department. If you need further assistance finding clinics that offer a full array of services, the following links may be of help.

- www.plannedparenthood.org to find a local Planned Parenthood clinic
- http://www.hhs.gov/opa/ to find a local Title X clinic
- www.not-2-late to find locations for accessing emergency contraception
- http://locator.aids.gov/ to find HIV testing locations

Help Finding a Clinic and Other Services
The U.S. Department of Health and Human Services, Health Resources and Services Administration maintains a list of sliding scale or free clinics across the United States.
http://findahealthcenter.hrsa.gov/

Prenatal Care
To find prenatal care providers who serve teens, call your local WIC provider. The link below provides a State number, that can direct you to a local provider.
www.fns.usda.gov/wic/toll-free-numbers-wic-state-agencies

Abortion Clinics
The National Abortion Federation maintains a list of abortion providers by state.
http://prochoice.org/think-youre-pregnant/find-a-provider/

Adoption Agencies
Open Adoption and Family Services works with clients from across the nation. Should a client prefer a local resource, they will work with her to identify a local provider.
http://www.openadopt.org/

Two Truths and a Lie Activity

Name: _____ **Period:** _____

Directions: Each topic below has two correct statements and one false statement. With your team, circle the statements you think are false.

A. Pregnancy signs
1. Periods stop as soon as a person gets pregnant.
2. Common signs of pregnancy include breast tenderness, nausea and feeling tired.
3. Having to urinate more often than usual is common during pregnancy.

B. Pregnancy testing
1. A pregnancy test can be purchased at a drug store or done at a health clinic.
2. Pregnancy tests can show results as soon as 1 hour after conception.
3. A pregnancy test usually involves testing urine.

C. Clinics and laws *(Note: Teachers outside of Washington State will need to adapt this item.)*
1. In Washington State, a person can get a pregnancy test at any clinic or doctor's office, even if under age 18.
2. The results of a pregnancy test are kept confidential in Washington State.
3. All states have the same laws about minors (people under age 18) and reproductive health care.

D. Fertilization and conception
1. The ovum and the sperm meet in the fallopian tube.
2. Fertilization and conception usually take place within moments of vaginal sex.
3. Implantation is when the fertilized egg attaches to the lining of the uterus.

E. Prenatal care
1. Prenatal care includes avoiding nicotine, alcohol and other drugs during pregnancy.
2. Prenatal care includes seeing a doctor or midwife during pregnancy.
3. Prenatal care includes testing to find out why a person is having trouble getting pregnant.

Two Truths and a Lie - KEY

The incorrect statements (lies) are listed below and explained.

A. Pregnancy symptoms

1. "Periods stop as soon as a person gets pregnant" is the false statement. A little light bleeding is normal. If there is bleeding at any time during a pregnancy, it's important to call the prenatal doctor or midwife, to make sure everything is OK.

B. Pregnancy testing

2. "Pregnancy tests can show results as soon as 1 hour after conception" is the false statement. Urine pregnancy tests are usually accurate 7-10 days after conception, or about 2 weeks after vaginal sex.

C. Clinics and laws

3. "All states have the same laws about minors (people under age 18) and reproductive health care" is the false statement. A good way to find out the laws for your state is to call a local reproductive health clinic.

D. Fertilization and conception

2. "Fertilization and conception usually take place within moments of vaginal sex" is the false statement. Fertilization and conception can take place within several days of vaginal intercourse, depending on when an egg is present.

E. Prenatal care

3. "Prenatal care includes testing to find out why a person is having trouble getting pregnant" is the false statement. Prenatal care occurs during pregnancy. There are other terms for health care that takes place before getting pregnant.

Individual Homework: Pregnancy

Name: _____ **Period:** _____

Directions: Imagine that a friend has just come to you and thinks they might be pregnant. What would you say to them? Think about things you learned in today's class about pregnancy and resources.

Write them an e-mail, text or note as a supportive friend. Include information about a reliable clinic they could go to for a pregnancy test, and whether or not the law says they can go on their own. Use this page or attach it to this page.

Due: _____

Family Homework: Talking about Pregnancy

All Family Homework is optional. Students may complete Individual Homework instead.

Purpose: Family Homework is a chance to share your beliefs about sexuality and relationships, and the beliefs of your family, culture or religion.

Directions: Student will do the homework with a family member or trusted adult who is like family. Find a quiet place where the two of you can talk privately for 5-10 minutes. Please follow these guidelines:

- It is okay for either of you to skip a question.
- What you discuss will not be shared with anyone else, unless you give one another permission to share it.
- Take turns asking questions. When it is your turn to listen, try to understand the other person's response.

Ask the adult: What information did you receive about pregnancy when you were in school?

Ask the student: Tell me about some of the things you discussed in class today, including the following terms: trimester, conception and fertilization.

Adults who have been pregnant can share stories of the pregnancy with the student.

Family Homework Confirmation Slip: Talking about Pregnancy

Due: _____

We have completed the family homework.

_____ _____

Date Signature of family member or trusted adult

_____ _____

Student's name Signature of student

Exit Ticket

Can teens get a pregnancy test confidentially at a doctor's office or clinic in this state?

Where can teens and adults get a pregnancy test in our community?

Lesson 3: Assessment Questions

1. Circle the common signs of pregnancy below.

   Missed period

   More frequent periods

   Tender breasts

   Tired

   Nausea

2. What is the sure way to know a person is pregnant?

3. List at least 3 important ways to take care of health during pregnancy.

4. Which of the following clinics would most likely have reliable information and services for pregnancy, prenatal care and pregnancy options?

   A. Clinics that show up on an internet search for "pregnancy"
   B. Clinics with licensed medical providers, such as doctors and midwives.
   C. Clinics that help their patients get prenatal care, an abortion or adoption services, without pressuring them.

Lesson 3: Assessment Key and Standards Alignment

Question	Answer	Standards
1. Circle the common signs of pregnancy below. Missed period More frequent periods Tender breasts Tired Nausea	Missed period Tender breasts Tired Nausea	NSES: PR.12.CC.4
2. What is the sure way to know a person is pregnant?	A pregnancy test	NSES: SH3.12.5
3. List at least 3 important ways to take care of health during pregnancy.	Possible answers: Go to a prenatal doctor or midwife. Avoid nicotine, alcohol and other drugs. Have a healthy lifestyle (good nutrition, exercise, etc.) Take vitamins	NSES: PR.12.CC.5
4. Which of the following clinics would most likely have reliable information and services for pregnancy, prenatal care and pregnancy options? A. Clinics that show up on an internet search for "pregnancy" B. Clinics with licensed medical providers, such as doctors and midwives. C. Clinics that help their patients get prenatal care, an abortion or adoption services, without pressuring them.	Both B and C	NSES: PR.12.AI.3 PR.12.AI.4 NHES: SH3.12.1 SH3.12.3
Exit Ticket: Can teens get a pregnancy test confidentially at a doctor's office or clinic in this state? Where can teens and adults get a pregnancy test in our community?	Answer depends on the community. This information is provided by the teacher in Activity 4.	NSES: PR.12.CC.3 PR.12.AI.3 SH3.12.6 NHES: SH3.12.6

Integrated Learning Activities

ART: Community Testing Map
Have students create a colorful map of places in your community (defined however you wish) where people can get a free and confidential pregnancy test. If you live in King County, Washington, students can go to www.teenclinic.com for more information.

SOCIAL STUDIES / CIVICS: Minors' Reproductive Rights
Help students research state laws about minors' rights to reproductive health care. Have them work in small groups or individually to compare and contrast four states of their choice and create a brief report highlighting their findings. Discuss which states have more permissive or restrictive laws around teens accessing health care on their own. Refer students to this website for help in their research: www.sexetc.org/state.

MATH: Due Dates
Ask students to calculate the end of each trimester and the estimated due date for a pregnancy when the first day of the last menstrual period was October 10, 2016 [or other current date]. Remind them to show their calculations.

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Sexual Orientation and Gender Identity

Grades 9-12, Lesson 4

Summary

Students differentiate between assigned sex, sexual orientation, sexual behavior and gender identity by matching definition strips to terms on papers hung around the room. Next, they view a short video that illustrates the ways society places expectations on people to be heterosexual. The teacher leads a class discussion to follow up, covering the ways that these expectations and pressures can be harmful to all people. Finally, students analyze a fictional advice column and apply the content they have covered in class by analyzing the response and offering their own advice.

Student Learning Objectives

The student will be able to …

1. Differentiate between assigned sex, sexual orientation and gender identity.
2. Summarize ways that society places expectations on people to be heterosexual, cisgender, and to conform to gender norms.
3. Summarize ways to show courtesy and respect for others whose aspects of sexuality are different from one's own.

Lesson Timing

Warm up	Bell work + 2 minutes
Purpose of lesson and tone	1 minute
Definitions activity	15 minutes
Video and discussion	15 minutes
Advice column	15 minutes
Assign homework	
Exit ticket	2 minutes
Total	50 minutes

Key Concepts

Everyone has a sexual orientation and a gender identity.

A person knows their sexual orientation because of who they feel attracted to, not because of who they have sex with.

A person knows their gender identity because they feel like a boy, a girl, both, neither or somewhere in between, not because of their body parts.

People of all sexual orientations and gender identities need to know how to prevent pregnancy and STDs, either for themselves or to help a friend.

Standards

National Health Education Standards (SHECAT)

Standard 1	Students will comprehend concepts related to health promotion and disease prevention.
SH1.12.39	Summarize the benefits of respecting individual differences in aspects of sexuality (such as sexual activity, sexual abstinence, sexual orientation, gender expression, or gender identity), growth and development, and physical appearance.
SH1.12.40	Summarize why it is wrong to tease or bully others based on aspects of their sexuality (such as sexual activity, sexual abstinence, sexual orientation, gender expression, or gender identity).
SH1.12.41	Summarize how intolerance can affect others when aspects of their sexuality (such as sexual activity, sexual abstinence, sexual orientation, gender expression, or gender identity) are different from one's own.
SH1.12.42	Summarize ways to show courtesy and respect for others when aspects of their sexuality (such as sexual activity, sexual abstinence, sexual orientation, gender expression, or gender identity) are different from one's own.
Standard 4	Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.
SH4.12.6	Demonstrate how to effectively communicate support for peers whose aspects of their sexuality (such as sexual activity, sexual abstinence, sexual orientation, gender expression, or gender identity) are different from one's own.

National Sexuality Education Standards

ID.12.CC.1	Differentiate between biological sex, sexual orientation, and gender identity and expression.
ID.12.CC.2	Distinguish between sexual orientation, sexual behavior and sexual identity.
ID.12.INF.1	Analyze the influence of friends, family, media, society and culture on the expression of gender, sexual orientation and identity.

Rationale

This lesson is designed to help students understand that everyone has a sexual orientation and a gender identity, and to develop language to talk respectfully and competently about these aspects of sexuality. It is further designed to help students recognize that the stigma and discrimination often directed toward lesbian, gay, bisexual, transgender and queer (LGBTQ) people are harmful and limiting to everyone. This content is foundational for a comprehensive sexual health curriculum and aligns with National Health Education Standards (SHECAT) and National Sexuality Education Standards.

FLASH is inclusive of LGBTQ individuals throughout the curriculum. LGBTQ youth experience worse sexual health outcomes than their heterosexual peers, including higher rates of pregnancy, STDs and sexual violence.[1] [2] [3] Evidence suggests that an LGBTQ-inclusive curriculum may help alleviate some of these outcomes.[3]

Every classroom has LGBTQ students and/or students who have LGBTQ loved ones.[3] While a diversity of opinion still exists about the rightness or wrongness of same-sex relationships, these students must be supported and treated respectfully. The two biggest protective factors that help ensure LGBTQ students' success are the home and the school environment.

For more information on creating a welcoming and supportive school environment, see Teaching Tolerance's "Best Practices: Creating an LGBT-inclusive School Climate" at: http://www.tolerance.org/lgbt-best-practices.

For more information about creating a welcoming and supportive home environment, see the Family Acceptance Project's "Family Education Information" at: http://familyproject.sfsu.edu/publications

Materials Needed

Student Materials

- *Definition Strips*
- *Advice Column Handout*
- *Individual Homework: Advice Column*
- *Family Homework: Talking About Sexual Orientation and Gender Identity,* available in multiple languages on the FLASH website
- *Lesson 4 Exit Ticket*

Classroom Materials

- *Lesson 4 Warm Up*
- *Assigned Sex Visual*
- *Gender Identity Visual*
- *Sexual Orientation Visual*
- *Sexual Behavior Visual*
- *Discussion Questions Visual*

Teacher Preparation

1. Preview the 4-minute video "LGBT Discrimination" from Sex, etc., which imagines a world where heterosexuals are the minority. http://sexetc.org/videos/lgbtq-discrimination/

2. Make and hang 4 signs with the following terms around the room:
   - Assigned Sex
   - Gender Identity
   - Sexual Orientation
   - Sexual Behavior

3. Copy and cut apart the *Definition Strips*.

Activities

1. Warm up

Display warm up as bell work. Do not ask students to share their responses to the bell work and do not discuss it as a class. The purpose of this warm up is to set a favorable tone for the rest of the lesson. It is not intended to be used as a debate.

Question: Polls show that young people today are more accepting of lesbian, gay, bisexual and transgender people than ever before. Why do you think that is?

2. Introduce the lesson and review the importance of ground rules

Today we'll be talking about sexual orientation and gender identity, that is, what it means to be gay, lesbian, bisexual, queer or straight and what it means to be transgender or cisgender. From now on, I'll use the acronym LGBTQ to stand for "lesbian, gay, bisexual, transgender and queer." We'll begin with understanding those words and a few other terms.

Like the other issues we'll address in this unit, this one has personal meaning to many members of this class. In any school, there are gay, lesbian, bisexual or transgender students. There are also students who have close family members or friends who are LGBTQ. It's going to be important that we remember our ground rules and be respectful today.

3. Conduct definitions activity

Point out the signs around the room:

- Assigned Sex
- Gender Identity
- Sexual Orientation
- Sexual Behavior

Pass out the *Definition Strips* and ask students to work in pairs to tape them on the sign with the term they belong with. After students complete the activity, debrief each term one at a time, using the visuals with definitions. Debrief terms in the order they are listed in the lesson. Have students read the bullets aloud and answer any questions that arise. After explaining the terms, ask students to volunteer a definition for assigned sex, gender identity and sexual orientation, to check for understanding and reinforce learning.

(Note: If you need to review more background information about LGBTQ terminology for yourself, visit the Human Rights Campaign website at: http://www.hrc.org/resources/entry/sexual-orientation-and-gender-identity-terminology-and-definitions.)

Assigned Sex

- When a baby is born, the doctor usually says the baby is male or female, depending on the appearance of the baby's genitals. This is the baby's *assigned sex.*
- *Assigned sex* can be based on a person's genitals, reproductive organs, chromosomes and hormones.
- The *assigned sex* of people with XX chromosomes is usually female.

- The *assigned* sex of people with XY chromosomes is usually male.
- The *assigned sex* of people with XO, XYY or other chromosomes is male or female depending on the appearance of their genitals. This is called intersex.

Gender Identity

- *Gender identity* is a deep feeling people have about whether they are a guy, a girl, both, neither or somewhere in between.
- People often know their *gender identity* when they are very little, before they start kindergarten, although everyone is different and some people will know when they are younger or older.
- When a person's *gender identity* is the same as their assigned sex, it is usually called cisgender.
- When a person's *gender identity* is not the same as their assigned sex, it is often called transgender. People may also identify as gender queer, gender fluid or some other *gender identity*.

Sexual Orientation

- *Sexual orientation* describes who a person is attracted to - the same gender, another gender, or all genders.
- Some examples of *sexual orientation* are gay, lesbian, bisexual, straight, queer, etc.
- *Sexual orientation* is based on who people are romantically, sexually or emotionally attracted to, not necessarily who they have sex with or make out with.

Sexual Behavior

- *Sexual behavior* describes what someone does sexually - oral, anal or vaginal sex, making out, etc.
- Sometimes *sexual behavior* matches a person's sexual orientation, and sometimes it does not. For example, a person who identifies as straight might have had sex or made out with someone of the same gender.

4. Show video

Show the video "LGBTQ Discrimination" (**http://sexetc.org/videos/lgbtq-discrimination/**)

We are going to watch a short video and then answer some questions about it. Watch closely so you can provide examples from the video when we are discussing it.

Have students work in groups of 2 or 3 to answer the following questions. Project the Discussion Questions visual for students to reference as they work in their groups. Assign the first 2 questions to one half of the class and the remaining 2 questions to the other half of the class.

Allow 3–5 minutes for students to discuss the questions in their groups before debriefing as a large group.

- In his dream, how does the main character know he's is in a world where being straight is the minority?
- The main character was bullied and teased for being straight. How could that negatively impact him?

- In our society, how are people given the message that being straight is the "right" or "normal" way to be?
- How can these messages harm or limit people? (including straight, gay, lesbian, bisexual, transgender and cisgender people)

Then lead a class discussion about the ways society places expectations on people to be heterosexual and gender conforming.

In his dream, how does the main character know he's is in a world where being straight is the minority?

- *Sees same sex couples holding hands.*
- *People tease him about the photo on his phone.*
- *Friends ask him to explain his sexual orientation.*
- *Friends think he should try a different sexual orientation.*

The main character was bullied and teased for being straight. How could that negatively impact him?

- *Could make him feel like an outsider.*
- *Could make him feel pressured to change or hide who he is.*
- *Could make him feel bad about himself or ashamed.*
- *Could make him feel afraid to come to school.*
- *Could make him depressed or even suicidal.*

In our society, how are people given the message that being straight is the "right" or "normal" way to be?

- *Marriage between people of the same gender is still controversial.*
- *Media shows mostly heterosexual people.*
- *Young people are asked by parents and others if they have a boyfriend or girlfriend (presumed heterosexuality).*
- *Have to "come out" if you are gay, lesbian or bisexual, but not if you are straight.*
- *Threats, violence or discrimination directed towards LGBTQ people.*

How can these messages harm or limit people (including straight, gay, lesbian, bisexual, transgender and cisgender people)?

- *Straight people might feel like they have to stay away from LGBTQ people so they don't get labeled as gay.*
- *Makes it hard for people to be themselves.*
- *Harder for people to pursue their interests, especially if the interest is stereotypically associated with the other gender (for example, a boy who likes to sing, a girl who wants to be a truck driver).*
- *Makes people feel ashamed of who they are, especially if they are LGBTQ.*
- *Harder for people to wear the clothes they like or listen to music they like, especially if others think it is not the right choice for their gender.*

5. Conduct advice column activity

Distribute the *Advice Column Handout* and have two volunteers read the entry from "Lonely" and the response from the advice columnist. After they've read the answer, ask the class if they think the advice given was good. Then, have students work in groups of 2 or 3 to

answer the advice column questions to give better advice. When discussing Lonely, be careful to say "Lonely" or "they." It's important that you not assign a gender to Lonely, even if the students do. Sample responses are provided in the script.

This wasn't very good advice! Let's take a few minutes to answer these questions and see if we can do better.

Do we know Lonely's gender identity or sexual orientation? Does the advice columnist make some assumptions about Lonely's gender identity and sexual orientation?

- *No, we don't know. The columnist assumes Lonely is a straight girl, but we don't know. Lonely could be a cisgender guy or girl, or a transgender person of any gender. Lonely could also be gay, lesbian, bisexual or straight.*

How does the advice columnist send the message that being straight is the preferred way to be?

- *The advice columnist assumes Lonely is a straight girl, and assumes that Lonely will be dating boys. For example, when the advice columnist says, "There are lots of boys who are interested in girls who like reading and the outdoors" it makes it seem like being straight is the only way to be.*
- *The advice columnist doesn't say anything to let Lonely know that it is OK to date someone other than boys.*

How does the advice columnist send the message that Lonely should act more feminine?

- *The advice columnist tells Lonely not to "lose touch with her feminine side."*
- *The advice columnist says that Lonely should find a way to like doing hair and makeup and talking about boys.*

What is one piece of advice you would give Lonely? Be careful not to make any assumptions about Lonely's gender identity or sexual orientation, and not to pressure Lonely to conform to gender expectations or a specific sexual orientation.

- *Be true to yourself!*
- *It's OK to find friends that have similar interests. You shouldn't feel pressured to do the things your friends are doing if you don't want to.*
- *When your friends say no one will want to date you, they are being mean.*
- *If you decide you want to go on dates, it's important to be who you are, and not pretend to like things you don't. It is hard to find people you really like if you are pretending.*
- *If you decide you want to go on dates with guys or with girls, it's best if you have things in common with them too.*
- *Sometimes people think there are certain ways guys are supposed to act and girls are supposed to act. That's not really true.*

6. Assign homework

Allow students to choose between the individual or family homework and explain the assignments as needed.

Individual Homework: Advice Column

Family Homework: Talking About Sexual Orientation and Gender Identity, available in multiple languages on the FLASH website

7. Exit ticket

Hand out the *Lesson 4 Exit Ticket*.

Prompt: Write 1-2 sentences explaining why it is wrong to tease or bully people because of their sexual orientation or gender identity.

Possible answers:

- Could make them feel like an outsider.
- Could make them feel pressured to change or hide who they are.
- Could make them feel bad or ashamed about themselves.
- Could make them feel afraid to come to school.
- Could make them depressed or even suicidal.
- Because it is disrespectful and rude.

Warm Up

Polls show that young people today are more accepting of lesbian, gay, bisexual and transgender people than ever before. Why do you think that is?

Definition Strips

When a baby is born, the doctor usually says the baby is male or female, depending on the appearance of the baby's genitals. This is the baby's _____ _____.
_____ _____ can be based on a person's genitals, reproductive organs, chromosomes and hormones.
The _____ _____ of people with XX chromosomes is usually female.
The _____ _____ of people with XY chromosomes is usually male.
The _____ _____ of people with XO, XXY, or other chromosomes is male or female depending on the appearance of their genitals. This is called intersex.
_____ _____ is a deep feeling people have about whether they are a guy, a girl, both, neither or somewhere in between.

People often know their _____ _____ when they are very little, before they start kindergarten, although everyone is different and some people will know when they are younger or older.

When a person's _____ _____ is the same as their assigned sex, it is usually called cisgender.

When a person's _____ _____ is not the same as their assigned sex, it is usually called transgender. People may also identify as gender queer, gender fluid, or some other _____ _____.

_____ _____ describes who a person is attracted to - the same gender, another gender, or all genders.

Some examples of _____ _____ are gay, lesbian, bisexual, straight, queer, etc.

_____ _____ is based on who people are romantically, sexually or emotionally attracted to, not necessarily who they have sex with or make out with.

_____ _____ describes what someone does sexually – oral, anal or vaginal sex, making out, etc.

Sometimes _____ _____ matches a person's sexual orientation, and sometimes does not. For example, a person who identifies as straight might have had sex or made out with someone of the same gender.

Visual

Assigned Sex

- When a baby is born, the doctor usually says the baby is male or female, depending on the appearance of the baby's genitals. This is the baby's assigned sex.

- Assigned sex can be based on a person's genitals, reproductive organs, chromosomes and hormones.

- The assigned sex of people with XX chromosomes is usually female.

- The assigned sex of people with XY chromosomes is usually male.

- The assigned sex of people with XO, XYY or other chromosomes is male or female depending on the appearance of their genitals. This is called intersex.

Visual

Gender Identity

- Gender identity is a deep feeling people have about whether they are a guy, a girl, both, neither or somewhere in between.

- People often know their gender identity when they are very little, before they start kindergarten, although everyone is different and some people will know when they are younger or older.

- When a person's gender identity is the same as their assigned sex, it is usually called cisgender.

- When a person's gender identity is not the same as their assigned sex, it is often called transgender. People may also identify as gender queer, gender fluid or some other gender identity.

Visual

Sexual Orientation

- Sexual orientation describes who a person is attracted to - the same gender, another gender, or all genders.

- Some examples of sexual orientation are gay, lesbian, bisexual, straight, queer, etc.

- Sexual orientation is based on who people are romantically, sexually or emotionally attracted to, not necessarily who they have sex with or make out with.

Visual

Sexual Behavior

- Sexual behavior describes what someone does sexually—oral, anal or vaginal sex, making out, etc.

- Sometimes sexual behavior matches a person's sexual orientation, and sometimes it does not. For example, a person who identifies as straight might have had sex or made out with someone of the same gender.

Visual

Discussion Questions

1. In his dream, how does the main character know he's is in a world where being straight is the minority?

2. The main character was bullied and teased for being straight. How could that negatively impact him?

3. In our society, how are people given the message that being straight is the "right" or "normal" way to be?

4. How can these messages harm or limit people? (including straight, gay, lesbian, bisexual, transgender and cisgender people)

Advice Column Handout

Dear Advice Columnist

I've recently been having some trouble with my friends. It seems like we don't have very much in common lately. All they want to do is look at magazines and talk about musicians they like and think are cute, or they want to do each other's hair and makeup. I'm just not interested in that stuff! I'd rather do something outside, like go for a hike, or just read a book that I like. They think I'm weird, and they tell me that no one is ever going to want to date me. What should I do?

Lonely

Dear Lonely,

It sounds like you are going through a rough time with your friends! Are there any popular musicians that you like or think are cute? If so, maybe you could bring them up in conversation with your friends. Also, perhaps your friends would like to go on a hike with you if you also participated in the things that they like, such as doing each other's hair and makeup. As for what your friends said about dating, I don't think that is true. There are lots of boys who are interested in girls who like reading and the outdoors. As long as you are careful not to lose touch with your feminine side, I don't think you will have any trouble. I am sure this is just a bump in your friendship with these girls, just hang in there and it will likely pass.

- Do we know Lonely's gender identity? Their sexual orientation? Does the advice columnist make any assumptions about Lonely's gender identity or sexual orientation?
- How does the advice columnist send the message that being straight is the preferred way to be?
- How does the advice columnist send the message that Lonely should act more feminine?
- What is one piece of advice you would give Lonely? Be careful not to make assumptions about Lonely's gender identity or sexual orientation, and not to pressure Lonely to conform to gender expectations or a specific sexual orientation.

Individual Homework: Advice Column

Name: _____ **Period:** _____

Instructions: Write a response to Lonely that does not make assumptions about Lonely's gender or sexual orientation, and does not pressure Lonely to conform to gender expectations or a specific sexual orientation.

Dear Advice Columnist,

I've recently been having some trouble with my friends. It seems like we don't have very much in common lately. All they want to do is look at magazines and talk about musicians they like and think are cute, or they want to do each other's hair and makeup. I'm just not interested in that stuff! I'd rather do something outside, like go for a hike, or just read a book that I like. They think I'm weird, and they tell me that no one is ever going to want to date me. What should I do?

Lonely

Family Homework: Talking about Sexual Orientation and Gender Identity

All Family Homework is optional. Students may complete individual Homework instead.

Purpose: Family Homework is a chance to share your beliefs about sexuality and relationships, and the beliefs of your family, culture or religion.

Directions: Student will do the homework with a family member or trusted adult who is like family. Find a quiet place where the two of you can talk privately for 5-10 minutes. Please follow these guidelines:

- It is okay for either of you to skip a question.
- What you discuss will not be shared with anyone else, unless you give one another permission to share it.
- Take turns asking questions. When it is your turn to listen, try to understand the other person's response.

Ask the adult: Do you think it is right or wrong for two guys or two girls to be in an intimate relationship? What makes it right or wrong?

Ask the student: Suppose a good friend told you they were transgender. How would you feel? What would you say or do? Why?

Ask the student: Did you used to believe any stereotypes about LGBT people that you don't believe any more? What changed your thinking?

Ask the adult: Did you used to believe any stereotypes about LGBT people that you don't believe any more? What changed your thinking?

Family Homework Confirmation Slip: Talking about Sexual Orientation and Gender Identity

Due: _____

We have completed the family homework.

_____ _____

Date Signature of family member or trusted adult

_____ _____

Student's name Signature of student

Exit Ticket

Write 1–2 sentences explaining why it is wrong to tease or bully people because of their sexual orientation or gender identity.

Lesson 4: Assessment Questions

1. Match the following terms with their definitions:

1. assigned sex	A. A deep feeling people have about whether they are a guy, a girl, both or neither
2. sexual orientation	B. Determined by whether a person is attracted to the same gender, another gender, or all genders.
3. gender identity	C. What someone does sexually, such as oral, anal or vaginal sex, making out, etc.
4. sexual behavior	D. Based on chromosomes, the appearance of a person's genitals, and hormones

2. In the movie we watched in class, "LGBT Discrimination," the main character has a dream in which he feels put down or singled out for being straight. Describe two experiences he has in the dream that make him feel this way.

3. List one way you could show respect to a person whose sexual orientation or gender identity is different than your own, and explain why this is important.

Lesson 4: Assessment Key and Standards Alignment

Question	Answer	Standard
1. Match the following terms with their definitions: 1. assigned sex 2. sexual orientation 3. gender identity 4. sexual behavior A. A deep feeling people have about whether they are a guy, a girl, both or neither B. Determined by whether a person is attracted to the same gender, another gender, or all genders. C. What someone does sexually, such as oral, anal or vaginal sex, making out, etc. D. Based on chromosomes, the appearance of a person's genitals, and hormones	1. D 2. B 3. A 4. C	NSES: ID.12.CC.1 ID.12.CC.2
2. In the movie we watched in class, "LGBT Discrimination," the main character has a dream in which he feels put down or singled out for being straight. Describe two experiences he has in the dream that make him feel this way.	• Sees same sex couples holding hands • People tease him about the photo on his phone • Friends ask him to explain his sexual orientation • Friends think he should try a different sexual orientation Other answers may also be acceptable	NSES: ID.12.INF.1
3. List one way you could show respect to a person whose sexual orientation or gender identity is different than your own, and explain why this is important.	Any answer that shows respect is acceptable.	NHES: SH1.12.39 SH1.12.41 SH1.12.42

Exit Ticket: Write 1-2 sentences explaining why it is wrong to tease or bully people because of their sexual orientation or gender identity.	• Could make them feel like an outsider • Could make them feel pressured to change or hide who they are • Could make them feel bad or ashamed about themselves • Could make them feel afraid to come to school • Could make them depressed or even suicidal • Because it is disrespectful and rude	NHES: SH1.12.40
Individual Homework: Advice Column	Any response that conveys support is acceptable. Examples may include: • It's OK to find friends who have similar interests. You shouldn't feel pressured to do the things your friends are doing if you don't want to. • When your friends say no one will want to date you they are being mean. • If you decide you want to go on dates, it's important to be who you are, and not pretend to like things you don't. It's hard to find people you really like if you are pretending. • If you decide you want to go on dates with guys or with girls, it's best if you have things in common with them too. • Sometimes people think there are certain ways guys are supposed to act and certain ways girls are supposed to act. That's not really true.	NHES: SH4.12.6

Integrated Learning Activities

FAMILY & CONSUMER SCIENCE or SOCIAL STUDIES: Dealing with Difference
Use the 35-minute film and curriculum *Dealing with Difference: Opening Dialogue about Lesbian, Gay & Straight Issues*. This video and print curriculum package is designed to foster healthy dialogue among students about LGBT issues while informing everyone of the serious effects anti-LGBT harassment and bullying can have on all students. The package costs $139.95 as of February 2015. http://www.hrmvideo.com/catalog/dealing-with-difference-opening-dialogue-about-lesbian-gay-and-straight-issues

PHYSICAL EDUCATION: It Takes a Team!
Use the 15-minute film and curriculum *It Takes a Team! Educational Campaign for LGBT Issues in Sports*. This kit includes posters, safe zone stickers, DVD and teachers' manual: http://www.womenssportsfoundation.org/home/athletes/for-athletes/know-your-rights/coach-and-athletic-director-resources/about-itat

SOCIAL STUDIES OR HISTORY: Social Justice Topics
Teach one of the free lesson plans on a variety of social justice topics, including LGBT issues now and in recent U.S. history, created by Project Look Sharp of the School of Humanities and Sciences at Ithaca College, a media literacy initiative. The "Gay Liberation" unit contains 3 units, complete with PowerPoint slides, student worksheets and teacher guides: **http://www.projectlooksharp.org/?action=justice**

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[2] EM Saewyc. Research on adolescent sexual orientation: Development, health disparities, stigma, and resilience. Journal of Research on Adolescence 21 (1), 256-272.

[3] Administration for Children, Youth, and Families. Creating a Safe Space for LGBTQ Youth and Teens. http://ncfy-learn.jbsinternational.com/course/index.php?categoryid=12.

Undoing Gender Stereotypes

Grades 9-12, Lesson 5

Summary

Students begin by defining the word stereotype, and then complete a "gender box" activity in which they identify stereotypes and expectations placed on people because of their gender. Afterward, students analyze the pressures placed on people to conform to these expectations, including the role of harassment and homophobia. Students complete a scenario activity to identify ways these stereotypes and expectations influence people's real-life behaviors. They conclude by challenging the stereotypes and identifying healthier options. After the lesson, the teacher administers a *Sexual Attitudes Survey*, the results of which will be shared during *Lesson 7: Coercion and Consent*.

Student Learning Objectives

The student will be able to …

1. Analyze the influence of friends, family, media, society and culture on the expression of gender.
2. Analyze how peers and perceptions of norms influence healthy and unhealthy behaviors and relationships.
3. Name at least one way in which gender stereotypes may limit one's ability to make healthy decisions.

Lesson Timing

Warm up	Bellwork + 2 minutes
Introduce lesson	1 minute
Define stereotypes	3 minutes
Gender box brainstorm	12 minutes
Analyze gender pressure	7 minutes
Scenario activity	17 minutes
Sexual attitudes survey	5 minutes
Assign homework	
Exit ticket	3 minutes
Total	50 minutes

FLASH Key Concepts

Everyone has the right to say who touches their body and how.

It is never okay to touch someone else if they don't want you to, or to make them touch you.

There are laws about sex that everyone must follow.

Permission or agreement is required to engage in all sexual activity.

Rigid ideas about how men and women should act are harmful and limit how people can express themselves.

Standards

National Health Education Standards (SHECAT)

Standard 1	Students will comprehend concepts related to health promotion and disease prevention.
SH1.12.39	Summarize the benefits of respecting individual differences in aspects of sexuality (such as sexual activity, sexual abstinence, sexual orientation, gender expression, or gender identity), growth and development, and physical appearance.
SH1.12.40	Summarize why it is wrong to tease or bully others based on aspects of their sexuality (such as sexual activity, sexual abstinence, sexual orientation, gender expression, or gender identity).
SH1.12.41	Summarize how intolerance can affect others when aspects of their sexuality (such as sexual activity, sexual abstinence, sexual orientation, gender expression, or gender identity) are different from one's own.
SH1.12.42	Summarize ways to show courtesy and respect for others when aspects of their sexuality (such as sexual activity, sexual abstinence, sexual orientation, gender expression, or gender identity) are different from one's own.
Standard 2	Students will analyze the influence of family, peers, culture, media, technology and other factors on health behaviors.
SH2.12.7	Analyze how school and community affect personal sexual health practices, behaviors, and relationships.
SH2.12.2	Analyze how culture supports and challenges sexual health beliefs, practices, behaviors, and relationships.
SH2.12.3	Analyze how peers and perceptions of norms influence healthy and unhealthy sexual health practices, behaviors, and relationships.
SH2.12.4	Analyze how personal attitudes, values, and beliefs influence healthy and unhealthy sexual health practices, behaviors, and relationships.
Standard 4	Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.
SH4.12.1	Demonstrate effective communication skills to promote sexual health and healthy relationships.
SH4.12.3	Demonstrate effective peer resistance, negotiation, and collaboration skills to avoid engaging in sexual risk behaviors.

SH4.12.6	Demonstrate how to effectively communicate support for peers whose aspects of their sexuality (such as sexual activity, sexual abstinence, sexual orientation, gender expression, or gender identity) are different from one's own.
Standard 5	Students will demonstrate the ability to use decision-making skills to enhance health.
SH5.12.4	Analyze how family, culture, media, peers, and personal beliefs affect a sexual health-related decision.

National Sexuality Education Standards

PD.12.INF.1	Analyze how friends, family, media, society and culture can influence self-concept and body image.
ID.12.INF.1	Analyze the influence of friends, family, media, society and culture on the expression of gender, sexual orientation and identity.
ID.12.SM.1	Explain how to promote safety, respect, awareness and acceptance.
HR.12.INF.1	Explain how media can influence one's beliefs about what constitutes a healthy sexual relationship.
PS.12.INF.2	Analyze the external influences and societal messages that impact attitudes about bullying, sexual harassment, sexual abuse, sexual assault, incest, rape and dating violence.

Rationale

Theoretical Basis for Sexual Violence Prevention Lessons

The prevention of sexual violence is both a behavioral goal of FLASH in its own right, and an important strategy for preventing teen pregnancy and STDs. Sexual violence is correlated with a host of acute and chronic health problems - amplified by high rates of victimization in the United States.[1] Sexual violence is also strongly linked to teen pregnancy and STDs. Pregnant teens have higher rate of previous sexual assault, as do teens who begin having intercourse at a young age, increasing their risk of teen pregnancy and STDs.[2][3][4][5] Moreover, young teens with much older male partners have greatly increased risk of pregnancy.[6][7] Clearly, effective sexual violence prevention can reduce suffering and improve outcomes across many domains of health.

Sexual violence prevention programs have not been evaluated to the same extent as programs that reduce teen pregnancy and STDs. In the fields of public health and sexual violence prevention, the recommended approach to reduce sexual violence is to address "upstream" risk factors for perpetration.[8] FLASH's sexual violence prevention lessons address the risk factors for perpetration identified by the CDC[9] that are amenable to change through a school-based curriculum:

- Hostility towards women
- Hypermasculinity (exaggerated adherence to traits stereotypically attributed to men)
- General tolerance of sexual violence within the community
- Societal norms that support male superiority and sexual entitlement
- Societal norms that maintain women's inferiority and sexual submissiveness

Significantly, strategies to prevent victimization (e.g. how women can avoid risky situations for sexual assault) and to increase empathy for victims of sexual violence have had mixed results.[8] These approaches were also shown to have the unintended consequence of strengthening participants' beliefs in rape myths (e.g. women are responsible for being raped).[8] This further underscores the need to focus prevention efforts on reducing perpetration.

The CDC risk factors are specific to male-on-female violence. Importantly, research links these same risk factors to same-sex sexual harassment and sexual violence targeted at LGBT young people.[10] While the majority of sexual violence is perpetrated by men against women, there is much more to be learned about the risk factors for sexual violence perpetrated by women against men, and sexual violence perpetrated against someone of the same gender.

Lesson 5, Undoing Gender Stereotypes

Undoing Gender Stereotypes is the foundation for FLASH's sexual violence prevention lessons. This lesson strives to prevent perpetration of sexual assault by addressing the risk factors for perpetration identified by the CDC: hypermasculinity; societal norms that support male superiority and sexual entitlement; and societal norms that maintain women's inferiority and sexual submissiveness.[1] The lesson allows students to uncover the unhealthy consequences of rigid gender norms,[1] and to develop health-enhancing alternatives.
This is the first of a four-part series of lessons which includes *Undoing Gender Stereotypes, Healthy Relationships*, *Coercion and Consent* and *Online Safety*. All of the lessons are designed to prevent the perpetration of sexual violence.

Materials Needed

Student Materials

- *Gender Boxes Worksheet*
- *Traditional Gender Expectations*
- *Gender Expectations Scenarios*
- *Sexual Attitudes Survey*
- *Individual Homework: Thinking About Gender Stereotypes*
- *Family Homework: Talking About Gender Stereotypes*, available in multiple languages on the FLASH website
- *Lesson 5 Exit Ticket*

Classroom Materials

- *Lesson 5 Warm Up*

Teacher Materials

- *Gender Expectations Scenarios Answer Key*

Teacher Preparation

Important Note: Be sure to do this tonight to prepare for *Lesson 7: Coercion and Consent.*

Tally the results of the *Sexual Attitudes Survey* or have a teaching assistant do so. Plan to display results for a few items from the survey, particularly the ones where students answered most favorably, i.e. where the majority agreed with the statement.

Here are instructions for turning the results into pie graphs in order to present them to the class:

1. Open PowerPoint and click on "Insert" on your toolbar.
2. Click on "Chart".
3. Choose "Pie" chart.
4. Once you click on "Pie" chart, Excel will open. Title chart "Your Answer."
5. Fill in "Strongly Agree," "Somewhat Agree," "Somewhat Disagree," and "Strongly Disagree" in the left column.
6. In the next column, fill in the number of students that answered to the corresponding choice.
7. When finished inputting all data, press "Enter."
8. The data will appear in a pie chart back on PowerPoint. See example.

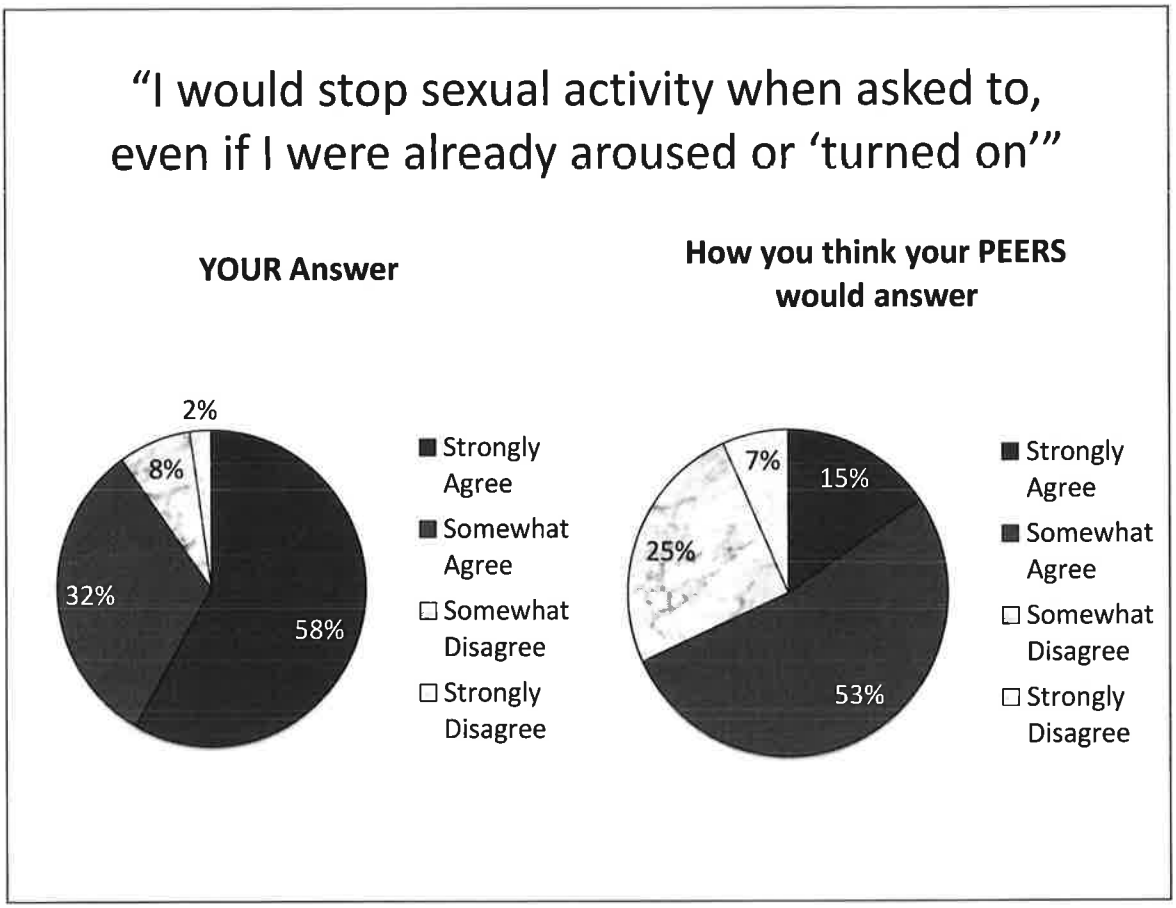
9. To change colors of the chart, right click on the specific piece of the pie, and "fill" the piece with your color of choice. (You may want to make "Strongly Agree" and "Somewhat Agree" in similar colors; same with "Somewhat Disagree" and "Strongly Disagree")

10. To insert second chart, click "Insert" from top menu, then click on "Chart." You will need to resize your first chart in order to fit the second chart on the same slide. This way, students can compare side by side their answer vs. how they thought their peers would answer the same question.

11. Follow directions 3 to10 above for the second chart. Title it "What you think your peers would answer."

12. Click on "New Slide" to create charts for the next item on the survey. Follow directions 2 to12 with the survey data for all of the items you wish to share with students.

Example



Activities

1. Warm up

Display warm up as bell work.

Prompt: Define the word *stereotype*, in your own words. Please give a definition, not an example.

2. Introduce lesson

For these next few lessons we will be learning about decision making, and how good decision making can help us in our relationships and in taking care of our health. Today we will be talking about gender stereotypes. This is the first lesson in a series of four lessons that focus on healthy relationships. Our beliefs about gender affect how we treat each other in relationships. This lesson is the foundation for the next three lessons, which focus on communication skills and sexual violence prevention.

3. Define stereotypes

Have the students define the term *stereotype*. Summarize their comments by providing the following definition: a stereotype is an assumption or widely held belief about an entire group of people.

To help students understand the concept of stereotypes, ask them for examples of stereotypes of teens. Conclude by stating that stereotypes are often hurtful and are never true for all members of a group.

Let's start with a brainstorming activity about stereotypes. Can someone give me a good basic definition of stereotype?

Great, a stereotype is an assumption or widely held belief about an entire group of people.

Now let's figure out a few things about stereotypes. What are some examples of stereotypes about teens? What do adults assume about teens? What about drinking and drugs? What about sex? (Be sure to include these stereotypes about teens: they are lazy, stupid, and all have sex, drink and use drugs.)

Are these stereotypes flattering? No. Usually stereotypes are hurtful. Even ones that seem harmless at first end up being harmful because we expect everyone in that group to have that characteristic.

Do you think there are teens who fit these stereotypes? For example, are there teens who are lazy or have sex? Of course! Does that make this stereotype true, then, for all teens? No.

These are some things to keep in mind today as we talk about gender stereotypes: stereotypes are often hurtful, and they are never true for all members of a group. As we talk about gender stereotypes today, we'll be discussing some of the hurtful assumptions, words and slurs that can come from these stereotypes. I want to remind

everyone of our ground rules and ask everyone to be respectful as we work through this together.

4. Facilitate gender box brainstorm

Draw two large squares next to each other on the board. Make sure there is plenty of room to write both inside and outside of the boxes. Write "Act Like a Man" directly above the top of the left square (see *Gender Boxes Worksheet*) and "Act Like a Lady" directly above the top of the right square.

Hand out the *Gender Boxes Worksheet*. Ask students for stereotypes or expectations of men, prompting them to think about media messages as well as messages from friends and family. Write student responses inside the "Act Like a Man" box. If students are stuck, ask clarifying questions. Have students fill out the worksheet as the class completes the activity.

Every day we get messages about what it means to be a man or woman. Where are some of the places we get these messages? (Possible answers: from movies, TV shows, commercials, school, our families and our religions.)

If someone is told to "act like a man," what does that mean? What are some of the stereotypes or expectations our society has about how men should act? Think about movies, songs, video games, television. You don't need to raise your hands - just call out your answers, and I'll write them down. Be sure to take notes on your worksheets as we go because you will need this information for your homework.

- *How do people think guys are supposed to act?*
- *What do people think guys are supposed to look like?*
- *Are guys supposed to have feelings?* (If students say no, ask if there are any feelings that are OK for guys to have and look for the answers anger and "horny".)
- *If we were watching a movie, what would the leading man in the movie be like?*
- *Who are guys supposed to date (what gender)? How do guys treat the girls they date?*
- *How do they treat other guys?*
- *What about sex? Are guys supposed to want sex or not want sex? Have sex or not have sex?*
- *What about money? Do guys make money or spend money?*
- *How are guys supposed to spend their time?*
- *Think about toys that are marketed toward boys and girls. What sorts of things do those toys teach people about how men should be, or what they should be interested in?*

Make sure the "Act Like a Man" box includes the following words or ideas (even if you have to add them yourself): tough, in charge, sexually in control and/or initiators of dating and sex.

After 10-15 responses, transition to the "Act Like a Lady" box. Ask students for stereotypes or expectations of women, again prompting them to think about media messages as well as messages from friends and family. Write student responses inside the "Act Like a Lady" box. If students are stuck, ask clarifying questions. Have students fill out the worksheet as the class completes the activity.

Now it's time to discuss stereotypes about women. We'll do the same thing that we did for the "Act Like a Man" box, so let's start with what it means for someone to "act like a lady." You shout out the answers and I'll write them down.

- *How do people think girls are supposed to act?*
- *What do people think girls are supposed to look like?*
- *Are girls supposed to have feelings? What kinds of feelings do they have?*
- *If we were watching a movie, what would the leading woman in the movie be like?*
- *Who are girls supposed to date (what gender)? How do girls treat the guys they date?*
- *How do they treat other girls?*
- *What about sex? Are girls supposed to want sex or not want sex? Have sex or not have sex?*
- *What about money? Do girls make money or spend money?*
- *How are girls supposed to spend their time?*
- *Again, think about toys that are marketed toward boys and girls. What sorts of things do those toys teach people about how women should be, or what they should be interested in?*

Make sure the "Act Like a Lady" box includes the following words or ideas (even if you have to add them yourself): submissive and/or weak, emotionally unstable and/or irrational, and some mention of the sexual double standard women are held to (e.g., needing to be sexually attractive or sexy while also being virgins or not too sexy).

Note: Completed worksheets will be essential to the homework assignment. If students become frustrated and point out that these stereotypes aren't true for everyone, reinforce that idea and remind them of the definition of a stereotype. Prompting questions are provided in the scripts.

5. Analyze gender pressures

Explain that now students will be looking at the pressures that are placed on people to conform to these expectations. Tell students to stop taking notes on their worksheets because you don't want them to write hurtful words on their sheets. Explain that now the class is going to think about the words guys and girls are sometimes called when they step outside of their gender boxes.

Start with the "Act Like a Man" box. Ask the following questions, and write two or three responses to each question around the outside of the box.

- If this is how a guy is supposed to act, then what kinds of things is a guy called if he steps outside of this box? What names might people call him?
- For example, what if a guy gets hurt and starts to cry?
- What if he isn't always interested in sex?
- What if he doesn't want to be in charge or always make the decisions?

Then, transition to the "Act Like a Lady" Box. Ask the following questions, and write two or three responses to each question around the outside of the box.

- If this is how a girl is supposed to act, then what kinds of things is a girl called if she steps outside of this box? What names might people call her?

- For example, what if a girl has had several boyfriends, or if people think she's had sex with several guys?
- What if a girl is tough, or wants to make the decisions?
- What if a girl doesn't want to go out with a guy who likes her, or if she shows that she feels confident in herself?

Be sure the board reflects words to represent 3 broad categories for the "Act Like a Man" box:

- Words and slurs about being gay (fag, gay, queer, etc.)
- Words and slurs about being a girl or like a girl (pussy, girl, bitch, etc.)
- Words and slurs about being weak (weak, wimp, sissy, etc.)

Be sure the board reflects words to represent 3 broad categories for the "Act Like a Lady" box:

- Words and slurs about being gay (lesbian, dyke, etc.)
- Words and slurs about a girl's sexuality (slut, ho, prude, etc.)
- Slurs used for girls and women (bitch, cunt, etc.)

Finish by discussing how the hurtful words that men and women are called when they step outside the boxes are limiting and harmful. Point out that other people's judgments, and these mean words, put a lot of pressure on both guys and girls to stay in their gender boxes and act the way society thinks they should.

Debrief the final portion of the activity by naming the themes in the words.

Many of these words are hurtful or offensive words about gay and transgender people.

- *Fear, discomfort and hatred of gay, lesbian and trans people is called homophobia or transphobia. Homophobia and transphobia can put gay, lesbian and trans people in danger because sometimes people act out violently based on their fears.*
- *Homophobia and transphobia also affect people who are not gay, lesbian, bisexual or transgender by pressuring them to fit these strict gender expectations.*
- *Homophobic words are the main words used to reinforce gender stereotypes.*
- *These words also reinforce harmful stereotypes about gay and lesbian people, and can cause people to act in stereotypical ways out of fear that they will be labeled as gay or lesbian.*

When guys don't fit within their stereotypes, they are often labeled as girls, or with words stereotypically associated with girls.

- *This implies that they are weak and submissive (since women are perceived as weak and submissive).*
- *This also implies that women are weaker and lesser than men.*

When girls don't fit within their stereotypes, they are often labeled with words about their looks or their sexuality.

- *Girls can't win when it comes to their sexuality or perceived sexual behaviors. They are either "sluts" or "prudes."*
- *There really aren't any corresponding words around sexuality for guys. This creates a big double standard for guys and girls.*

If students point out words that are used to label men sexually, such as "player," remind them that these are usually not seen as negative words, and are in fact frequently used positively. This distinguishes them from the words used to labels girls' sexuality.

6. Facilitate small-group scenario activity

Distribute the *Traditional Gender Expectations* handout and the *Gender Expectations Scenarios* worksheet. Have the students read the first paragraph on the *Traditional Gender Expectations* handout aloud and then give them a minute to read through the rest to themselves.

Transition to the scenarios activity. Let students know the purpose of this activity is to challenge gender expectations. Read the example scenario on the *Gender Expectations Scenarios* worksheet out loud and debrief.

"Bruno is feeling sad and hurt because his girlfriend broke up with him, but when his friends ask him how he is, he says he's glad they broke up and that he never cared about her anyway."

Which traditional expectation of men is likely influencing Bruno's actions?
- *tough*

What problems could this expectation cause for Bruno?
- *not able to share his feelings*
- *he could get depressed*
- *not able to get support from his friends*

What advice would you give to Bruno to challenge this gender expectation?
- *be honest about his feelings*
- *share what he's going through*
- *get support*

Break the class into small groups and assign each group one of the remaining scenarios. Instruct them to work on it as a group and let them know they will be sharing their answers with the whole class. They will use the gender expectations from the *Traditional Gender Expectations* handout to fill out their worksheets.

Allow time for groups to complete their work, then have them report back to the class. See the *Gender Expectations Scenarios Key* to help debrief the activity.

Wrap up the lesson by praising students for their good work in challenging gender stereotypes and expectations.

7. Administer *Sexual Attitudes Survey*

Explain that students will be taking an anonymous short survey about sexual attitudes that will be used in a future lesson. Distribute the *Sexual Attitudes Survey.*

I want to take just a moment to give you all a survey to complete. The survey has 5 statements, each with two columns next to it. The first column is for you to record how YOU

feel about the statement, and the second column is for you to record how you think other people YOUR AGE would answer the question.

There are no right or wrong answers. Just write what you honestly think and DO NOT put your name on the survey.

I will collect the surveys as soon as you are done. I'll report the answers back to you in a couple of days, when we do a different FLASH lesson.

Note: Be sure to tally the results of the *Sexual Attitudes Survey* this evening or as soon as possible, so that you will have time to create displays of the key results. See the Teacher Preparation for full instructions.

8. Assign homework

Allow students to choose between the individual or family homework and explain the assignments as needed.

Individual Homework: Thinking About Gender Stereotypes

Family Homework: Talking About Gender Stereotypes, available in multiple languages on the FLASH website

9. Exit ticket

Hand out the *Lesson 5 Exit Ticket.*

Prompt: Think about one stereotype we talked about today that comes from the media. Write 1 or 2 sentences explaining how the media creates or reinforces that stereotype.

Answers will vary.

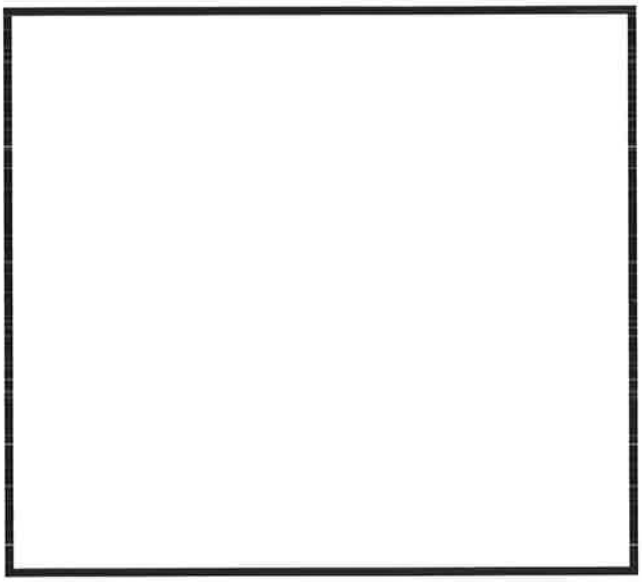
Warm Up

Define the word *stereotype,* in your own words.

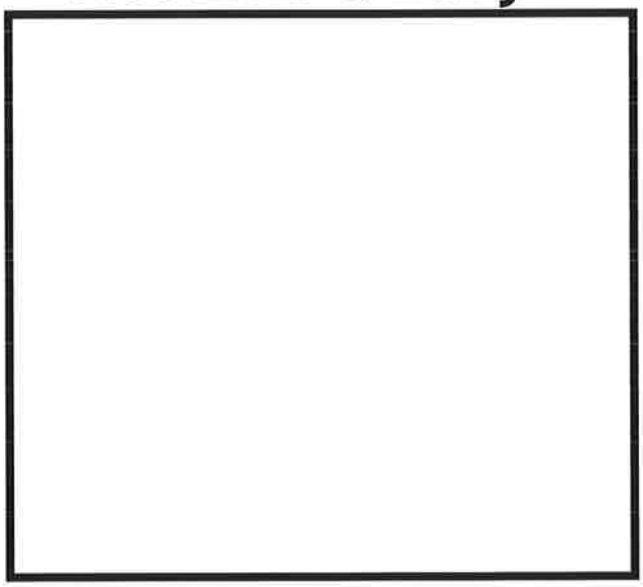
Please give a definition, not an example.

Gender Boxes Worksheet

"Act Like a Man"



"Act Like a Lady"



Traditional Gender Expectations

Gender stereotypes are very common in U.S. culture, as well as many cultures worldwide. They are rigid ideas about how people should act, based on their gender. Gender stereotypes can be harmful to men and women. They can pressure people to stay in the "gender box," which is limiting.

When people believe the stereotypes it can lead to treating other people badly, or to making poor health decisions. In extreme cases, gender stereotypes can make sexual violence more likely to happen.

Individuals and families may not hold to these traditional gender expectations, but the expectations are so common they can influence people without their even knowing it. Many young people today see the harm these stereotypes can cause and are challenging them.

Traditional Expectations of Men

Tough - Men are expected to be tough and not show weakness, even when they are in danger or hurt. Men are expected to act and dress manly. Men are expected to sometimes settle problems with violence.

In charge - Men are expected to be decision makers, including in relationships. Men are expected to be dominant.

Sexually in control - Men are expected to be the initiators of dating and sex. Men are expected to always want sex. They are taught to believe that women want sexual attention from them.

Traditional Expectations of Women

Submissive or weak - Women are expected to do what others say. Women are expected to be weaker than men, both physically and emotionally.

Emotionally unstable or irrational - Women are labeled as being hormonal, moody, jealous, clingy and dramatic. Women are perceived as unstable and not able to be in control of major decisions.

Sexually available / sexually pure - Women are expected to live up to two conflicting values. They are expected to be virgins, but also to be sexually available and experienced. Women's value is based largely on their sexuality and beauty. They are labeled "sluts" if they are perceived to dress in sexy ways or be interested in sex. They are labeled "teases" if they do not want to have sex.

Gender Expectations Scenarios

Instructions: Complete the example scenario with the whole class. Be sure to fill in the answers on your sheet. You will complete one of the other scenarios with your group.

EXAMPLE: Bruno is feeling sad and hurt because his girlfriend broke up with him, but when his friends ask him how he is, he says he's glad they broke up and that he never cared about her anyway.

Which traditional expectation of men is likely influencing Bruno's actions?

What problems could this expectation cause for Bruno?

What advice would you give to Bruno to challenge this gender expectation?

1. **On Saturday night, Aleesha had sex with her girlfriend even though she wasn't in the mood because she didn't want to hurt her girlfriend's feelings.**

   Which traditional expectation of women is likely influencing Aleesha's actions?

   How might Aleesha feel in this situation?

   What problems could this expectation cause for Aleesha?

   What advice would you give to Aleesha to challenge this gender expectation?

2. **When Jenny tells her boyfriend Rafael she's mad at him because he hasn't returned her calls, he asks her if she is on her period.**

   Which traditional expectation of women is likely influencing Rafael's actions?

   What problems could this expectation cause for Rafael in this situation?

   What advice would you give to Rafael to challenge this gender expectation?

3. **Adriana has been going out with her boyfriend for 6 months. Her cousin Jorge is visiting from out of town, so she goes out to the movies with him on Friday night. Some teens from school see her with Jorge, and when she comes to school on Monday morning those people start calling her a slut.**

   Which traditional expectation of women is likely influencing the teens at school who are calling Adriana a slut?

   How might Adriana feel in this situation?

   What problems could this expectation cause for the teens who are calling Adriana a slut?

   What advice would you give to the teens at school to challenge this gender expectation?

4. **When Jin and his girlfriend talk about what do on their date, Jin always makes the final decision.**

   Which traditional expectation of men is likely influencing Jin's actions?

   What problems could this expectation cause for Jin?

   What advice would you give to Jin to challenge this gender expectation?

5. **Cooper tells his girlfriend that he wants to have sex tonight, but doesn't ask her what she wants.**

   Which traditional expectation of men is likely influencing Cooper's actions?

   What problems could this expectation cause for Cooper?

   What advice would you give to Cooper to challenge this gender expectation?

Gender Expectations Scenarios Key

Instructions: Complete the example scenario with the whole class. Be sure to fill in the answers on your sheet. You will complete one of the other scenarios with your group.

EXAMPLE: Bruno is feeling sad and hurt because his girlfriend broke up with him, but when his friends ask him how he is, he says he's glad they broke up and that he never cared about her anyway.

Which traditional expectation of men is likely influencing Bruno's actions?
- *tough*

What problems could this expectation cause for Bruno?
- *not able to share his feelings; get depressed; not able to get support from his friends*

What advice would you give to Bruno to challenge this gender expectation?
- *be honest about his feelings; share what he's going through; get support*

1. **On Saturday night, Aleesha had sex with her girlfriend even though she wasn't in the mood because she didn't want to hurt her girlfriend's feelings.**

   Which traditional expectation of women is likely influencing Aleesha's actions?
   - *passive/weak*

   How might Aleesha feel in this situation?
   - *bad or ashamed that she had sex even though she didn't want to; confused; angry, sad; like she can't talk to her girlfriend*

   What problems could this expectation cause for Aleesha?
   - *could end up doing things she doesn't feel good about; could have problems with her girlfriend*

   What advice would you give to Aleesha to challenge this gender expectation?
   - *don't feel pressured to have sex if you don't want to; share what you do or do not want to do with your girlfriend*

2. **When Jenny tells her boyfriend Rafael she's mad at him because he hasn't returned her calls, he asks her if she is on her period.**

   Which traditional expectation of women is likely influencing Rafael's actions?
   - *emotionally unstable*

   What problems could this expectation cause for Rafael in this situation?
   - *Jenny could get mad at him; she could break up with him, she could lose respect for him*

   What advice would you give to Rafael to challenge this gender expectation?
   - *don't ask if someone is on their period because they are angry; recognize that people have a variety of emotions not caused by hormones; try to be more understanding; don't dismiss your girlfriend's concerns*

3. **Adriana has been going out with her boyfriend for 6 months. Her cousin Jorge is visiting from out of town, so she goes out to the movies with him on Friday night. Some teens**

from school see her with Jorge, and when she comes to school on Monday morning those people start calling her a slut.

Which traditional expectation of women is likely influencing the teens at school who are calling Adriana a slut?

- *sexually available/sexually pure*

How might Adriana feel in this situation?

- *hurt, embarrassed, angry, sad*

What problems could this expectation cause for the teens who are calling Adriana a slut?

- *calling someone a slut perpetuates the expectation and they might get called sluts at another time; could get in trouble; could lose Adriana's friendship; might feel bad later for hurting someone*

What advice would you give to the teens at school to challenge this gender expectation?

- *don't call people names; don't make assumptions; think about how you'd feel in that situation*

Note: Students may want to give advice to Adriana. Be sure to point out that, however, while it's OK to say that Adriana could clarify that she was at the movies with her cousin, she shouldn't have to defend herself. It's important to make sure the points of "not calling people sluts" and "not making assumptions" are made.

4. **When Jin and his girlfriend talk about what do on their date, Jin always makes the final decision.**

Which traditional expectation of men is likely influencing Jin's actions?

- *in charge*

What problems could this expectation cause for Jin?

- *his girlfriend might be get mad at him, might break up with him, she might have good ideas they never get to try out*

What advice would you give to Jin to challenge this gender expectation?

- *share decision making with girlfriend, take turns making decisions*

5. **Cooper tells his girlfriend that he wants to have sex tonight, but doesn't ask her what she wants.**

Which traditional expectation of men is likely influencing Cooper's actions?

- *sexually in control*

What problems could this expectation cause for Cooper?

- *his girlfriend might break up with him, he could commit rape*

What advice would you give to Cooper to challenge this gender expectation?

- *ask her if she wants to have sex, only have sex if his girlfriend also wants to*

Sexual Attitudes Survey

Instructions: Rank each of the following 5 statements. In the first column, record how strongly *you* agree or disagree with each of them. In the second column, record how strongly you believe *other people your age* would agree or disagree with the statement. There are no right or wrong answers. Just write what you honestly think. DO NOT put your name on this survey.

Statement	YOUR answer	How you THINK YOUR PEERS would answer
1. I would stop sexual activity when asked to, even if I were already aroused or turned on.	☐ Strongly agree ☐ Somewhat agree ☐ Somewhat disagree ☐ Strongly disagree	☐ Strongly agree ☐ Somewhat agree ☐ Somewhat disagree ☐ Strongly disagree
2. It is important to get consent, or permission, before sexual touch with a partner.	☐ Strongly agree ☐ Somewhat agree ☐ Somewhat disagree ☐ Strongly disagree	☐ Strongly agree ☐ Somewhat agree ☐ Somewhat disagree ☐ Strongly disagree
3. I think people should stop the first time their partner says no to sexual activity.	☐ Strongly agree ☐ Somewhat agree ☐ Somewhat disagree ☐ Strongly disagree	☐ Strongly agree ☐ Somewhat agree ☐ Somewhat disagree ☐ Strongly disagree
4. Even if two people have had sex in the past, it's still important to make sure the other person is giving consent the next time they want to have sex.	☐ Strongly agree ☐ Somewhat agree ☐ Somewhat disagree ☐ Strongly disagree	☐ Strongly agree ☐ Somewhat agree ☐ Somewhat disagree ☐ Strongly disagree
5. In a sexual relationship, it's important for partners to talk about what they are comfortable with and respect the other person's boundaries.	☐ Strongly agree ☐ Somewhat agree ☐ Somewhat disagree ☐ Strongly disagree	☐ Strongly agree ☐ Somewhat agree ☐ Somewhat disagree ☐ Strongly disagree

This survey was adapted with permission from *"Violence Related Behaviors and Beliefs (VRBB) Insert"* created by Western Washington University's Prevention and Wellness Services.

Individual Homework: Thinking About Gender Stereotypes

Name: _____ **Period:** _____

Instructions: Review the *Traditional Gender Expectations* handout you received today in class.

The gender stereotypes listed on your handout:

- Men are expected to be tough, in charge, sexually in control.
- Women are expected to be submissive or weak, emotionally unstable or irrational, sexually available/sexually pure.

Write one paragraph about **ONE** of the following. Be sure to discuss the stereotypes on the handout in your response.

1. Describe a movie, show or video game that you think really highlights gender stereotypes and explain how this example uses these stereotypes. Discuss what ways, if any, people can challenge gender stereotypes they see in this form of media.

2. Describe a time when you felt pressure to act in a certain way because of your gender. Review the *Traditional Gender Expectations* handout to help you think of an example. In your paragraph, please explain whether you were able to challenge the gender stereotype and how.

Family Homework: Talking about Gender Stereotypes

All Family Homework is optional. Students may complete Individual Homework instead.

Purpose: Family Homework is a chance to share your beliefs about sexuality and relationships, and the beliefs of your family, culture or religion.

Directions: Student will do the homework with a family member or trusted adult who is like family. Find a quiet place where the two of you can talk privately for 5-10 minutes. Please follow these guidelines:

- It is okay for either of you to skip a question.
- What you discuss will not be shared with anyone else, unless you give one another permission to share it.
- Take turns asking questions. When it is your turn to listen, try to understand the other person's response.

Student: Show and explain the completed *Gender Boxes Worksheet* with your trusted adult.

Ask each other:

- What surprised you about these gender boxes?
- What did not surprise you?
- Did you learn anything about me from having this discussion? If so, what?

Family Homework Confirmation Slip: Talking about Gender Stereotypes

Due: _____

We have completed the family homework.

_____ _____

Date Signature of family member or trusted adult

_____ _____

Student's name Signature of student

Exit Ticket

Think about one stereotype we talked about today that comes from the media.

Write 1 or 2 sentences explaining how the media creates or reinforces that stereotype.

Lesson 5: Assessment Questions

Read the following scenario and answer the questions using the *Traditional Gender Expectations* handout.

> Belinda and Joe have been dating for several months. Joe would like to wait to have sex, but he thinks he needs to have sex with Belinda soon or she will think there is something wrong with him. Belinda also wants to wait, but if Joe makes a move she thinks she will probably have sex with him because she doesn't want him to leave her or get mad at her.

1. What traditional gender expectations are likely influencing Belinda and Joe's actions?

2. Do you think it is likely or unlikely that Joe and Belinda will have sex, even though neither of them wants to? Why?

3. If these traditional gender expectations didn't exist, how would this situation be different?

Lesson 5: Assessment Key and Standards Alignment

Question	Answer	Standard
Read the following scenario and answer the questions using the *Traditional Gender Expectations* handout. Belinda and Joe have been dating for several months. Joe would like to wait to have sex, but he thinks he needs to have sex with Belinda soon or she will think there is something wrong with him. Belinda also wants to wait, but if Joe makes a move she thinks she will probably have sex with him because she doesn't want him to leave her or get mad at her. 1. What traditional gender expectations are likely influencing Belinda and Joe's actions? 2. Do you think it is likely or unlikely that Joe and Belinda will have sex, even though neither of them wants to? Why? 3. If these traditional gender expectations didn't exist, how would this situation be different?	1. What traditional gender expectations are likely influencing Belinda and Joe's actions? • Belinda: Sexually available/pure and/or submissive and weak • Joe: Sexually in control and/or in charge 2. Do you think it is likely or unlikely that Joe and Belinda will have sex, even though neither of them wants to? Why? • It is likely because these expectations are shaping their behavior and making them feel pressured. • *Also acceptable*: It is unlikely if they realize these expectations are influencing them and change their behavior 3. If these traditional gender expectations didn't exist, how would this situation be different? • They'd feel able to talk to each other. • They'd be able to act based on what they both want, without outside pressure. • They wouldn't feel pressured to have sex. • They'd be able to be themselves. • They could make healthier decisions.	NHES: SH2.12.7 SH2.12.2 SH2.12.3 SH2.12.4
Exit Ticket: Think about one stereotype we talked about today that comes from the media. Write 1 or 2 sentences explaining how the media creates or reinforces that stereotype.	Any stereotype covered in class is acceptable	NSES: PD.12.INF.1 ID.12.INF.1 NHES: SH5.12.4

Integrated Learning Activities

ART: Gender Collages
Have students make collages about gender stereotypes, using images and words cut out of magazines. Or have them work together to make a larger class collage.

LANGUAGE ARTS: Expressing Gender Pressures
Have students write spoken word pieces, poems or song lyrics about unrealistic gender stereotypes and the pressure a person might feel to conform to strict gender roles. Arrange for a time for them to share their work with the class.

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Healthy Relationships

Grades 9-12, Lesson 6

Summary

The lesson begins with students identifying how they want to be treated by a girlfriend or boyfriend. They then review the signs of healthy, unhealthy and abusive relationships, and practice identifying these signs in two relationship vignettes. The lesson concludes with student volunteers acting out a communication skills demonstration, while the rest of the class offers advice to the actors, applying the skills learned in the lesson.

Student Learning Objectives

The student will be able to …

1. Summarize the qualities of a healthy dating relationship.
2. Demonstrate effective strategies to avoid or end an unhealthy relationship.
3. Demonstrate effective communication strategies to prevent, manage or resolve interpersonal conflicts.

Lesson Timing

Warm up	Bell work + 2 minutes
Introduce lesson	2 minutes
Lead group activity	12 minutes
Analyze scenarios	12 minutes
Communication skills demonstration	20 minutes
Assign homework	
Exit ticket	2 minutes
Total	50 minutes

FLASH Key Concepts

Everyone has the right to say who touches their body and how.

It is never okay to touch someone else if they don't want you to, or to make them touch you.

There are laws about sex that everyone must follow.

Permission or agreement is required to engage in all sexual activity.

Rigid ideas about how men and women should act are harmful and limit how people can express themselves.

Standards

National Health Education Standards (SHECAT)

Standard 1	Students will comprehend concepts related to health promotion and disease prevention.
SH1.12.1	Explain how to build and maintain healthy family and peer relationships.
SH1.12.2	Analyze characteristics of healthy relationships.
SH1.12.3	Summarize the qualities of a healthy dating relationship.
SH1.12.4	Evaluate effective strategies for dealing with difficult relationships with family members, peers, and boyfriends or girlfriends.
SH1.12.8	Analyze the factors that contribute to engaging in sexual risk behaviors.
SH1.12.12	Describe the importance of shared responsibilities for avoiding sexual activity and preventing sexual risk behaviors.
SH1.12.29	Analyze techniques that are used to coerce or pressure someone to have sex.
SH1.12.31	Summarize why individuals have the right to refuse sexual contact.
SH1.12.32	Explain why it is wrong to trick, threaten, or coerce another person into having sex.
Standard 4	Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.
SH4.12.1	Demonstrate effective communication skills to promote sexual health and healthy relationships.
SH4.12.3	Demonstrate effective peer resistance, negotiation, and collaboration skills to avoid engaging in sexual risk behaviors.
SH4.12.4	Demonstrate effective communication strategies to prevent, manage, or resolve interpersonal conflicts.
SH4.12.5	Demonstrate how to effectively ask for assistance to improve and/or maintain sexual health.
Standard 7	Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.
SH7.12.3	Demonstrate practices and behaviors to improve the sexual health of oneself and others.

National Sexuality Education Standards

HR.12.CC.1	Describe characteristics of healthy and unhealthy romantic and/or sexual relationships.
HR.12.CC.2	Describe a range of ways to express affection within healthy relationships.
HR.12.AI.1	Demonstrate how to access valid information and resources to help deal with relationships.
HR.12.IC.1	Demonstrate effective strategies to avoid or end an unhealthy relationship.
HR.12.IC.2	Demonstrate effective ways to communicate personal boundaries as they relate to intimacy and sexual behavior.
HR.12.SM.1	Demonstrate respect for the boundaries of others as they relate to intimacy and sexual behavior.
PS.12.CC.1	Compare and contrast situations and behaviors that may constitute bullying, sexual harassment, sexual abuse, sexual assault, incest, rape and dating violence.
PS.12.CC.3	Explain why using tricks, threats or coercion in relationships is wrong.
PS.12.CC.4	Explain why a person who has been raped or sexually assaulted is not at fault.
PS.12.AI.1	Access valid resources for help if they or someone they know are being bullied or harassed, or have been sexually abused or assaulted.
PS.12.AI.2	Demonstrate ways to access accurate information and resources for survivors of sexual abuse, incest, rape, sexual harassment, sexual assault and dating violence.
PS.12.IC.2	Identify ways in which they could respond when someone else is being bullied or harassed.

Rationale

Theoretical Basis for Sexual Violence Prevention Lessons

The prevention of sexual violence is both a behavioral goal of FLASH in its own right, and an important strategy for preventing teen pregnancy and STDs. Sexual violence is correlated with a host of acute and chronic health problems - amplified by high rates of victimization in the United States.[1] Sexual violence is also strongly linked to teen pregnancy and STDs. Pregnant teens have higher rate of previous sexual assault, as do teens who begin having intercourse at a young age, increasing their risk of teen pregnancy and STDs.[2][3][4][5] Moreover, young teens with much older male partners have greatly increased risk of pregnancy.[6][7] Clearly, effective sexual violence prevention can reduce suffering and improve outcomes across many domains of health.

Sexual violence prevention programs have not been evaluated to the same extent as programs that reduce teen pregnancy and STDs. In the fields of public health and sexual violence prevention, the recommended approach to reduce sexual violence is to address "upstream" risk factors for perpetration.[8] FLASH's sexual violence prevention lessons address the risk factors for perpetration identified by the CDC[9] that are amenable to change through a school-based curriculum:

- Hostility towards women
- Hypermasculinity (exaggerated adherence to traits stereotypically attributed to men)
- General tolerance of sexual violence within the community
- Societal norms that support male superiority and sexual entitlement
- Societal norms that maintain women's inferiority and sexual submissiveness

Significantly, strategies to prevent victimization (e.g. how women can avoid risky situations for sexual assault) and to increase empathy for victims of sexual violence have had mixed results.[8] These approaches were also shown to have the unintended consequence of strengthening participants' beliefs in rape myths (e.g. women are responsible for being raped).[8] This further underscores the need to focus prevention efforts on reducing perpetration.

The CDC risk factors are specific to male-on-female violence. Importantly, research links these same risk factors to same-sex sexual harassment and sexual violence targeted at LGBT young people.[10] While the majority of sexual violence is perpetrated by men against women, there is much more to be learned about the risk factors for sexual violence perpetrated by women against men, and sexual violence perpetrated against someone of the same gender.

Healthy Relationships

The goal of the *Healthy Relationships* lesson is to reduce abusive communication and behavior and replace them with healthy alternatives. Students identify healthy, unhealthy and abusive behaviors within relationships, and practice using healthy communication skills. Students also receive tips and resources for helping a friend who is experiencing dating abuse. The lesson builds social norms in favor of healthy relationships, and rejects general tolerance of abuse of violence.[1]

This is the second of a four-part series of lessons which includes *Undoing Gender Stereotypes, Healthy Relationships, Coercion and Consent* and *Online Safety*. All of the lessons are designed to prevent the perpetration of sexual violence.

Materials Needed

Student Materials

- *How I Want to Be Treated by My Boyfriend or Girlfriend* (2 copies per student)
- *Real-Life Couples*
- *Healthy, Unhealthy and Warning Signs of Abuse*
  (*Note:* Do NOT copy the *Real-Life Couples* and *Healthy, Unhealthy and Warning Signs of Abuse* handouts back to back.)
- *Effective Communication Tips*
- *Individual Homework: Thinking About Healthy Relationships*
- *Family Homework: Talking About Healthy Relationships,* available in multiple languages on the FLASH website
- *Lesson 6 Exit Ticket*

Classroom Materials

- *Lesson 6 Warm Up*
- 12 signs on 8 ½ x 11" paper to hang around the classroom, each with one of the qualities from the *How I Want to Be Treated by My Boyfriend or Girlfriend* handout
- *Volunteer Instructions: Communication Skills Demonstration* – 3 copies

Teacher Preparation

Write each of the qualities from the *How I Want to Be Treated by My Boyfriend or Girlfriend* worksheet on an 8-1/2 x 11" piece of paper and post around the classroom.

Activities

1. Warm up

Display warm up as bell work.

Prompt: List 3 characteristics of a healthy relationship.

2. Introduce the lesson

Remind students of the previous lesson and introduce today's topic.

> *Yesterday we learned about gender stereotypes – the kinds of expectations people have about how men and women act. Those stereotypes definitely influence the choices we make in relationships and about our sexual health. Today we are going to talk more about relationships: how to have healthy and happy relationships, how someone might recognize if they are in an unhealthy relationship, and what kinds of communication skills can help us have the relationships we want.*

3. Conduct group activity

Have students complete the *How I Want To Be Treated by my Boyfriend or Girlfriend* worksheet by circling the 5 most important words that represent how they would like to be treated by a partner, and writing why their number 1 quality is most important to them.

If students ask if they can add things to the list, let them know they can add a quality, but, for the sake of this activity, they cannot choose it as their number 1 quality.

> *This worksheet has a list of ways you may want to be treated by a dating partner, whether current or future partner. Looking at this list, think about which ones are most important to you. Circle the five that are most important to you.*
>
> You may want to wait a couple minutes to allow students time to circle their top 5 before moving onto the next instruction.
>
> *Then, choose your top item, the one you think is the most important quality or attribute of a boyfriend or girlfriend. Write a brief explanation about it on the bottom of your worksheet. Try to be specific about why that is the most important way that you want to be treated.*

Ask students to circulate around the room and write their initials on each piece of paper that has one of the top-5 qualities they selected on the worksheet, and then go stand by the paper with their number 1 quality.

> *You'll notice that there is a sign for each of the qualities listed on the worksheet. I'd like you to go sign your name on each of the 5 signs for the qualities you selected, and then go stand by your number 1 quality.*

Lead a discussion about why students chose their number 1 quality and how that quality looks in a relationship. Conclude by discussing which quality they think is most important for *them* to show to a person they are dating.

It's always interesting for me to see all the different opinions and values in the room. Obviously this is about personal preferences and there are no right or wrong answers here. I would love to hear from some of you why you picked your number 1 quality.

- *Why did you choose respect?* (or whatever a popular quality was)
- *Did anyone else choose respect for a different reason?*
- *How can people show their dating partners that they respect them?*
- *What are some disrespectful things a boyfriend or girlfriend might do?*

Continue in this manner until all groups have shared.

Give a follow-up instruction: *Now out of all the qualities we just discussed, think about which one is most important for the way you would treat a boyfriend or girlfriend. Would that number 1 quality be the same or different? Go to that sign now, or stay put if it's the same.*

Once all students are in place, ask volunteers to share why they moved or why they stayed with the same quality.

It sounds like you all know how you would like to be treated in your relationships, which is so important. In fact, sometimes people don't know what they want, which makes it harder to have a happy and healthy relationship. People have choices about who they choose to date and it's good to know what's important to you. People also have choices about how they treat the person they are dating. I am really glad to see that so many of you are already thinking about what's important to you in that area too.

4. Students analyze scenarios

Explain that now students are going to analyze some scenarios about couples to determine if the relationships depicted have characteristics of healthy or unhealthy relationships. Distribute the *Healthy, Unhealthy and Warning Signs of Abuse* and *Real Life Couples* handouts. Make sure these handouts are NOT copied back to back. Students need to see them side by side to do the activity.

The Healthy, Unhealthy and Warning Signs of Abuse *sheet describes different kinds of relationships. It has many of the qualities we have just been discussing, as well as some qualities of an unhealthy relationship. Please read it to yourself.*

Allow time for students to read *Healthy, Unhealthy and Warning Signs of Abuse* to themselves.

Then invite a volunteer to read the Marcus and Lillian scenario aloud. Have students identify whether the relationship is healthy or unhealthy using the *Healthy, Unhealthy and Warning Signs of Abuse* handout. Prompt them to defend their point with examples of specific behaviors.

Now we're going to look at a couple of real-life scenarios. We can use the qualities on the Healthy, Unhealthy and Warning Signs of Abuse sheet to help us examine these relationships. The first scenario is about Marcus and Lillian.

Marcus and Lillian scenario is read aloud.

- *Do you think this is a healthy or unhealthy relationship? Why?*
- *What characteristics from your handout do you see in this relationship?*

If students simply list a quality from the handout, prompt them to describe the specific behavior from the scenario that illustrates that quality.

Cover these points for the Marcus and Lillian debrief:

- The class should identify this scenario as having several qualities of an unhealthy or abusive relationship, including:
  - trying to limit or control what the other person does
  - often being jealous
  - throwing or breaking things during a fight

- They may also see some qualities from the healthy relationship list, such as Marcus stating that he trusts Lillian and that he loves her. However, it's important to emphasize that, while Marcus may love and trust Lillian, his actions are unacceptable and are warning signs of abuse. Lillian does not deserve to be treated in this way and it may be unsafe for her to stay in the relationship at this point.

Invite a volunteer to read the Tony and Andre scenario aloud. Have students identify whether the relationship is healthy or unhealthy using the *Healthy, Unhealthy and Warning Signs of Abuse.* Prompt them to defend their point with examples of specific behaviors.

Now let's look at another relationship, between Tony and Andre.

Tony and Andre scenario is read aloud.

- *Do you think this is a healthy or unhealthy relationship? Why?*
- *What characteristics from your handout do you see in this relationship?*

If students simply list a quality from the handout, prompt them to describe the specific behavior from the scenario that illustrates that quality.

Cover these points for the Tony and Andre debrief:

- The class should identify this scenario as having several qualities from the healthy relationship list, including:
  - being supported and encouraged
  - being treated as an equal
  - being honest

- Tony and Andre have different interests, but still support one another in the things that are important to them. Neither of them feels the need to give up their individual interests or feels forced to join the interest of the other person. They are honest with each other and were able to negotiate a compromise they were both happy with.

- If students express the opinion that two men dating is never a healthy choice, it's important to point out that, although people have differing beliefs about the rightness or wrongness of gay and lesbian relationships, any two people's relationship can have healthy or unhealthy characteristics, such as those listed on the handout. Some gay and lesbian relationships are healthy and some are not, just like some heterosexual relationships are healthy and some are not. Redirect the conversation by explaining that the point of the lesson is to give students tools to evaluate the health of their *own* relationships, regardless of the genders of the people they may date or fall in love with.

Praise students again for their good work analyzing the *Real-Life Couples* scenarios. Transition into the final component of the lesson on communication skills.

5. Conduct communication skills demonstration

Distribute *How to Help a Friend* and *Effective Communication Tips* handouts.

Walk students through the steps on *How to Help a Friend,* and inform them of resources available to teens who are in a relationship that feels bad. Point out the hotline and website as a resource they can use for themselves or to help a friend.

Request 3 volunteers for a communication skills demonstration. Instruct the rest of the class to read *Effective Communication Tips* to themselves, while the 3 volunteers receive instructions from the teacher.

- Take the volunteers out to the hallway or another space where the rest of the class cannot hear or see you. Give them each a copy of *Volunteer Instructions: Communication Skills Demonstration.*
- Explain to the volunteers that they will do 3 demonstrations of asking someone out on a date. Each scenario will start the same, but the asker will be using different communication skills for each one.
- Go over the *Volunteer Instructions* with the volunteers to make sure they understand their roles and instructions for each of the demonstrations before they present them to the class. Give volunteers about a minute to discuss how they want to perform the demonstrations.
- Remind volunteers that gender is not important for this activity. Sometimes students think it's funny to change their voice or mannerisms, but other students may find it offensive. Encourage them to act like themselves, in their normal voices.

Important Notes:

- The gender of the volunteers is not important – it's fine to have all girls, all boys, or any mix of genders. If two students of the same gender will be asking each other out, stress that they should not be mocking of gay relationships. If someone is uncomfortable or unwilling to do this, they can opt out of being a volunteer and you can choose a new volunteer. Similarly, no one should act out the "girl role" or "boy role." Have the students act as themselves. These stereotypes are not helpful to this lesson and could be experienced by some classmates as harassment. If volunteers act as they genuinely would in the role of asker, the one being asked out, and the friend, the scenario will unfold as it should.
- If audience members make comments that are rooted in gender stereotypes or homophobia, refer to material covered in the previous *Gender Stereotypes* lesson and

redirect back to the communication content of this lesson.
- Your composure and matter-of-fact attitude are key to the success of this activity. Feel free to have fun and laugh with the students, as the skits will often be humorous. However, it is very important that you not collude in any way with homophobic representations during the skit.

Return to the classroom with the volunteers and explain to the rest of the class that they are about to see their classmates (use the actual names of the volunteers) perform 3 scenarios.

Have the volunteers act out "The First Attempt" (shy asker) and "The Second Attempt" (pushy asker). Instruct students to use the *Effective Communication Tips* handout to answer the following questions after they have seen both scenarios.
- What didn't go so well in these scenarios?
- Did Person A do any of the things from your handout?
- Let's say Person A is your friend, and you really want to help out. What advice would you give?

Then have the volunteers act out the final scenario, "The Third Attempt" (respectful asker). Instruct students to use the *Effective Communication Tips* handout to answer the following questions.
- What did Person A do well?
- Did Person A do any of the things from your handout?
- Did Person A respectfully ask a question and genuinely wait for the answer?

Close by summarizing the concepts covered.

You all did a great job today of identifying characteristics that are important to you in a relationship and thinking about what makes a relationship healthy or not. I especially appreciate everyone's attention and enthusiasm during our last activity about communication skills, and of course a big thank you to our volunteers. You analyzed the impacts of different communication styles and you had some great suggestions for how our volunteer could have been a more effective communicator.

Having good communication skills and really knowing what you want out of a relationship will go a long way toward helping you have the healthy relationships you want in the future.

6. Assign homework

Allow students to choose between the individual or family homework and explain the assignments as needed. Hand out homework and a clean copy of the *How I Want to Be Treated by my Boyfriend or Girlfriend*.

Individual Homework: Thinking About Healthy Relationships

Family Homework: Talking About Healthy Relationships, available in multiple languages on the FLASH website

7. Exit ticket

Hand out the *Lesson 6 Exit Ticket*.

Prompt: Using one or more of these tips from your *Effective Communication Tips* handout, write 1 or 2 sentences telling someone you don't want to go on a date with them. Imagine this person is someone you like as a friend, but don't want to date.

- I-statements ("I think …", "I want …")
- Expressing opinions ("I believe …")
- Saying "No" firmly but respectfully
- Asking for what you want
- Initiating conversations
- Expressing positive feelings
- Expressing appreciation
- Stating your strengths and abilities ("I can …")

Answer: Any statements following these guidelines are acceptable

Warm Up

List 3 characteristics of a healthy relationship.

How I Want to Be Treated by My Boyfriend or Girlfriend

Instructions: Review the following list and circle the 5 ways you want to be treated in a relationship that are most important to you. You may see many qualities here that you like, but try to pick your top 5. Follow the directions at the bottom of the page after you have picked your top 5.

I want my partner to…

Treat me with respect **Communicate well**

Need me **Not pressure me** **Support me**

Be honest with me **Treat me as an equal**

Make me laugh **Encourage me** **Protect me**

Trust me **Love me**

Looking at the 5 qualities you chose, list the number 1 (most important) way you would like to be treated by a boyfriend or girlfriend. Briefly explain why that quality is so important to you.

Number 1 Quality: _____

Explanation:

Real-Life Couples

1. Marcus and Lillian

Marcus and Lillian have been going out for about 6 months. Marcus feels like he is really in love with Lillian. She is the prettiest girl he has ever dated and she seems so smart. Marcus often feels nervous that he might lose her to another guy, since she is so pretty and smart. He doesn't think she would ever cheat on him, but he does see her talking with other guys sometimes. It makes him feel so jealous he doesn't know what to do. He told her that she needed to stop talking with those other guys, especially right in front of him! Lillian got upset with him, and they had a huge fight. As they were arguing, Marcus felt so mad that he grabbed her by the arms to get her to listen to him and then threw his cell phone across the room, smashing it to pieces. Marcus promised Lillian it would never happen again. He says it was an accident, and he didn't mean to hurt anyone. He just couldn't control himself when he was feeling so angry.

2. Tony and Andre

Tony and Andre have also been dating for about 6 months. Tony just made the varsity soccer team, after putting in many hours of practice throughout the entire summer. He excitedly calls his boyfriend Andre to tell him the news and to tell him all about the team. Andre has no interest in soccer at all, but still talks and listens throughout the entire conversation, showing Tony how excited he is for him. Andre knows how much the team means to Tony, and wants to support him. Tony invites Andre to his first game, but Andre tells him that he can't come because he has a student leadership meeting that night. Tony is disappointed, and wishes that Andre would just forget about his meeting and come to the game anyway. But, he knows that the meeting is as important to Andre as soccer is to him. Tony tells Andre that it would really mean a lot to him if he came to the game, and Andre agrees to come to the second half, after his meeting is over.

Healthy, Unhealthy and Warning Signs of Abuse

In a healthy relationship, people ...

- Treat their partners with respect and fairness
- Support and encourage each other
- Treat each other as equals
- Are honest
- Earn their partners' trust
- Have shared interests
- Also have separate interests and identities
- Try hard to have honest and clear communication
- Enjoy being with each other
- Never hurt their partners physically or sexually
- Don't pressure each other to do things they aren't comfortable with

In an unhealthy relationship, people ...

- Treat their partners disrespectfully and unfairly
- Frequently argue or fight
- Have no shared interests OR do things ONLY with each other—they have no separate friends or interests
- Pressure their partners into doing things they aren't comfortable with
- Cheat on their partners
- Don't care about their partners' feelings
- Don't enjoy spending time together

Warning signs of an abusive relationship include ...

- One person throws or breaks things during an argument
- One person tries to control the other (what they do, whom they see, what they wear)
- One person is often jealous or is overly jealous
- One person hurts the other person physically or sexually
- One person humiliates, calls names or puts the other person down
- "Crazy-making" behavior—when one person lies or changes the facts, or denies or minimizes the other person's experience. This behavior often makes abused partners feel like they are "going crazy."

How to Help a Friend

What if your friend is abusing someone?

If someone you know is the person hurting someone else, there are ways for you to help. It's your friend's responsibility to stop the abuse, but you can help too, if you feel safe.

- **Express your own emotion or reaction.**
  You can say, "I don't like it when you talk to people like that" or "You're my friend. I'm surprised you'd do that."

- **Increase empathy.**
  Help your friend see the impact of the actions: "What if that was your sister/ brother/ mom?" or "I hope no one ever treats you like that."

- **Make a short statement right away.**
  This can be helpful to say in the moment: "Leave them alone!" or "You're being a jerk!"

- **Distract and/or separate the person.**
  You can say: "Come help me real quick!" or "Let's get to class," or "Let's get out of here!"

- **Recruit someone else to help.** Get another friend or a trusted adult to help.

What if your friend is the one who's been hurt, assaulted or abused?

Here are some tips in case a friend ever comes to you.

- **Listen.**
  You may not know what to say. That's OK. What's most important is to listen to your friend, and let him or her know that you are glad to listen.

- **Believe your friend**.
  People rarely make up these kinds of stories. Your friend is probably telling you the truth.

- **Show that you care**.
  Support your friend in whatever way is comfortable. You might say you are sorry this happened, hold hands, or offer a tissue if your friend cries. Show with your body language and your facial expression that you care.

- **Reassure your friend that it's not their fault.**
  The person who committed the assault is the one responsible. It is never the victim's fault.

- **Respect your friend's privacy.**
  Although lots of tough decisions need to be made, such as who to tell, when to tell, and what to do, let your friend be in control of those decisions. You can decide together on a trusted adult you can both talk to.

Where to Get Help: Love Is Respect is a national, 24-hour resource for youth. Teens can talk on the phone with someone, chat with a peer advocate online, or play games and read information on the website. Call **1-866-331-9474** or visit loveisrespect.org

Effective Communication Tips

Voice

Make sure the tone of your voice and the volume of your voice are right for what you are saying.

Intent

Know what you want if you're asking for something. What outcomes would be OK with you?

Body Language

Think about what you're saying with your body. Are your arms folded? Are you looking somewhere else? Are you turned toward the person or away? It's best when your body language is saying the same thing your words are saying.

Timing

Think about when you are going to ask for something or bring up a difficult topic. Does the other person have the time and energy to devote at that moment?

Approach

Think about how you bring something up. Are you defensive, attacking or angry?

Being Clear

Know what it is you want to say or bring up. Pay attention to word choice, tone of voice and body language

Effective communication often includes:

- I-statements ("I think …," "I want …")
- Expressing opinions ("I believe …")
- Saying "No" firmly but respectfully
- Asking for what you want
- Initiating conversations
- Expressing positive feelings
- Expressing appreciation
- Stating your strengths and abilities ("I can …")

Volunteer Instructions: Communication Skills Demonstration

This handout is only given to the 3 students volunteering for the demonstration.

Person A: The person who asks out Person B.

Person B: The person who decides whether to go out with Person A. Likes Person A and has wanted to go out with them. But will only agree to a date if Person A asks in a clear and respectful way.

Person C: The friend of Person B. Tries to be helpful.

The Scene: All 3 scenarios begin with Person B and Person C talking. Person A approaches them to ask out Person B.

The First Attempt

- **Person A** (the asker) is very shy. They look at the ground, speak very softly, and don't ever get to the question.
- **Person B** wants to go out on a date with Person A, but since there is never a clear or direct question, can't ever say yes. Person B leaves wondering what just happened.
- **Person C** (the friend) also seems confused and helps the friend exit gracefully.

The Second Attempt

- **Person A** (the asker) is pushy. Person A interrupts Person C (the friend) and gets in Person B's space. Person A is intent on getting what they want, is over confident, and doesn't seem concerned with what Person B wants.
- **Person B** has been wanting to go out with Person A, but is no longer interested because of the way Person A asked.
- **Person C** is offended by Person A's behavior and tries to help get the friend away.

The Third Attempt

- **Person A** (the asker) is a little nervous, but still manages to ask Person B out on a date. Person A acknowledges Person C, is polite, and respectfully joins the conversation. Person A is clear when asking the question, makes good eye contact, smiles, isn't too loud or too quiet, and clearly hopes that Person B will go out. Person A asks genuinely, and waits respectfully for the answer.
- **Person B** has been wanting to go out with Person A and gladly accepts.
- **Person C** is excited for them.

Individual Homework: Thinking About Healthy Relationships

Name: _____ **Period:** _____

List 3 things you might say or do if a friend was feeling scared of a boyfriend or girlfriend.

a.

b.

c.

Family Homework: Talking about Healthy Relationships

All Family Homework is optional. Students may complete Individual Homework instead.

Purpose: Family Homework is a chance to share your beliefs about sexuality and relationships, and the beliefs of your family, culture or religion.

Directions: Student will do the homework with a family member or trusted adult who is like family. Find a quiet place where the two of you can talk privately for 5-10 minutes. Please follow these guidelines:

- It is okay for either of you to skip a question.
- What you discuss will not be shared with anyone else, unless you give one another permission to share it.
- Take turns asking questions. When it is your turn to listen, try to understand the other person's response.

Student: Show and explain the handout titled *How I Want to Be Treated by My Boyfriend or Girlfriend.*

Ask each other:

- Which qualities listed on the worksheet are most important to you in your dating relationships or in your marriage?
- Which qualities listed do you hope that I will have in my dating relationships or marriage?
- Are there other qualities you think are important that are not listed here? What are they?
- What is one piece of advice you would give someone about how to have a happy and healthy relationship?

Family Homework Confirmation Slip: Talking about Healthy Relationships

Due: _____

We have completed the family homework.

_____ _____

Date Signature of family member or trusted adult

_____ _____

Student's name Signature of student

Exit Ticket

Using one or more of these tips from your *Effective Communication Tips* handout, write 1 or 2 sentences telling someone you don't want to go on a date with them. Imagine this person is someone you like as a friend, but don't want to date.

- I-statements ("I think …", "I want …")
- Expressing opinions ("I believe …")
- Saying "No" firmly but respectfully
- Asking for what you want
- Initiating conversations
- Expressing positive feelings
- Expressing appreciation
- Stating your strengths and abilities ("I can …")

Lesson 6: Assessment Questions

1. List 3 characteristics of a healthy relationship.

2. Looking at your *Helping a Friend* handout, list one place you could contact for help if you or a friend were in an unhealthy relationship.

3. Looking at the *Healthy, Unhealthy and Warning Signs of Abuse*, explain in your own words how the "healthy relationship characteristics" are different from the unhealthy or abusive characteristics.

4. List three ways you could help a friend who is in an unhealthy or abusive relationship.

Lesson 6: Assessment Key and Standards Alignment

Question	Answer	Standard
1. List 3 characteristics of a healthy relationship.	Can include any healthy relationship characteristics from the *Healthy, Unhealthy and Warning Signs of Abuse* handout.	NSES: HR.12.CC.1 NHES: SH1.12.3
2. Looking at your *Helping a Friend* handout, list one place you could contact for help if you or a friend were in an unhealthy relationship.	Love Is Respect Phone:1-866-331-9474 Website: loveisrespect.org	NSES: HR.12.AI.1 PS.12.AI.2
3. Looking at the *Healthy, Unhealthy and Warning Signs of Abuse*, explain in your own words how the "healthy relationship characteristics" are different from the unhealthy or abusive characteristics.	Correct answers point out that the unhealthy and/or abusive characteristics are harmful to people.	NSES: PS.12.CC.1
4. List three ways you could help a friend who is in an unhealthy or abusive relationship.	Can include any tips or strategies from *How to Help a Friend* handout.	NSES: PS.12.IC.2
Exit Ticket: Using one or more of these tips from your *Effective Communication Tips* handout, write 1-2 sentences telling someone you don't want to go on a date with them. Imagine they are a person you like as a friend, but don't want to date. • I-statements ("I think …," "I want …") • Expressing opinions ("I believe …") • Saying NO firmly but respectfully • Asking for what you want • Initiating conversations • Expressing positive feelings • Expressing appreciation • Stating your strengths and abilities ("I can …")	Any statements following these guidelines are acceptable.	NSES: HR.12.IC.1 HR.12.IC.2 NHES: SH4.12.4 SH4.12.1

Integrated Learning Activities

SOCIAL STUDIES: Celebrities' Relationships
Conduct a current events activity in which students bring in stories from the news about celebrities' relationships. Analyze them together to determine if the relationship is being depicted as healthy or unhealthy. The following questions may be helpful:

- What were the clues in the article that let you know if the relationship was healthy or unhealthy?
- Do you think the article paints a realistic picture of these people's relationship? Why or why not?
- What messages do we get about relationships from the media?

LANGUAGE ARTS: Breathing Underwater
Assign the following book: Flinn, Alex. (2001). *Breathing Underwater*. New York: Harper. *Breathing Underwater* is a young adult novel that examines dating violence from the perspective of the abuser, a 16-year-old boy who also happens to be abused by his father at home. Use the book as the basis for in-class discussions or writing assignments. A reading guide is available on the Harper Collins website: www.harpercollins.com.

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Coercion and Consent

Grades 9-12, Lesson 7

Summary

Students review the results of the *Sexual Attitudes Survey* from Lesson 5 in order to set social norms that do not support sexual violence. The teacher then leads a class discussion to generate definitions of sexual assault, coercion and consent, followed by a discussion about the potential problems caused by power imbalances and age differences. Students conclude by working on scenarios in small groups, determining if consent is or is not present.

Student Learning Objectives

The student will be able to …

1. Define sexual consent and explain its implications for sexual decision making.
2. Analyze techniques that are used to coerce or pressure someone to have sex.
3. Describe potential impacts of power differences within sexual relationships.
4. Explain why it is an individual's responsibility to verify that all sexual contact is consensual.
5. Summarize why individuals have the right to refuse sexual contact.
6. Explain why it is wrong to trick, threaten, or coerce another person into having sex.

Lesson Timing

Warm up	Bell work + 2 minutes
Purpose of lesson	1 minute
Share survey results	4 minutes
Define terms	10 minutes
Review laws	5 minutes
Discuss power and age differences	5 minutes
Facilitate scenarios activity	20 minutes
Summarize	1 minute
Assign homework	
Exit ticket	2 minutes
Total	50 minutes

FLASH Key Concepts

Everyone has the right to say who touches their body and how.

It is never okay to touch someone else if they don't want you to, or to make them touch you.

There are laws about sex that everyone must follow.

Permission or agreement is required to engage in all sexual activity.

Rigid ideas about how men and women should act are harmful and limit how people can express themselves.

Standards

National Health Education Standards (SHECAT)

Standard 1	Students will comprehend concepts related to health promotion and disease prevention.
SH1.12.1	Explain how to build and maintain healthy family and peer relationships.
SH1.12.9	Analyze the factors that protect one against engaging in sexual risk behaviors.
SH1.12.12	Describe the importance of shared responsibilities for avoiding sexual activity and preventing sexual risk behaviors.
SH1.12.13	Analyze the relationship between using alcohol and other drugs and sexual risk behaviors.
SH1.12.29	Analyze techniques that are used to coerce or pressure someone to have sex.
SH1.12.30	Explain why it is an individual's responsibility to verify that all sexual contact is consensual.
SH1.12.31	Summarize why individuals have the right to refuse sexual contact.
SH1.12.32	Explain why it is wrong to trick, threaten, or coerce another person into having sex.
Standard 2	Students will analyze the influence of family, peers, culture, media, technology and other factors on health behaviors.
SH2.12.3	Analyze how peers and perceptions of norms influence healthy and unhealthy sexual health practices, behaviors, and relationships.
SH2.12.4	Analyze how personal attitudes, values, and beliefs influence healthy and unhealthy sexual health practices, behaviors, and relationships.
SH2.12.5	Analyze how some health risk behaviors influence the likelihood of engaging in risky sexual behaviors (e.g., alcohol and other drug use).
SH2.12.6	Analyze how laws, rules and regulations influence behaviors related to sexual health.
SH2.12.7	Analyze how school and community affect personal sexual health practices, behaviors, and relationships.
Standard 4	Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.
SH4.12.1	Demonstrate effective communication skills to promote sexual health and healthy relationships.
SH4.12.3	Demonstrate effective peer resistance, negotiation, and collaboration skills to avoid engaging in sexual risk behaviors.
SH4.12.4	Demonstrate effective communication strategies to prevent, manage, or resolve interpersonal conflicts.
Standard 5	Students will demonstrate the ability to use decision-making skills to enhance health.
SH5.12.7	Choose a healthy alternative when making a sexual health-related decision.
Standard 7	Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.
SH7.12.1	Analyze the role of individual responsibility for sexual health.
SH7.12.3	Demonstrate practices and behaviors to improve the sexual health of oneself and others.
Standard 8	Students will demonstrate the ability to advocate for personal, family, and community health.
SH8.12.1	Use peer and societal norms, based on accurate health information, to formulate a health enhancing message about avoiding or reducing risky sexual behaviors.

SH8.12.2	Persuade and support others to avoid or reduce risky sexual behaviors.

National Sexuality Education Standards

ID.12.SM.1	Explain how to promote safety, respect, awareness and acceptance
HR.12.CC.3	Define sexual consent and explain its implications for sexual decision making
HR.12.INF.2	Analyze factors, including alcohol and other substances, that can affect the ability to give or perceive the provision of consent to sexual activity
HR.12.AI.1	Demonstrate how to access valid information and resources to help deal with relationships
HR.12.SM.1	Demonstrate respect for the boundaries of others as they relate to intimacy and sexual behavior
PS.12.CC.1	Compare and contrast situations and behaviors that may constitute bullying, sexual harassment, sexual abuse, sexual assault, incest, rape and dating violence
PS.12.CC.2	Analyze the laws related to bullying, sexual harassment, sexual abuse, sexual assault, incest, rape and dating violence
PS.12.CC.3	Explain why using tricks, threats or coercion in relationships is wrong
PS.12.CC.4	Explain why a person who has been raped or sexually assaulted is not at fault
PS.12.AI.1	Access valid resources for help if they or someone they know are being bullied or harassed, or have been sexually abused or assaulted
PS.12.AI.2	Demonstrate ways to access accurate information and resources for survivors of sexual abuse, incest, rape, sexual harassment, sexual assault and dating violence
PS.12.IC.1	Demonstrate effective ways to communicate with trusted adults about bullying, harassment, abuse or assault *(homework)*
PS.12.IC.2	Identify ways in which they could respond when someone else is being bullied or harassed.
PS.12.INF.1	Describe potential impacts of power differences (e.g., age, status or position) within sexual relationships
PS.12.INF.2	Analyze the external influences and societal messages that impact attitudes about bullying, sexual harassment, sexual abuse, sexual assault, incest, rape and dating violence

Rationale

Theoretical Basis for Sexual Violence Prevention Lessons

The prevention of sexual violence is both a behavioral goal of FLASH in its own right, and an important strategy for preventing teen pregnancy and STDs. Sexual violence is correlated with a host of acute and chronic health problems - amplified by high rates of victimization in the United States.[1] Sexual violence is also strongly linked to teen pregnancy and STDs. Pregnant teens have higher rate of previous sexual assault, as do teens who begin having intercourse at a young age, increasing their risk of teen pregnancy and STDs.[2 3 4 5] Moreover, young teens with much older male partners have greatly increased risk of pregnancy.[6 7] Clearly, effective sexual violence prevention can reduce suffering and improve outcomes across many domains of health.

Sexual violence prevention programs have not been evaluated to the same extent as programs that reduce teen pregnancy and STDs. In the fields of public health and sexual violence prevention, the recommended approach to reduce sexual violence is to address "upstream" risk factors for perpetration.[8] FLASH's sexual violence prevention lessons address the risk factors for perpetration identified by the CDC[9] that are amenable to change through a school-based curriculum:

- Hostility towards women
- Hypermasculinity (exaggerated adherence to traits stereotypically attributed to men)
- General tolerance of sexual violence within the community
- Societal norms that support male superiority and sexual entitlement
- Societal norms that maintain women's inferiority and sexual submissiveness

Significantly, strategies to prevent victimization (e.g. how women can avoid risky situations for sexual assault) and to increase empathy for victims of sexual violence have had mixed results.[8] These approaches were also shown to have the unintended consequence of strengthening participants' beliefs in rape myths (e.g. women are responsible for being raped).[8] This further underscores the need to focus prevention efforts on reducing perpetration.

The CDC risk factors are specific to male-on-female violence. Importantly, research links these same risk factors to same-sex sexual harassment and sexual violence targeted at LGBT young people.[10] While the majority of sexual violence is perpetrated by men against women, there is much more to be learned about the risk factors for sexual violence perpetrated by women against men, and sexual violence perpetrated against someone of the same gender.

Coercion and Consent

Coercion and Consent focuses on resetting societal norms that lead to perpetration of sexual violence, and on identifying and recognizing sexual assault and consent. Students gain skills in recognizing when consent is given or not given in sexual situations, and increase their understanding of the laws about consent. This lesson focuses on the following CDC risk factors for perpetration: (1) general tolerance of sexual violence within the community, and (2) societal norms that support male superiority and sexual entitlement.

This is the third of a four-part series of lessons which includes *Undoing Gender Stereotypes, Healthy Relationships*, *Coercion and Consent* and *Online Safety*. All of the lessons are designed to prevent the perpetration of sexual violence.

Materials Needed

Student Materials

- *Washington Laws and Resources Handout*
- *Individual Homework: Being a Resource and Finding Resources*
- *Family Homework: Talking About Sexual Violence Prevention,* available in multiple languages on the FLASH website
- *Lesson 7 Exit Ticket*

Classroom Materials

- *Lesson 7 Warm Up*
- *Coercion and Consent Scenarios*

Teacher Preparation

1. Research your state's laws and make a local handout. If you are outside Washington State, modify the *State Laws & Resources* handout for your students based on laws and programs in your area. Visit the National Sexual Violence Resource Center's webpage at: http://www.nsvrc.org/organizations to find contact information for your state sexual violence prevention organization. They may have a handout already created, or can assist you in making one.

2. Tally the results of the *Sexual Attitudes Survey* from the Undoing Gender Stereotypes lesson (Lesson 5). Pick 2 to 4 of the questions that students answered favorably, and in which they showed a bias that was less favorable of their peers. Display the results visually. For example, make a pie chart, a colorful poster, a graph, etc. Instructions for creating a PowerPoint presentation with pie charts of students' responses can be the Teacher Preparation for Lesson 5.

3. Make arrangements for students who feel a need to be excused. It's recommended that no students be required to participate in this lesson if they prefer not to, and that students who wish to excuse themselves not be required to provide an explanation. As an alternative, students may complete the *Individual Homework* in the library during the class session.

Activities

1. Warm up

Display warm up as bell work

Question: Why is it important for young men to work to end sexual violence? (2–3 sentences)

2. Explain purpose of lesson and set the tone

In the last two lessons, we've talked about gender stereotypes and healthy relationships. During these lessons, we discussed many of the pressures put on boys and girls about how to act as individuals and how to treat one another. We talked about how some of these gender stereotypes and expectations can lead to unhealthy relationships, and can contribute to dating violence and sexual assault. Today we're going to continue the conversation about sexual health and healthy relationships, and discuss coercion and consent. These topics are part of sexual violence prevention.

I want to acknowledge that this is a sensitive topic. Most people in this room have either experienced sexual violence or know someone who has. Let's remember that and be thoughtful of one another when talking today. Let's keep our ground rules in mind, and people should feel free to take a break if they need to or to talk to me after class.

3. Share survey results

Display the results from the *Sexual Attitudes Survey* administered at the close of Lesson 5. Review several items from the survey, noting students' responses as well as the responses they thought their peers would give. Point out any discrepancies between what students expected of their peers versus what the survey results actually show. The script provided assumes that students answered at least a few statements favorably, and that they showed a bias that was less favorable of their peers. This is likely what your results will show as well. Display only the results that follow this pattern, since the purpose of this section is to re-establish social norms that are not supportive of sexual violence.

- *Does anyone notice any patterns in the results?*
- *Is anyone surprised by these results? Would anyone be willing to share what surprised you?*
- *What do you think this survey says about you and your peers?*

What we see from these results is that most of you agreed with the statements. Most of you feel it's important to get consent and respect partners' boundaries. For example, sometimes people say, "I was so turned on I couldn't help myself," or "We've had sex before, so I know my partner's OK with it." Most of you wouldn't agree with these sorts of statements. You understand that people have the right to say no to sexual activity at any point.

I noticed that, although you agreed with the statements on the survey, you weren't as sure your peers would. In almost every case, you thought your peers would feel less strongly than you did about the issues. That's interesting, because, of course, your peers also answered the survey, and you all are thinking the same things for the most part.

This is important, because sometimes we make decisions based on what we think our peers are doing. For instance, research shows that people sometimes feel pressured to have sex because they think that's what their peers are doing, when, in fact, the majority of teens aren't having any type of sex. I am glad you all had a chance to see that your peers' feelings about sexual responsibility and sexual violence are not that different from yours.

4. Define sexual assault, coercion and consent

Begin with an open ended question about why people always have the right to refuse sexual contact. Then, lead a class discussion to generate definitions of sexual assault, coercion and consent. Summarize students' comments to create the following final definitions/statements, and be sure to address the questions listed under each one.

Why people have the right to refuse sexual contact: People have the right to refuse sexual contact because no one, under any circumstances, is required to have any type of sex if they don't want to.

Sexual assault: Coercing or forcing another person into sexual contact.

- What are some types of sexual assault?

Coercion: The use of manipulation to persuade people to do something they may not want to do, such as being sexual or performing certain sexual acts.

- What are tactics someone might use to coerce another person into doing something that person may not normally want to do?
- Why is it wrong to coerce someone into sexual activity?

Consent: Permission or agreement to engage in sexual activity.

- Why should people always make sure they have consent before engaging in sexual activity?

Could someone tell me why people always have the right to refuse sexual contact? Why don't people have to have any type of sex if they don't want to?

Good. As we work through this lesson, always remember that people have the right to refuse sexual contact, because no one, under any circumstances, is required to have any type of sex unless they want to.

What is the definition of sexual assault?
Coercing or forcing another person into sexual contact.

*What are some types of sexual assault? (*Make sure examples include both touching and non-touching offenses, and at the minimum include the items listed below.)

- Rape
- Incest
- Sexual harassment
- Child sexual abuse

What is coercion?
The use of manipulation to persuade people to do something they may not want to do –

such as being sexual or performing certain sexual acts.

What are tactics someone might use to coerce another person into doing something that person may not normally want to do?
Examples include:

- Manipulation
- Abusing a position of power
- Older person taking advantage of a younger person
- Alcohol and other drugs

Unlike what many people believe, sexual assault, including rape, doesn't usually involve extreme physical force or injury. Often emotional manipulation, coercion, or alcohol and other drugs are used as tools to assault.

Why is it wrong to coerce someone into sexual activity?
If someone is coerced that is not consent.

What is consent?
Permission or agreement to engage in sexual activity.

Why should people always make sure they have consent before sexual activity?
Using force or coercion to make someone have any type of sex, or having any type of sex with someone without that person's consent, is sexual assault.

5. Review sexual assault laws

Review your state laws, especially noting how consent and coercion are handled, and whether forced oral, anal and vaginal sex as well as other types of sexual activity can all be considered sexual assault. Also specifically note at what ages it is illegal for two people to have sex. In some states, there is simply an age of consent. In other states, specific age differences are spelled out. Hand out the *State Laws & Resources* handout.

Note: Adapt the script to fit your state laws.

Washington State law says: "'consent' means that at the time of the act of sexual intercourse or sexual contact, there are actual words or conduct indicating freely given agreement to have sexual intercourse or sexual contact."

What does this mean? If someone forces someone else to have any type of sex, that is rape. If someone has any type of sex with a person who says no or shows they don't want to have sex, that is also rape. The law says "actual words or conduct," so consent can be verbal or nonverbal.

Consent is important. Washington State law also specifies that certain people cannot give consent. Who do you think is not legally able to consent?

Anyone who is mentally incapacitated due to alcohol or other drugs cannot give consent. Anyone who is physically helpless, unconscious or asleep cannot give consent. So, if someone has any type of sex with a person in these situations, it is also rape.

A couple of final points about consent: just because someone consents to one type of sexual activity does not mean that person has consented to other types of sexual activity. Also, just because someone has agreed to a sexual act in the past, does not mean that person will always agree to it.

Sex is also legal or illegal depending on the age of the two people having sex. Even if there is consent, sex or sexual touching is illegal if either person is under a certain age. In other words, an older person may not have any type of sex with someone who is much younger. Washington calls these laws "rape of a child." In some other states it is called "statutory rape," which basically means the same thing.

Here are the age differences in Washington State: (Read handout.)

6. Discuss power imbalance and age differences

(*Note:* Pay close attention to time—you will need 20 minutes to complete the Scenarios Activity. You may need to abbreviate the following discussion or skip to the small group activity if the students have had a lot of questions.)

After discussing the specific age difference in your state, lead a discussion with students about why it might be a bad idea, or why they think it is illegal, for a person to have sex with someone several years younger or older.

So, just as an example, it is illegal for a 20 year old to have any type of sex with a 15 year old. Although most people would agree that a 30 year old should not have sex with a 15 year old, sometimes people believe that when the age difference is a little closer the law may be unfair. In that situation, they ask questions such as, "What if the two people are really in love, or have been going out a long time? What if the 15 year old's parents know and approve of the relationship?" But, even in these situations, it is still illegal for several reasons. What do you think those reasons are? Why might it be a bad idea for a much older person to be in a sexual relationship with a much younger person?

Make sure discussion raises the following points, even if you have to add them yourself:

- An older person probably knows more, and can use that knowledge to influence or take advantage of a younger person.
- The younger person may assume that the older person knows more, whether or not that is true. The younger person is likely to believe what the older person says, which gives the older person a lot of opportunity to manipulate or lie to the younger person.
- The older person has access to things the younger person doesn't, such as a car, an apartment, a job, alcohol, etc. This can make the older person seem very attractive as a dating partner, and may cause the younger person to overlook serious concerns about the older person.
- Because the older person has more independence (perhaps an apartment or car, or no curfew if still living at home), it makes it easier to involve the younger person in a risky situation, such as being alone together in an apartment, being around alcohol or drugs, being out late, etc.

For all of these reasons and more, teens who have dating partners who are much older than they are more likely to get an STD ,[11] to become pregnant, or get someone pregnant while still a teen.[12]

7. Facilitate scenarios activity

(*Note:* Allow 20 minutes for this activity. If you are short on time, you can choose only a few scenarios.)

Divide the class into 6 groups. Hand out a *Coercion and Consent Scenarios* worksheet to each group and assign each group 1 of the scenarios to discuss. Allow small groups to discuss for 5-6 minutes. When finished, take turns asking the small groups to read their scenario and report to the class. Debrief points for each scenario can be found in the script.

Scenario 1:

- *Naomi is highly intoxicated and therefore cannot consent. Even if her words ("uh-huh") indicate yes, the fact that she is drunk means that she cannot consent.*
- *If they were both intoxicated, neither person can legally consent to sex. Technically, it is possible that either could be charged with rape. However, the one who initiates the sexual contact or who gives the other person alcohol may be more likely to be held responsible for rape. Also, people who are intoxicated are less likely to protect themselves against STDs, including HIV, and pregnancy.*
- *Ideally, a friend would step in and help intervene. Some ways to do this include: distracting them, staying by Naomi's side, pretending they need to come help someone who is sick, telling Jackson that it's not a good idea to hook up because Naomi is drunk.*

Scenario 2:

- *Jamal really wants to have sex (he asks twice), but he is respectful when Leila communicates her boundaries (with words and later with body language).*
- Note: Students may indicate that this appears to be a healthy relationship because Jamal and Leila have honest and clear communication.

Scenario 3:

- *There are several cues that indicate that Elena is not consenting, including: she shrugs her shoulders when he first touches her, she "hisses" and tells him to cut it out, she tries to push him away.*

Scenario 4:

- *This scenario is similar to Scenario 3, but important details are different. In this scenario, it appears that both people are consenting. We know this due to several factors: he touches her shoulders, she grins when he first touches her, she indicates that they could be doing something else, he pulls her close, she laughs, they both giggle, they kiss.*
- *She does say "cut it out," which means no. So, it is not entirely clear what she wants because in this moment, her body language says yes, and her words say no. It would be clearer if they were to ask each other directly, "Can I kiss you?"*
- *He assumes consent in this case because her "yes" cues far outweigh her "no" cues*

Scenario 5:

- *There is consent for the kiss.*
- *There are several cues: Tyra gave a hug, Monica gave a quick kiss, Tyra asked if they could kiss again, Monica laughed and they kissed again.*
- *There is no consent to do anything further at this point, therefore Tyra should ask. She could say, "Do you want to go further?" or "What do you want to do next?" or "Can I take*

your shirt off?"

Scenario 6

- *Consent is not possible in this scenario because of the age difference and because of Ciera's position of power (she is in a supervisory position as a coach).*
- *Even if the boy wanted to have sex and consented, Washington State law says that technically he cannot consent if she is in a position of power and he is more than 5 years younger. (Note: State laws may vary. Tailor the discussion to reflect the laws in your state.)*
- *Even if the law isn't broken, Ciera is still breaking ethical rules for coaches and is risking her job.*
- *Ideally, Taylor or other students who heard these rumors would report to a trusted adult or to police. It may be very difficult to report because there may be a lot of peer pressure to stay quiet about it*

8. Summarize

Summarize the lesson and answer any questions students still have about sexual violence.

Today we discussed sexual assault, coercion and consent. It was helpful to work through some scenarios to show that we all do know what consent looks like even in different situations. This information is useful to keep us safe and also keep us from hurting other people.

9. Assign homework

Allow students to choose between the individual or family homework and explain the assignments as needed.

Individual Homework: Being a Resource and Finding Resources

Family Homework: Talking about Sexual Violence Prevention, available in multiple languages on the FLASH website

10. Exit ticket

Hand out the *Lesson 7 Exit Ticket.*

Prompt: List 1 or 2 things someone can do to ensure there is consent for a kiss.

Possible answers:

- Ask if it is OK to kiss and wait for the other person to say yes.
- Initiate a short kiss, and wait to see if the other person initiates a second kiss.
- Read the other person's nonverbal cues. For example, a person can show consent physically by leaning in, embracing the other person or returning the kiss. Physical signs of non-consent include turning away, pushing the other person away, stiffening up and keeping arms crossed in front of the body.

Warm Up

Answer the following question in 2 or 3 sentences:

Why is it important for young men to work to end sexual violence?

Washington Laws and Resources Handout

What is sexual assault?

Sexual assault is a crime. Sexual contact is always illegal when force is used or when a person cannot give consent. It is always illegal if there is any type of sex with a close relative. "Sexual assault" refers to many different crimes. A good definition is "coercing or forcing another person into sexual contact."

Different kinds of sexual assault

Rape: This is any kind of sexual penetration by force or when the person can't consent. Sometimes physical force is used or threatened. Other times the victim is helpless or under the influence of alcohol or other drugs and can't consent. Sometimes the offender is a stranger. More often the offender is someone the victim knows.

Child sexual abuse: This is when an adult sexually touches or has any type of sex with a child or teen. The offender might use force, manipulation, bribery, pressure, or take advantage of a situation.

Incest: This is when a close relative such as a parent or step-parent sexually touches or has any type of sex with a child. It is always illegal, no matter how old the victim is.

Rape of a Child (also called statutory rape): In Washington State, any type of sex is illegal even when there is no force if:

- The younger person is under age 12, and the older person is more than 2 years older.
- The younger person is age 12 or 13, and the older person is more than 3 years older.
- The younger person is age 14 or 15, and the older person is more than 4 years older.

Sexual Misconduct: In Washington State, it is also illegal for a person in a position of power or authority to have a sexual relationship with any youth they supervise. This would apply to two situations:

- The younger person is age16 or 17, and the older person is more than 5 years older and is in a position of authority over the younger person.
- Any school employee has a sexual relationship with any enrolled student under age 21.

Where to Get Help

Find a local sexual assault center in Washington State: www.wcsap.org/help.htm

Find help outside of Washington State: www.nsvrc.org/organizations

Coercion and Consent Scenarios

1. Desiree and Naomi are best friends and are at a party together. Desiree notices that Naomi is drinking a lot and starting to slur her words. Jackson, a cute guy at the party, approaches Naomi, who is totally drunk. Jackson asks Naomi if she wants to hook up. Naomi nods her head and is led upstairs by Jackson. Desiree can see that Naomi is stumbling up the stairs.

   - What do you think about this situation?
   - Is consent possible in this situation? Why or why not?
   - Would it be different if both Jackson and Naomi were intoxicated?
   - What could Desiree do to help her friend? What could one of Jackson's friends do?

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2. Jamal and Leila have been dating for 6 months. Jamal feels he is ready to have sex. Jamal invites Leila over to his house one weekend night when his parents are out of town. Alone in the house, Jamal talks with Leila about wanting to have sex and Leila tells him she's not ready. A little later while making out in Jamal's room, he asks her again about having sex. Leila shakes her head no and looks away. Jamal is disappointed but goes no further.

   - Was there consent in this scenario? What did the person say or do to let you know?
   - What do you think about Leila and Jamal's relationship?

---

3. Rob and Elena are in the library, working on a school report. At the computer station, Rob begins to give Elena a backrub. "This research is boring," he says. Elena shrugs her shoulders under his hands. Rob puts his arms around her from behind and pulls her close to him. Elena leans forward and hisses, "Cut it out, you're going to get us in trouble." Rob pulls her into the corner. As Elena puts her hands on his chest and tries to push him away, he pulls her to him and kisses her.

   - Was there consent in this scenario? What did the person say or do to let you know?
   - If you have time, read and discuss Scenario 4.

---

4. Rob and Elena are in the library, working on a school report. At the computer station, Rob begins to give Elena a backrub. "This research is boring," he says. Elena turns around and grins at him. "Yeah, it is, compared to what we could be doing," she says. Rob puts his arms around her and pulls her close to him. Elena puts her arms around his neck and laughs, "Cut it out, you're going to get us in trouble." Rob pulls her into the corner. Giggling, they kiss.

   - Was there consent in this scenario? What did the person say or do to let you know?
   - If you have time, read and discuss Scenario 3.

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5. Tyra walked Monica home after they saw a movie together Friday night. When they got to Monica's house, they stood talking for a while. When Tyra gave Monica a hug goodnight, Monica responded with a quick kiss on the lips. Tyra smiled and said, "Can we do that again?" Monica laughed, and they kissed for a long time. They went inside and kept kissing. Tyra wanted to go further but couldn't really tell what Monica wanted by her body language.

   - Was there consent for the kiss? What did the person say or do to let you know?
   - Was there consent to do anything further sexually?
   - What should Tyra do in this situation?

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6. Ciera is 23 years old. She is a teacher and the girls' basketball coach at Lake High School. She has been coaching the boys' basketball team lately because the boys' coach has been out sick. Some of the girls notice that Ciera is kind of flirtatious with some of the guys on the boys' team. She has also been offering a few of the boys private coaching sessions, but tells them to keep it a secret, so the girls don't get jealous. A member of the boys' team tells his friend Taylor that he and Ciera hooked up last weekend.

   - What do you think about this situation?
   - Is consent possible in this situation? Why or why not?
   - What would you do if you were Taylor?

Individual Homework: Being a Resource and Finding Resources

Name _____ **Period** _____

Describe 3 ways that you could talk to or intervene with a friend who you have seen touch someone in an inappropriately sexual way in the hall at school.

1.

2.

3.

Family Homework: Talking about Coercion and Consent

All Family Homework is optional. Students may complete Individual Homework instead.

Purpose: Family Homework is a chance to share your beliefs about sexuality and relationships, and the beliefs of your family, culture or religion.

Directions: Student will do the homework with a family member or trusted adult who is like family. Find a quiet place where the two of you can talk privately for 5-10 minutes. Please follow these guidelines:

- It is okay for either of you to skip a question.
- What you discuss will not be shared with anyone else, unless you give one another permission to share it.
- Take turns asking questions. When it is your turn to listen, try to understand the other person's response.

For each scenario ask the adult: (1) What would you like me to do in this situation? (2) How could I ask for your help?

Ask each other: Are there certain rules or agreements that we both should follow?

I'm hanging out with friends and they start doing things that make me feel unsafe. This could include things such as drinking, going to a party I don't want to go to, acting sexually in a way that makes me feel uncomfortable, etc.

I'm hanging out at a friend's house and my friend's parents or guardians go out for the evening. I start to feel uncomfortable.

My boss at work is 23. This boss is cute and has been pretty friendly with me. I've enjoyed the attention until now. Recently, I've started feeling uncomfortable with the sexual innuendos that have been made. I'm often alone with my boss at work and am feeling more uncomfortable.

Family Homework Confirmation Slip: Talking about Coercion and Consent

Due: _____

We have completed the family homework.

_____ _____

Date Signature of family member or trusted adult

_____ _____

Student's name Signature of student

Exit Ticket

List 1 or 2 things someone can do to ensure there is consent for a kiss.

Lesson 7: Assessment Questions

1. In class we read a scenario about someone who was about to have sex with another person who was too drunk to consent. What are two things you could do in a situation like that to keep your friend and the other person safe?

2. Define sexual consent.

3. Why do alcohol and other drugs make it harder for someone to give or get consent?

4. Sexual assault is never the fault of the victim. It is always the fault of the person who committed the act of sexual violence. Explain why.

5. Look back at your *State Laws and Resources* handout. List one organization that someone could contact if they felt their relationship was unsafe, or if they had been sexually assaulted.

6. The *Sexual Attitudes Survey* we reviewed in class showed that most students agreed it's important to get consent and respect other people's boundaries in a sexual situation, but didn't think this was what their peers believed. What can you infer from these results?

7. Match the following terms with the definitions.

1. Rape	A. Coercing or forcing another person into sexual contact
2. Child sexual abuse	B. An adult sexually touches or has any type of sex with a child or teenager
3. Incest	C. A close relative such as a parent or stepparent sexually touches or has any type of sex with a child.
4. Sexual assault	D. Any kind of sexual penetration by force or when the person can't consent.

8. Why is it wrong to coerce someone into sexual activity?

9. Explain why it is illegal for a much older person to be in a sexual or dating relationship with a much younger person.

10. What are some things a person might do to try to coerce someone else to have sex? What do these techniques have in common?

11. Why is it important for a person to make sure there is consent before engaging in sexual activity with another person?

12. Summarize why people have the right to refuse sexual contact.

13. The results of the *Sexual Attitudes Survey* we reviewed in class showed that most students agreed that it's important to get consent and respect other people's boundaries in a sexual situation, but didn't think this was what their peers believed. Imagine you are creating an ad campaign for teens to encourage them to always get consent and respect other people's boundaries in sexual situations. Based on the survey results, what would be a key message of your campaign?

Lesson 7: Assessment Key and Standards Alignment

Question	Answer	Standards
1. In class we read a scenario about someone who was about to have sex with another person who was too drunk to consent. What are two things you could do in a situation like that to keep your friend and the other person safe?	• Distract either of them • Stay with your friend, don't let them be alone together • Make an excuse to get your friend to leave (e.g., someone is sick and needs help), • Tell the person who is about to have sex without consent that it's a bad idea because the other person is too drunk	NSES: ID.12.SM.1
2. Define sexual consent.	Permission or agreement to engage in sexual activity.	NSES: HR.12.CC.3
3. Why do alcohol and other drugs make it harder for someone to give or get consent?	When people are drunk or high they cannot legally consent. When people are drunk or high they may misunderstand someone else's actions.	NSES: HR.12.INF.2 NHES: SH1.12.13
4. Sexual assault is never the fault of the victim. It is always the fault of the person who committed the act of sexual violence. Explain why.	Possible correct answers include: • Because everyone has the right to say who touches his/her body and how. • Because having sex without the other person's consent is illegal • Because people have the right to stop sexual activity at any point. • Because no one, under any circumstances, is required to have sex if they don't want to	NSES: PS.12.CC.4
5. Look back at your *State Laws and Resources* handout. List one organization that someone could contact if they felt their relationship was unsafe, or if they had been sexually assaulted.	Resources listed on handout	NSES: HR.12.AI.1 PS.12.AI.1 PS.12.AI.2 NHES: SH1.12.13
6. The *Sexual Attitudes Survey* we reviewed in class showed that most students agreed it's important to get consent and respect other people's boundaries in a sexual situation, but didn't think this was what their peers believed. What can you infer from these results?	Possible answers include: • Ideas about what other people think about sex and consent aren't necessarily correct. • People may sometimes act in ways they don't think are right, because they believe their friends think something different. • Messages from society about consent and sexual violence are different from what people actually think.	NSES: PS.12.INF.2
7. Match the following terms with		NSES:

their definitions: 1. Rape 2. Child sexual abuse 3. Incest 4. Sexual assault A. Coercing or forcing another person into sexual contact B. An adult sexually touches or has any type of sex with a child or teenager C. A close relative such as a parent or stepparent sexually touches or has any type of sex with a child. D. Any kind of sexual penetration by force or when the person can't consent.	1. Rape (D) 2. Child sexual abuse (B) 3. Incest (C) 4. Sexual assault (A)	PS.12.CC.1
8. Why is it wrong to coerce someone into sexual activity?	If someone is coerced into sexual activity, that is not consent. Any type of sex without consent is sexual assault.	NSES: PS.12.CC.3 NHES: SH1.12.32
9. Explain why it is illegal for a much older person to be in a sexual or dating relationship with a much younger person.	Possible answers include: • Older person probably knows more, and can use that knowledge to influence or take advantage. • Younger person may assume the older person knows more, even when that isn't true, and be more likely to believe what the older person says. Older person can manipulate or lie to the younger person. • Older person has access to things the younger person doesn't (car, apartment, job, alcohol, etc.). This can make the older person seem very attractive as a dating partner, and may cause the younger person to overlook serious concerns. • Because the older person has more independence (an apartment or car, no curfew if still living at home), it makes it easier to involve a younger person in a risky situation, such as being alone together in an apartment, being around alcohol or drugs, being out late, etc.	NSES: PS.12.INF.1 NHES: SH2.12.3 SH2.12.4 SH2.12.5 SH2.12.7

10. What are some things a person might do to try to coerce someone else to have sex? What do these techniques have in common?	Possible tactics include: • Manipulation • Abusing a position of power • Older person taking advantage of a younger person • Drugs and alcohol • Pressure • Threats What they have in common: • They all involve ignoring the other person's boundaries. • They all involve overpowering the other person. • None of them involve consent.	NHES: SH1.12.29
11. Why is it important for a person to make sure there is consent before engaging in sexual activity with another person?	Possible answers include: • If you have any type of sex with someone without consent, that is rape • You might think you have consent but be wrong. • It's never the fault of the person who was sexually assaulted. The other person needs to be responsible for obtaining consent.	NHES: SH1.12.30
12. Summarize why people have the right to refuse sexual contact.	People have the right to refuse sexual contact because no one, under any circumstances, is required to have any type of sex unless they want to.	NHES: SH1.12.31
13. The results of the *Sexual Attitudes Survey* we reviewed in class showed that most students agreed that it's important to get consent and respect other people's boundaries in a sexual situation, but didn't think this was what their peers believed. Imagine you are creating an ad campaign for teens to encourage them to always get consent and respect other people's boundaries in sexual situations. Based on the survey results, what would be a key message of your campaign?	The message should use norms, and should persuade others not to commit sexual assault. Any message that shows that getting consent is normal, expected, cool or "the thing that everyone is doing" is acceptable. Also acceptable, messages that point out that your peers don't think what you think they do, or that you should not make decisions based on what you think others are thinking.	NHES: SH8.12.1 SH8.12.2

Family Homework		NSES: PS.12.AI.2 NHES: SH1.12.1
Individual Homework		NSES: ID.12.SM.1 HR.12.AI.1 PS.12.AI.1 PS.12.AI.2 NHES: SH.7.12.3
Exit Ticket: List 1 or 2 things someone can do to ensure there is consent for a kiss.	Possible answers: • Ask if it is OK to kiss and wait for the other person to say yes. • Initiate a short kiss, and wait to see if the other person initiates a second kiss. • Read the other person's nonverbal cues. For example, a person can show consent physically by leaning in, embracing the other person or returning the kiss. Physical signs of non-consent include turning away, pushing the other person away, stiffening up and keeping arms crossed in front of the body.	NSES: HR.12.CC.3

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Online Safety: Sexual Violence Prevention

Grades 9-12, Lesson 8

Summary

Students brainstorm online and digital technology resources used by teens, and what those resources are used for. They evaluate their brainstorm to determine the potentially positive and negative roles of technology and social media. The teacher leads a discussion about sexual violence, specifically as it relates to technology, and then students use a research-based list of "online behaviors to avoid" to identify risky behaviors in a series of scenarios involving online communication.

Student Learning Objectives

The student will be able to …

1. Evaluate the potentially positive and negative roles of technology and social media in relationships.
2. Describe strategies to use social media safely, legally and respectfully.
3. Analyze the effect of technology on personal and community sexual health practices and behaviors.

Lesson Timing

Warm up	Bell work + 2 minutes
Introduce lesson / technology brainstorm	5 minutes
Evaluate brainstorm	7 minutes
Discuss sexual violence	8 minutes
Scenarios activity	25 minutes
Assign homework	
Exit ticket	3 minutes
Total	50 minutes

FLASH Key Concepts

Everyone has the right to say who touches their body and how.

It is never okay to touch someone else if they don't want you to, or to make them touch you.

There are laws about sex that everyone must follow.

Permission or agreement is required to engage in all sexual activity.

Rigid ideas about how men and women should act are harmful and limit how people can express themselves.

Standards

National Health Education Standards (SHECAT)

Standard 1	Students will comprehend concepts related to health promotion and disease prevention.
SH1.12.6	Evaluate the negative consequences of sending sexually explicit pictures or messages by e-mail or cell phone or posting sexually explicit pictures on social media sites (e.g., chat groups, e-mail, texting, websites, phone and tablet applications).
Standard 2	Students will analyze the influence of family, peers, culture, media, technology and other factors on health behaviors.
SH2.12.8	Analyze the effect of media and technology on personal, family, and community sexual health practices, behaviors, and relationships.
Standard 4	Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.
SH4.12.2	Demonstrate how to manage personal information in electronic communications and when using social media (e.g., chat groups, e-mail, texting, websites, phone and tablet applications) to protect the personal sexual health of oneself and others
Standard 7	Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.
SH7.12.2	Evaluate personal practices and behaviors that reduce or prevent sexual risk behaviors.
SH7.12.3	Demonstrate practices and behaviors to improve the sexual health of oneself and others.

National Sexuality Education Standards

ID.12.SM.1	Explain how to promote safety, respect, awareness and acceptance.
PR .12.INF.1	Analyze influences that may have an impact on deciding whether or when to engage in sexual behaviors.
HR.12.CC.4	Evaluate the potentially positive and negative roles of technology and social media in relationships.
HR.12.SM.2	Describe strategies to use social media safely, legally and respectfully.
PS.12.CC.1	Compare and contrast situations and behaviors that may constitute bullying, sexual harassment, sexual abuse, sexual assault, incest, rape and dating violence.
PS.12.IC.1	Demonstrate effective ways to communicate with trusted adults about bullying, harassment, abuse or assault.
PS.12.INF.1	Describe potential impacts of power differences (e.g., age, status or position) within sexual relationships.

Rationale

Theoretical Basis for Sexual Violence Prevention Lessons

The prevention of sexual violence is both a behavioral goal of FLASH in its own right, and an important strategy for preventing teen pregnancy and STDs. Sexual violence is correlated with a host of acute and chronic health problems - amplified by high rates of victimization in the U.S.[1] Sexual violence is also strongly linked to teen pregnancy and STDs. Pregnant teens have higher rate of previous sexual assault, as do teens who begin having intercourse at a young age, increasing their risk of teen pregnancy and STDs.[2 3 4 5] Moreover, young teens with much older male partners have greatly increased risk of pregnancy.[6 7] Clearly, effective sexual violence prevention can reduce suffering and improve outcomes across many domains of health.

Sexual violence prevention programs have not been evaluated to the same extent as programs that reduce teen pregnancy and STDs. In the fields of public health and sexual violence prevention, the recommended approach to reduce sexual violence is to address "upstream" risk factors for perpetration.[8] FLASH's sexual violence prevention lessons address the risk factors for perpetration identified by the CDC[9] that are amenable to change through a school-based curriculum:

- Hostility towards women
- Hypermasculinity (exaggerated adherence to traits stereotypically attributed to men)
- General tolerance of sexual violence within the community
- Societal norms that support male superiority and sexual entitlement
- Societal norms that maintain women's inferiority and sexual submissiveness.

Significantly, strategies to prevent victimization (e.g. how women can avoid risky situations for sexual assault) and to increase empathy for victims of sexual violence have had mixed results.[8] These approaches were also shown to have the unintended consequence of strengthening participants' beliefs in rape myths (e.g. women are responsible for being raped).[8] This further underscores the need to focus prevention efforts on reducing perpetration.

The CDC risk factors are specific to male-on-female violence. Importantly, research links these same risk factors to same-sex sexual harassment and sexual violence targeted at LGBT young people.[10] While the majority of sexual violence is perpetrated by men against women, there is much more to be learned about the risk factors for sexual violence perpetrated by women against men, and sexual violence perpetrated against someone of the same gender.

Online Safety

The *Online Safety* lesson reinforces the anti-perpetration messages and norm resetting that takes place in the previous three lessons. It focuses on preventing perpetration of sexual assault and online bullying, and educating students about behaviors that may put them at greater risk for perpetration and victimization.

This lesson centers students as experts in the realm of online communication, and allows them to come up with strategies to prevent perpetration of online and in-person violence. Teens today are digital natives,[11] people who have grown up with digital communication and media, and who are highly knowledgeable about these forms of media. Additionally, research shows that not all youth are equally at risk for sexual violence committed or initiated online.[12] This lesson focuses on helping youth avoid specific online behaviors that are most amenable to change and have been identified by research as increasing the risk for perpetration or victimization (e.g.

requesting or posting nude pictures, visiting porn sites, using sexy sounding screen names, etc.)[12]

This is the fourth of a four-part series of lessons which includes *Undoing Gender Stereotypes, Healthy Relationships*, *Coercion and Consent* and *Online Safety*. All of the lessons are designed to prevent the perpetration of sexual violence.

Materials Needed

Student Materials

- *Online Behaviors to Avoid*
- *Communication Scenarios*
- *Handout for Parents and Guardians: Online Safety*
- *Individual Homework: Online Communication and Safety*
- *Family Homework: Talking About Online Safety*, available in multiple languages on the FLASH website
- *Lesson 8 Exit Ticket*

Classroom Materials

- *Lesson 8 Warm Up*

Teacher Preparation

Review your state's statutory rape laws. Specific age differences in Washington State law can be found in Lesson 7. Elsewhere in the U.S., look up your state's statutory rape law here: http://aspe.hhs.gov/hsp/08/SR/StateLaws/index.shtml.

Activities

1. Warm up

Display warm up as bell work.

Prompt: The following tips are about risky behaviors that should be avoided when talking with others online or over text. Choose the one you think is most important and write 1 or 2 sentences about why you agree with it.

1. Avoid using the Internet to make rude or nasty comments to other people.
2. Avoid communicating online with people who are older or younger (more than a couple years) about sex.
3. It is best to not ask anyone to send you nude pictures or videos.
4. Meeting people in real life who you met online can be risky, especially if the person is older.
5. Looking at pornography online can be a bad idea, especially for teens. There are sometimes extreme and disturbing things that can't be "unseen."

2. Introduce lesson and lead technology brainstorm

Explain that this lesson will cover how teens can keep themselves safe online, especially from sexual assault. Let them know that the information shared in this lesson has been shown through research to be effective.

Lead the brainstorm by asking students to list the online spaces or digital tools they use to communicate, and what they use them for. Record answers on the board. A sample list is provided in the script.

In previous lessons you've learned lots of different ways to keep yourself healthy and safe. Today we're going to talk about the ways we use technology to communicate with friends and meet new people. We are also going to discuss how teens can stay safe online so that they are less likely to get hurt or to hurt others sexually.

This lesson may sound different than lessons you have had in the past about online safety, or what adults may have told you about being safe online. That's because sometimes what people think will keep teens safe online isn't true. Today we will focus on behaviors that research tells us put young people at risk for sexual violence and sexual bullying online, and how we can prevent teens from sexually hurting or assaulting others.
First, I want to hear from you. You all certainly know more than I do about online communication, so you tell me: What types of online spaces or digital tools are teens using to communicate with each other? As you list the type of technology, also tell me if there are certain things teens usually use it for – such as making plans, meeting new friends, etc.

Some possible answers for these lists include:

Technology	**Possible Communication Uses**
• Internet	• Meet people; find out information about people (i.e. Google them)
• Social networking sites (Facebook, Instagram, Snapchat, etc.)	• Meet new friends or people to date; keep in

• Texting • Tweeting (Twitter) • Video or blogging sites (YouTube, Tumblr, etc.)	touch with current friends and family; chat with friends online; flirt; share information quickly with a group of people • Keep in touch with friends and family; flirt; make plans • Share information quickly with a group of people; gossip • Share information and fun stuff with people you know and strangers; educate people; be creative; meet new friends or people to date; keep in touch with current friends and family

3. Evaluate brainstorm

Help students evaluate their brainstorm to determine the potentially positive and negative roles of technology and social media in relationships.

Once the list has been created, ask students how online or text interactions are similar or dissimilar to in person interactions. Then ask students what are the positive things that online or text interactions can offer, and what are the negative things. Record their answers in two columns on the board labeled "Good" and "Not So Good." A sample list is provided in the script. After creating the lists, transition by pointing out that there are many positive things that come from these online interactions, and there are also clearly some risks.

Let's think about the things we just brainstormed.

- How are your interactions online or over text or chat similar to the interactions that you have in person with people?
- How are they different?

Great, now let's think about the good and not so good things that can happen in these interactions.

- What do you see as the "good stuff," the positives or pros that online interactions can offer?
- What do you see as some of the "not so good stuff," the risks or cons about online interactions?

Some possible answers for these lists include:

Good	**Not So Good**
• Privacy • Anonymity • Fewer inhibitions • Meet new people you would never have met otherwise • Easily ignore people you don't want to talk to • Freedom to say whatever you want • Stay connected with friends and family • Share information quickly and easily	• Can't control forwarding or reposting of your personal information or pictures • Can have misunderstandings in communication • Rumors spread very quickly • Get hit on by people you're not interested in • Information that has been posted can often be retrieved even after deleting it • Sometimes wind up in situations that feel uncomfortable A private conversation can

- Learn new information
- Easier to flirt or start a conversation with someone you like
- Meet others from a community you belong to, such as other LGBTQ youth, others who share your religion, etc.

be shared with others
- Bullying and harassment is easier and more public
- Can end up at sites you don't want to be at
- It's risky to post or share nude or sexy photos online or over text

The Internet and other phone technology–such as texting and sharing photos–have some great advantages. They can help you meet new people, stay connected with friends and family, share information and learn new information. However, as we discussed, there are some risks involved with these technologies too. Most of the risks are the same things that exist off line, but we know that things can escalate much quicker online, even hurtful things that we do to others. There are also disturbing photos and videos that can't be unseen once they've been watched.

4. Discuss sexual violence

Facilitate a discussion about the risks of sexual violence and their connections to technology.

Remind students that many of the risks of communicating online are sexual risks. Cover the following main points:

- People may receive unwanted and even offensive sexual attention online.
- Sometimes people meet online and develop relationships, and then make the risky decision to meet in person and have sex. This can lead to sexual assault.
- People may develop relationships with people who are much younger or older than they are. If these relationships are sexual, they may be against the law.

Lead a discussion about why dating an older person may be appealing, and what the risks might be. Examples are listed in the script.

One of the risks of communicating online is that people may receive unwanted sexual attention, or have people say offensive or scary sexual things to them. Some people may even be sexually assaulted in real life by a person they first met online. Sometimes people are scared or hurt by people they don't know at all - strangers or people who pretend to be someone they are not. However, just like with other types of sexual assault, it is much more common for people to be hurt by someone they know, even if they don't know the person well.

We mentioned earlier that one good thing about the Internet is how easy it is to meet people online who have similar interests. These may be people you would never have met in real life. They may live in another location, be friends with a different group of people, or be a different age. One risk in online interactions, which we also see in real life, is that people sometimes initiate sexual relationships with people who are much older or much younger than they are. The Internet can make it easy for people who are much older or younger than each other to meet. Occasionally, they develop a relationship online and then make plans to meet in person and have sex.

As we discussed in our previous lesson about coercion and consent, having any type of sex

with someone who is much older or younger is against the law, even when both people agree to have sex. It may also be dangerous for the younger person. These laws about age differences for a sexual relationship are the same whether people meet online or off line, and the older person is always the one who gets in trouble.

Ask students the following questions:

- *What could be interesting or appealing about dating someone older?*
- *What could be some of the risks?*

Some possible answers for these lists include:

Interesting/Appealing

- Older person knows more
- Younger person assumes the older person knows more/is smarter
- Older person has access to things younger person doesn't: money, car, apartment, job, alcohol, etc.
- Older person has more independence (a car, no curfew, etc.)
- For LGTBQ youth, the older person may be the only other LGBTQ person they know

Risks

- Could use knowledge to influence or take advantage of younger person
- Older person could manipulate younger person
- Could make older person seem attractive, younger person might overlook serious concerns about that person
- Risky situations where young person is alone in an apartment with someone, around alcohol/drugs, out late, etc.

Make sure the following points are made:

- Older people can use their experience or knowledge to influence or take advantage of a younger person.
- Older people have access to things that younger people don't, such as a car, an apartment, a job, alcohol, etc. This can make the older person seem very attractive as a dating partner, and may cause the younger person to overlook serious concerns they have about that person.
- Because the older person has more independence (perhaps an apartment or car, maybe no curfew if still living at home), a younger person is more likely to end up in risky situations with an older person than with a person of the same age. The risky situations may involve being alone in an apartment with someone, being around alcohol or drugs, being out late, etc.

5. Small groups identify online risky behaviors

Distribute the *Online Behaviors to Avoid* handout. Ask students to take turns reading the behaviors aloud, until all have been read. Next, distribute the *Communication Scenarios* worksheet and divide students into pairs or small groups. Assign each group a number from 1 to 5. Instruct students to read the scenario that corresponds with their number, discuss the scenario together, and fill in the questions at the end of their scenario, using the *Online Behaviors to Avoid* handout to assist them.

The Online Behaviors to Avoid *handout lists behaviors that research has found makes people more vulnerable to being hurt sexually and hurting others sexually. You might be surprised at some of the things on this list. They may be different than what you have been taught in the past about online safety. They are based in research and are important for us*

to know when we're thinking about how we treat others online and how we want others to treat us online.

Let's work in groups now to think about how this information might apply in some real life situations. I will ask you to share your answers with the class when you are done.

Use the *Communication Scenarios Key* to debrief the activity, asking each group to state their responses to the questions from their scenario. Write groups' suggestions for "safer choices" on the board, to create a list of safer options for the entire class.

Make sure the list on the board includes:

- Do not ask people for nude pictures, and, if you are sent a nude picture, delete it right away and do not show or send it to others.
- If you are going to meet someone in person who you met online, meet in a public place with other people present, and never meet just to have sex.
- Do not talk about sex with people you don't know online.
- Only send pictures and videos you would be OK with sharing with others.

Close with a summary of the main points of the lesson.

We talked today about how online communication can be fun and convenient, especially over social media. There are lots of benefits to online communication, and there are risks, too. There are also certain behaviors that can increase your risk online, making it easier for you to hurt others or be hurt. This makes it important to think about how we want to treat others online and via text. We worked with scenarios to figure out some good ways to not hurt other people, online or in real life, and figured out small changes we can make to keep ourselves safer online.

You all have lots of knowledge about social media and online communication, and I appreciate you sharing your knowledge today. I hope that we can use the skills we learned in this lesson to help keep our online communication the most positive it can be.

6. Assign homework

Allow students to choose between the individual or family homework and explain the assignments as needed. In order to complete the *Family Homework* students will take home 2 pages.

Individual Homework: Digital Communication & Safety

Family Homework: Online Safety AND *Handout for Parents and Guardians: Online Safety*, available in multiple languages on the FLASH website

7. Exit ticket

Hand out the *Lesson 8 Exit Ticket.*

Prompt: What is one thing you can do when communicating online or by text to make sure you are keeping yourself and others safe?

Possible answers:

- Do not ask people for nude pictures.
- If you are sent a nude picture, delete it right away and do not show or send it to others.
- Don't agree to meet people you don't know in real life.
- Don't agree to meet people you don't know in real life just to have sex.
- If you are going to meet someone in person whom you met online, meet in a public place with other people present.
- Do not talk about sex with people you don't know online.
- Only send pictures and videos you would be OK with sharing with others.
- Don't make rude or nasty comments to other people.
- Don't communicate with people who are much older or younger than you about sex.
- Don't use file sharing or free download programs.
- Don't look at pornography.

Warm Up

The following tips are about risky behaviors that should be avoided when talking with others online or over text. Choose the one you think is most important and write 1 or 2 sentences about why you agree with it.

1. Avoid using the Internet to make rude or nasty comments to other people.

2. Avoid communicating online with people who are older or younger (more than a couple years) about sex.

3. It is best to not ask anyone to send you nude pictures or videos.

4. Meeting people in real life who you met online can be risky, especially if the person is older.

5. Looking at pornography online can be a bad idea, especially for teens. There are sometimes extreme and disturbing things that can't be "unseen."

Online Behaviors to Avoid

The truth is that sexual assault and sexual harassment are never the victim's fault. Research does show, however, that certain online behaviors put young people at a greater risk of being approached by people who want to hurt them. These behaviors can also make it easier to hurt others sexually.

1. Avoid using the Internet to make rude or nasty comments to other people, or joining in against your better judgment when friends are harassing others online. Even if it feels harmless at the time, it can spread quickly and endanger other people. Think before you post.

2. Avoid communicating about sex online with people who are more than a couple years older or younger than you. Also avoid visiting porn sites and creating sexy-sounding screen names for yourself. All of these behaviors can put you at risk. It is illegal for older people to talk with young people about sex online, even if it seems fun, harmless or romantic.

3. It is best to not ask for anyone to send you nude pictures or videos, and, if you are sent these kinds of pictures, delete them right away and never share them with anyone. Nude pictures can get you in trouble with the law, and photos of people under age 18 may be considered child pornography.

4. Meeting people in real life who you met online can be risky, especially if the person is older. You may think you know them well, but they may fool you. If you do choose to meet, it is safer to meet in a public place, and go with a friend. Make sure you have your cell phone and an exit plan. It is also a good idea to tell your parent or a trusted adult about the meeting.

5. Free downloads and file-sharing can put unwanted pornography on your computer or phone that can be hard to get rid of. Any pornography that shows children or teens under age 18 is illegal and can get you in big trouble. It is also important to be careful what you look at online, even for a laugh. There are extreme and disturbing things that can't be "unseen."

Adapted from Crimes Against Children Research Center's "Internet Tips for Teens"
http://www.unh.edu/ccrc/internet-crimes/safety_ed.html.

Communication Scenarios

1. Jaz and Joey are both 15 and have been dating for 2 months. They like being flirty with each other over text. The other night while they were texting things got heated and they sent some very sexy messages to each other. Joey asked for a picture, and Jaz sent a picture of herself without a shirt on. A few weeks later Jaz broke up with Joey because she met a new guy that she liked. Joey was angry and sent some of Jaz's texts and the picture to his friends with some rude comments about her. He also decided to send them to Jaz's new boyfriend.

   What did Joey do that hurt Jaz?

   What are two things Joey could have done (or not done) to prevent hurting Jaz?

2. Sashi is worried about her best friend Jenna's relationship. So far Jenna and her boyfriend Trevor have only met online and their communication includes sexting and sending sexy photos. However, they are planning on meeting on Friday for dinner and then staying over at a motel. Jenna says that Trevor is so romantic and really understands her, and he's even sent flowers to her at school. But Sashi thinks it's weird that Trevor is 22 and is interested in a high school sophomore. Plus, Jenna is keeping her relationship secret from her parents and wants Sashi to lie and say that Jenna is spending the night at Sashi's house.

   What could Sashi do to help her friend?

   What is Trevor doing that is wrong?

   Even if Jenna knows it's not a good idea, what should she do to help remain safe in this situation?

3. Louisa's friend Veronica sent her a link a few weeks ago to a porn site. Louisa opened the link when she was at her dad's house, because she knew he wouldn't keep track of what sites she visits. She hadn't ever been to a porn site before, and looked at it for only a few minutes until she closed the screen in embarrassment. A few weeks later, Louisa was thinking about the site again, and opened the link. She explored the site, looking at pictures and videos, and noticed that there was an option to chat within the site. She signed up for a screen name, "SexxyChick17" and started chatting with people about a video she thought was really hot. A few people saw her profile picture and said she should post a video of herself on the site.

   What are some of the unsafe online behaviors that are happening?

   What could Louisa do to decrease risk in this situation?

4. Manuel is still friends with a few people from his old middle school, even though he goes to a different high school than they do. One of his friends, Bob, isn't very popular. Manuel is online and sees that his other friends from his old school have posted comments on Bob's page saying that he has a girl's chest and taunting him. They also posted a video they made of Bob changing in the locker room. Manuel thinks it's kind of funny, and before thinking about it, shares the video on his page and types a mean comment about Bob.

   What did Manuel do that could be hurtful to Bob?

   Afterward, Manuel thinks about what he did and regrets it. What could Manuel do then?

Communication Scenarios Key

1. Jaz and Joey are both 15 and have been dating for 2 months. They like being flirty with each other over text. The other night while they were texting things got heated and they sent some very sexy messages to each other. Joey asked for a picture, and Jaz sent a picture of herself without a shirt on. A few weeks later Jaz broke up with Joey because she met a new guy that she liked. Joey was angry and sent some of Jaz's texts and the picture to his friends with some rude comments about her. He also decided to send them to Jaz's new boyfriend.

   What did Joey do that hurt Jaz?
   - Shared texts and picture
   - Made rude comments about her
   - Sent the texts and picture to Jaz's new boyfriend (If students blame Jaz for sending a photo, reframe that Joey is the only one to blame for sharing Jaz's photo.)

   What are two things Joey could have done (or not done) to prevent hurting Jaz?
   - Not asked for a photo
   - Deleted the photo
   - Not shared their communication

2. Sashi is worried about her best friend Jenna's relationship. So far Jenna and her boyfriend Trevor have only met online and their communication includes sexting and sending sexy photos. However, they are planning on meeting on Friday for dinner and then staying over at a motel. Jenna says that Trevor is so romantic and really understands her, and he's even sent flowers to her at school. But Sashi thinks it's weird that Trevor is 22 and is interested in a high school sophomore. Plus, Jenna is keeping her relationship secret from her parents and wants Sashi to lie and say that Jenna is spending the night at Sashi's house.

   What could Sashi do to help her friend?
   - Encourage Sashi to tell her parents about the relationship;
   - Refuse to lie for Sashi
   - Tell a trusted adult about her concerns
   - Ask an adult for help

   What is Trevor doing that is wrong?
   - Being in a relationship with someone so much younger
   - Communicating about sex with Jenna
   - Asking Jenna to go to a motel

   Even if Jenna knows it's not a good idea, what should she do to help remain safe in this situation?
   - Tell her parents about the relationship
   - Meet in a public place and bring a friend
   - Make a plan with friends to get out of the situation in case things don't go well with Trevor
   - Make a plan to keep in touch with friends in case things don't go well with Trevor

3. Louisa's friend Veronica sent her a link a few weeks ago to a porn site. Louisa opened the link when she was at her dad's house, because she knew he wouldn't keep track of what sites she visits. She hadn't ever been to a porn site before, and looked at it for only a few minutes until she closed the screen in embarrassment. A few weeks later, Louisa was thinking about the site again, and opened the link. She explored the site, looking at pictures and videos, and noticed that there was an option to chat within the site. She signed up for a screen name, "SexxyChick17" and started chatting with people about a video she thought was really hot. A few people saw her profile picture and said she should post a video of herself on the site.

   What are some of the unsafe online behaviors that are happening?
   - Louisa is talking about sex online and using a sexy-sounding screen name
   - Other people are asking her to post a video

   What could Louisa do to decrease risk in this situation?
   - Not use the chat option on the site
   - Not post a video
   - Not download any videos
   - Change her screen name

4. Manuel is still friends with a few people from his old middle school, even though he goes to a different high school than they do. One of his friends, Bob, isn't very popular. Manuel is online and sees that his other friends from his old school have posted comments on Bob's page saying that he has a girl's chest and taunting him. They also posted a video they made of Bob changing in the locker room. Manuel thinks it's kind of funny, and before thinking about it, shares the video on his page and types a mean comment about Bob.

   What did Manuel do that could be hurtful to Bob?
   - Making mean comments about Bob
   - Sharing the video on his page

   Afterward, Manuel thinks about what he did and regrets it. What could Manuel do then?
   - Apologize to Bob
   - Take the video and comments off his page
   - Encourage his friends to take the video down
   - Apologize to Bob on the site (publicly)

Individual Homework:
Online Communication and Safety

Name: _____ **Period:** _____

1. List 2 new things that you've learned from this lesson that you can do to keep yourself from sexually hurting others.

2. List 2 examples of when you should get help from a parent/guardian or trusted adult for things that could happen online.

Family Homework: Talking about Online Safety

All Family Homework is optional. Students may complete Individual Homework instead.

Purpose: Family Homework is a chance to share your beliefs about sexuality and relationships, and the beliefs of your family, culture or religion.

Directions: Student will do the homework with a family member or trusted adult who is like family. Find a quiet place where the two of you can talk privately for 5-10 minutes. Please follow these guidelines:

- It is okay for either of you to skip a question.
- What you discuss will not be shared with anyone else, unless you give one another permission to share it.
- When it is your turn to listen, try to understand the other person's response.

1. Both read the *Handout for Parents and Guardians: Online Safety.*
2. Discuss the things you already do to keep yourself safe online.
3. Tell your parent/guardian what you've learned from this lesson about how to keep yourself safe online.
4. Discuss how the parent/guardian can help you stay safe online.

Family Homework Confirmation Slip: Talking about Online Safety

Due: _____

We have completed the family homework.

_____ _____

Date Signature of family member or trusted adult

_____ _____

Student's name Signature of student

Handout for Parents and Guardians: Online Safety

High School FLASH Lesson 8 discusses online technology in relation to safety.

For you to be familiar with what your child has learned, here is a list of behaviors that were covered in class. These are behaviors that could increase your child's risk for harassment or sexual exploitation:

- visiting x-rated sites on purpose
- interacting online with people they don't know in real life
- using cell phones or the Internet to harass or make rude/nasty comments to others
- using file-sharing programs to download files (videos, music, etc)

The way to decrease these risks isn't to stop using technology. Instead, we need to increase family awareness and communication. Developmentally, it's normal for teens to be interested in romance, adventure, sex and independence.[1] But teens need support from adults in their lives as they explore these interests. Without support and supervision from their parents and guardians, they may be at increased risk for exploitation online.

So how can adults help decrease risk? Here are some ideas:

- If you have access to a computer, use social networking sites *with* your teens. They can help teach you how to set up an account, and you can be their "friend" on the site. Social networking sites can be a fun way to communicate with each other!

- If you can, be open to talking about subjects such as sex and relationships, bullying and sexual orientation. If you are a safe person to talk to, your teen is less likely to seek out support from other potentially unsafe sources.

- Create a family Internet & technology use contract together. By working together, you will create opportunities for positive growth and communication for your teen.

  Sample family contract: https://www.connectsafely.org/contracts/

[1] 2008. Wolak J, Finkelhor D, Mitchell K, et al. "Online 'predators' and their victims: Myths, realities and implications for prevention and treatment." *American Psychologist*. 63

Exit Ticket

What is one thing you can do when communicating online or by text to make sure you are keeping yourself and others safe?

Lesson 8: Assessment Questions

1. Communicating with friends online or by text is different than talking in person. There are ways that it is helpful, and ways that it can cause problems. List one way it's helpful, and one way it can cause problems.

2. List at least one thing that could be risky about dating someone who is older than you.

3. When people take sexy pictures and post or text them, they are usually just trying to have fun. Unfortunately, sometimes these pictures can cause real problems for the person who sent them and the people who receive them. What is at least one problem they can cause?

Lesson 8: Assessment Key and Standards Alignment

Question	Answer	Standards
1. Communicating with friends online or by text is different than talking in person. There are ways that it is helpful, and ways that it can cause problems. List one way it's helpful, and one way it can cause problems.	*Helpful:* • Privacy • Anonymity • Fewer inhibitions • Meet new people • Easily ignore people • Freedom to say whatever you want • Stay connected with friends and family • Learn new information • Share information quickly and easily *Possible problems:* • Can't control forwarding or reposting of personal information or pictures • Misunderstandings in communication • Rumors spread quickly • Information that has been posted can often be retrieved even after deleting it • Private conversations can be shared • End up at sites you don't want to be at • Get hit on by people you're not interested in • Bullying/harassment is easier and more public • You might find yourself in uncomfortable situations • Nude photos can be shared without permission	NSES: HR.12.CC.4 NHES: SH2.12.8
2. List at least one thing that could be risky about dating someone who is older than you.	• Older person can influence or take advantage of a younger person. • Older person could manipulate younger person. • The younger person may overlook serious concerns because the older person has access to things such as a car, an apartment, a job, alcohol, etc. • Because the older person has more independence, a younger person is more likely to end up in risky situation. • The younger person is more likely to be put in risky situations, such as being alone in an apartment with someone, being around alcohol or drugs, being out late, etc.	NSES: PS.12.INF.1 PR.12.INF.1

3. When people take sexy pictures and post or text them, they are usually just trying to have fun. Unfortunately, sometimes these pictures can cause real problems for the person who sent them and the people who receive them. What is at least one problem they can cause?	• If the person is under age 18, the pictures can be considered child pornography, which is illegal. • Pictures can be sent to others without the original person's permission. • Pictures can be seen by parents, teachers, employers, etc. • The person who posted the picture could receive unwanted sexual attention.	NHES: SH1.12.6
Family Homework		NSES: PS.12.IC.1
Exit Ticket: What is one thing you can do when communicating online or by text to make sure you are keeping yourself and others safe?	• Do not ask people for nude pictures. • If you are sent a nude picture, delete it right away and do not show or send it to others. • Don't agree to meet people you don't know in real life. • Don't agree to meet people you don't know in real life just to have sex. • If you are going to meet someone in person whom you met online, meet in a public place with other people present. • Do not talk about sex with people you don't know online. • Only send pictures and videos you would be OK with sharing with others. • Don't make rude or nasty comments to other people. • Don't communicate with people who are much older or younger than you about sex. • Don't use file sharing or free download programs. • Don't look at pornography.	NSES: ID.12.SM.1 HR.12.SM.2 NHES: SH7.12.2. SH7.12.3

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Abstinence

Grades 9-12, Lesson 9

Summary

Students define abstinence and learn the steps to refusing effectively. In small groups, they practice using refusal skills and observe their peers modeling effective refusal skills.

Student Learning Objectives

The student will be able to …
1. Define abstinence.
2. Demonstrate effective use of refusal skills.
3. Analyze influences that may have an impact on deciding to be abstinent.

Lesson Timing

Warm up	Bell work + 2 minutes
Definition of abstinence	3 minutes
Refusal skills	12 minutes
Refusal skills scenarios – large group	10 minutes
Refusal skills scenarios – small group	20 minutes
Assign homework	
Exit ticket	3 minutes
Total	50 minutes

FLASH Key Concepts

Abstinence is choosing not to have oral, anal and vaginal sex.

Most high school students are abstinent.

Abstaining from oral, anal and vaginal sex means a person does not have to worry about pregnancy or STDs.

People of every sexual orientation and gender identity choose abstinence.

People can choose abstinence at any point in their life, whether or not they have had sex before.

Standards

National Health Education Standards (SHECAT)

Standard 1	Students will comprehend concepts related to health promotion and disease prevention.
SH1.12.7	Justify why abstinence from sex and drugs are the safest, most effective risk avoidance methods of protection from HIV, other STDs, and pregnancy.
SH1.12.8	Analyze the factors that contribute to engaging in sexual risk behaviors.
SH1.12.9	Analyze the factors that protect one against engaging in sexual risk behaviors.
SH1.12.10	Summarize ways to prevent pregnancy and the sexual transmission of HIV and other common STDs.
SH1.12.11	Summarize the importance of setting personal limits to avoid risky sexual behavior.
SH1.12.13	Analyze the relationship between using alcohol and other drugs and sexual risk behaviors.
SH1.12.28	Analyze situations that could lead to being pressured to having sex.
Standard 4	Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.
SH4.12.1	Demonstrate effective communication skills to promote sexual health and healthy relationships.
SH4.12.3	Demonstrate effective peer resistance, negotiation, and collaboration skills to avoid engaging in sexual risk behaviors.
SH4.12.4	Demonstrate effective communication strategies to prevent, manage, or resolve interpersonal conflicts.
Standard 7	Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.
SH7.12.3	Demonstrate practices and behaviors to improve the sexual health of oneself and others.

National Sexuality Education Standards

PR.12.IC.1	Demonstrate ways to communicate decisions about whether or when to engage in sexual behaviors.
SH.12.CC.2	Evaluate the effectiveness of abstinence, condoms, and other safer sex methods in preventing the spread of STDs, including HIV.
HR.12.IC.2	Demonstrate effective ways to communicate personal boundaries as they relate to intimacy and sexual behavior.
PS.12.CC.4	Explain why a person who has been raped or sexually assaulted is not at fault.

Rationale

Supporting young people to be abstinent is an important component of teen pregnancy and STD prevention. The FLASH curriculum's approach to abstinence has benefited greatly from recent research on abstinence education. The FLASH curriculum encourages positive attitudes and positive peer norms about abstinence, builds confidence to remain abstinent, teaches refusal skills, avoids denigrating condoms and birth control, and avoids putting down students who are sexually active.[1 2 3]

Research has shown that most abstinence-only programs are ineffective and can have negative effects on teens' sexual health and behavior. These programs do not delay sexual initiation, reduce the number of sexual partners, or increase abstinence.[4] Some actually decrease contraception and condom use when teens do have sex, and decrease the likelihood of STD testing and treatment.[5 6 7] The FLASH curriculum seeks to avoid these unintended outcomes by employing a different approach, relying heavily on recent research about abstinence programs with positive outcomes.[1]

Gender stereotypes are intentionally avoided throughout the abstinence lesson in an effort to support the sexual violence prevention goals of the curriculum.

Materials Needed

Student Materials

- *Refusal Skills Checklist*
- *Refusal Skills Scenarios*
  - *Scenario B: Jonathan and Amber (partially scripted)*
  - *Scenario C: Amara and Son*
  - *Scenario D: Rosibel and Anthony*
  - *Scenario E: Stacia and Grace*
- *Individual Homework: Beliefs About Abstinence in the U.S.*
- *Family Homework: Talking About Abstinence,* available in multiple languages on the FLASH website
- *Lesson 9 Exit Ticket*

Classroom Materials

- *Lesson 9 Warm Up*
- *Refusal Skills Visual*
- *Scenario A: Jonathon and Amber (fully scripted)*, 2 copies for demonstration

Teacher Preparation

- *Prepare Refusal Skills Visual* for document camera or projector.

Activities

1. Warm up

Display warm up as bell work.

Question: The majority of high school students are abstinent. When people have sexual feelings, they can still make the choice not to have oral, anal or vaginal sex. If people have already had sex before, they can still make the choice not to have sex in the future.

List at least 2 benefits of not having oral, anal or vaginal sex.

Possible answers: Not getting pregnant, not getting an STD, not having to worry about being pregnant, not having to worry about getting an STD, not adding pressure to the relationship.

2. Define abstinence and explain purpose of lesson

Define abstinence, emphasizing the sexual behaviors that need to be avoided in order to prevent pregnancy and STDs - oral, anal and vaginal sex. Explain that abstinence is very common, and reinforce that it is a decision people make throughout their lives.

Today we are going to discuss abstinence. Can someone define abstinence for me? (Allow students to give their own definitions of abstinence and validate their ideas.)

People have a lot of personal definitions of abstinence. The definition we are going to use in this class is that abstinence means not having oral, anal or vaginal sex. Oral sex is when one person's mouth goes on another person's genitals; anal sex is when a penis goes in someone's anus or butt; and vaginal sex is when a penis goes in someone's vagina.

*Why do you think it's important to know that most high school students are abstinent? (*Allow students time to respond.)

If someone thought that every student in this school was having sex, how would that feel? (Allow students time to respond.)

It's important to know that most high school students are not having any type of sex, so that you don't feel pressured to have sex.

Abstinence is something that teens and adults choose at different times in their lives. People of every sexual orientation and gender identity choose abstinence, including gay, lesbian, bisexual and straight people, and people who are transgender and cisgender. And adults and teens can choose abstinence at any point in their lives, even if they've already had sex.

The purpose of today's lesson is to learn and practice the important steps that can help someone say NO to sex that they don't want to have.

3. Teach refusal skills

Tell students they will be learning about how to say no in a variety of situations. Brainstorm ways to be clear when saying no. Show students the *Refusal Skills Visual* and read through it as a class, giving a brief explanation of each step. Discuss that forcing or pressuring someone to have sex is always wrong.

Once people make the decision to not have sex or participate in a certain sexual activity, it's important to be able to communicate their decision to whoever they are with. What are some things that a person could do to make it clear they mean NO? (Be sure to include the following points: saying NO, clear voice, match what's being said with body language.)

I want to be really clear that people always have to listen when another person says no, no matter how they say it. It is never OK to force or pressure someone into having sex or into any kind of sexual touch. It is always the fault of the person who forced or pressured them, and it is always wrong.

For the purposes of this lesson, let's assume that you like the person you are saying NO to and want to continue hanging out, but you do not *want to have sex. We are going to practice it this way because those are the times when it will feel harder to say no.*

1. ***Say NO.*** *Clearly state that you do not want to have sex.*

2. ***Explain why.*** *For example: "I don't want to get pregnant," or "I'm not ready to have sex."*

3. ***Suggest an alternative.*** *Offer something else that you can do together instead. For example, "I think we should go outside now."*

4. ***Leave if you need or want to.*** *Like we discussed earlier, sometimes the other person doesn't respect your no. At that point you might need to get out of the situation or get help from someone else.*

4. Refusal skills scenarios – large group

Introduce scenarios and do a large group demonstration of refusal skills by having two volunteers read Scenario A.

Then have all students practice refusal skills by writing new lines for Jonathan in Scenario B. Remind students that Jonathan likes Amber and wants to continue going out with her, but doesn't want to have sex with her.

Have one volunteer read Amber's lines and invite several students to share their lines for Jonathan with the whole class as you are reading through the scenario.

Now let's practice the refusal skills through a series of scenarios. The first scenario we will do as a class. It is scripted and I will need two volunteers to read the script.

Thanks! Now we will all have a chance to make up some lines for Jonathan.

5. Refusal skills scenarios – small group

Introduce the small-group scenario practice. Pass out and review the *Refusal Skills*

Checklist.

Break the class into small groups with three people per group. Give 10 minutes for every student to fill in the refusal lines for all three scenarios (Scenarios C, D and E). Remind the class that the person playing the refuser likes the asker and wants to continue hanging out with them, even though they want to say no to them.

When students are done writing, each small group reads Scenarios C, D and E aloud. Small group members take turns being the asker, the refuser and the observer, who fills out the *Refusal Skills Checklist* while they observe. After reading a scenario out loud with the new lines written by the refuser, everyone will switch roles and do another scenario, so that each person gets the opportunity to be in each role. The purpose is for everyone to practice refusal skills and to hear good refusal skills.

Debrief as a large group after all groups have finished, discussing the scenarios one at a time. Ask volunteers from a few of the groups to give examples of the refusal skills that they came up with or observed. Validate all of the refusal language. Conclude the lesson by praising the students' effort and skill.

Conclude the refusal skills practice.

Great job! You were all so clear and said NO really well. Saying NO is such an important skill to learn. It's great to know how to do this every day, not just for refusing to have sex. The more you practice the easier it gets. It's also an important skill to know throughout your life so that you can remain abstinent when you want to.

6. Assign homework

Allow students to choose between the individual or family homework and explain the assignments as needed.

Individual Homework: Beliefs About Abstinence in the U.S.

Family Homework: Talking About Abstinence, available in multiple languages on the FLASH website

7. Exit ticket

Hand out the *Lesson 9 Exit Ticket.*

Question: What are three things people could do if they are being pressured by someone to do something sexually that they don't want?

Possible answers: Use refusal skills, say NO, explain why, suggest alternative, leave, ask a friend or adult for help.

Warm Up

The majority of high school students are abstinent. When people have sexual feelings, they can still make the choice not to have oral, anal or vaginal sex. If people have already had sex before, they can still make the choice not to have sex in the future.

List at least 2 benefits of not having oral, anal or vaginal sex.

1. _____

2. _____

Refusal Skills Visual

1. Say NO
2. Explain why
3. Suggest an alternative
4. Leave if you need or want to

Refusal Skills Checklist

Directions: For each scenario, check off the refusal skills you see the actors using.

	Scenario B Jonathan and Amber	**Scenario C** Amara and Son	**Scenario D** Rosibel and Anthony	**Scenario E** Stacia and Grace
Says NO (or states that they don't want to have sexual activity).	_____	_____	_____	_____
Is clear.	_____	_____	_____	_____
Explains why.	_____	_____	_____	_____
Suggests an alternative.	_____	_____	_____	_____

Refusal Skills Scenario A

Fully Scripted (for Class Demonstration)

Jonathan and Amber have been dating for 2 weeks. They talked last week and decided they were not going to have sex. Jonathan is not ready to have sex and is really scared by the idea of getting someone pregnant.

Today they are going to Amber's house after school to study. Amber's mom is running late at work and won't be home for an hour. Jonathan and Amber have the house to themselves. They decide to skip studying and kiss on the couch.

Amber: I really like you and think you're so hot. I know we said we weren't going to have sex, but I didn't think we'd ever get the chance to be alone together. Now that we're alone, I really think we should have sex.

Jonathan: I like you, too. It's cool hanging out, and I want to kiss you. But I don't want to have sex.

Amber: But don't you like me? If you liked me, you'd want to have sex with me.

Jonathan: Amber, I don't want to have sex. I'm not ready to have sex and I don't want to get you pregnant.

Amber: But when are we going to get the chance to be alone like this again? I really want you.

Jonathan: The answer is NO. I like you too, and I'm not ready to have sex. I think we should go outside to hang out so we don't get more tempted.

Refusal Skills Scenario B

Partially Scripted (for Large-Group Practice)

Jonathan and Amber have been dating for 2 weeks. They talked last week and decided they were not going to have sex. Jonathan is not ready to have sex and is really scared by the idea of getting someone pregnant.

Today they are going to Amber's house after school to study. Amber's mom is running late at work and won't be home for an hour. Jonathan and Amber have the house to themselves. They decide to skip studying and kiss on the couch.

Amber: I really like you and think you're so hot. I know we said we weren't going to have sex, but I didn't think we'd ever get the chance to be alone together. Now that we're alone, I really think we should have sex.

Jonathan: _____

_____

_____

Amber: But don't you like me? If you liked me, you'd want to have sex with me.

Jonathan: _____

_____

_____

Amber: But when are we going to get the chance to be alone like this again? I really want you.

Jonathan: _____

_____

_____

Amber: OK. You're right. I respect that.

Refusal Skills Scenario C

Small-Group Practice

Amara is at a party with a group of her friends. At the party, she runs into Son. Amara is trans, and recently started attending the GSA at school, where she met Son. She has a crush on Son, but has never had a chance to hang out with him. Son seems to be very interested in Amara. He's been talking to her for a while and tells her how pretty she looks tonight. Son has been drinking and offers Amara a beer. Amara really likes Son and wants to keep talking to him, but she doesn't want to drink.

Son: Hey Amara. It's nice to see you outside of school. Fun party, huh? Can I get you a beer?

Amara: _____

_____

_____

Son: Oh come on, don't tell me you don't drink. I'll get you a beer.

Amara: _____

_____

_____

Son: Really? It's just beer.

Amara: _____

_____

_____

Son: OK. You're right. I respect that.

Refusal Skills Scenario D

Small-Group Practice

Rosibel, a tenth grader is hanging out at the mall after school with her friends. Anthony, a 20 year old, just stopped by with some of his friends. Rosibel thinks that Anthony is really cute and is very flattered when Anthony starts talking to her. Rosibel's parents only let her hang out with friends around her own age. She knows her parents would definitely not be OK with her dating a 20 year old.

Anthony: It's been so fun hanging out with you. We should hang out again sometime. Want to hang out after school on Friday?

Rosibel: _____

_____

_____

Anthony: Oh come on, it's not like you have to tell your parents that we're hanging out. We could just meet up at the mall again.

Rosibel: _____

_____

_____

Anthony: That's really a shame. I like you and would like to get to know you better. What do you say? Meet me here on Friday?

Rosibel: _____

_____

_____

Anthony: OK. You're right. I respect that.

Refusal Skills Scenario E

Small-Group Practice

Stacia and Grace are juniors in high school and have been best friends since the fifth grade. Grace has been with her girlfriend, Brooklyn, for 3 months and is in love. Grace doesn't want to have sex with Brooklyn. She thinks that she's too young to have sex and doesn't feel ready. Stacia started having sex with her boyfriend 2 months ago and is pressuring Grace to also have sex.

(Be sure that in Grace's responses to Stacia, she does not put Stacia down or call her any names for having made the decision to have sex.)

Stacia: I can't believe that you haven't had sex with Brooklyn yet. I don't know why you're waiting. You should just do it.

Grace: _____

_____

_____

Stacia: You better rethink that before she finds someone else. You should have sex with her.

Grace: _____

_____

_____

Stacia: Oh come on. You keep saying that you're in love with her!

Grace: _____

_____

_____

Stacia: OK. I'm sorry. You're right. I respect your decision not to have sex.

Individual Homework:
Beliefs About Abstinence in the U.S.

Name: _____ **Period:** _____

Research beliefs about abstinence that exist in the United States.

Some possible areas to research:

- What are some different beliefs about abstinence in the U.S.? For example, do beliefs about abstinence vary according to people's age, their relationship status, or if they are married?
- How do the beliefs about abstinence change across cultures and religions?

Try an Internet search using the term "abstinence beliefs in the U.S." A librarian can also help you find good sources of information, in books or online.

Write one paragraph about your research findings.

Family Homework: Talking about Abstinence

All Family Homework is optional. Students may complete Individual Homework instead.

Purpose: Family Homework is a chance to share your beliefs about sexuality and relationships, and the beliefs of your family, culture or religion.

Directions: Student will do the homework with a family member or trusted adult who is like family. Find a quiet place where the two of you can talk privately for 5-10 minutes. Please follow these guidelines:

- It is okay for either of you to skip a question.
- What you discuss will not be shared with anyone else, unless you give one another permission to share it.
- Take turns asking questions. When it is your turn to listen, try to understand the other person's response.

Ask the student: What do you think about teens dating or agreeing to be a couple? What are the advantages and disadvantages?

Ask the adult: Have you ever fallen in love? When? What was it like? How did you know it was love?

Ask the student: Do you think you'll ever be in a committed, life-long relationship? If so, what kind of person would you want it to be with? If not, why not?

Ask the adult: When do you think a person is ready to have sex?

Ask the student: When do you think a person is ready to have sex?

Family Homework Confirmation Slip: Talking about Abstinence

Due: _____

We have completed the family homework.

_____ _____

Date Signature of family member or trusted adult

_____ _____

Student's name Signature of student

Exit Ticket

What are three things people could do if they are being pressured by someone to do something sexually that they don't want?

1.

2.

3.

Lesson 9: Assessment Questions

1. List two of the refusal steps.

2. What is the most effective way to not get pregnant or get an STD?

3. Circle any situations that could make it harder to remain abstinent once someone has decided not to have sex.
   A. Being drunk or high
   B. Being home alone with a boyfriend or girlfriend
   C. Not telling boyfriend/girlfriend about the decision to be abstinent
   D. Spending time with other teens who are abstinent

4. Which of the following communication skills help make it clear that a person means NO?
   A. Says NO.
   B. Says "I'm not sure."
   C. Says "Maybe later."
   D. Uses a clear, firm voice.
   E. Matches body language with what's being said.

Lesson 9: Assessment Key and Standards Alignment

Question	Answer	Standards
1. List two of the refusal steps.	Possible correct answers: 1. Say NO. 2. Explain why. 3. Suggest an alternative. 4. Leave if you need or want to.	NHES: PR.12.IC.1 HR.12.IC.2 NSES: SH4.12.1 SH4.12.3 SH4.12.4
2. What is the most effective way to not get pregnant or get an STD?	Possible correct answers: Abstinence. Don't have oral, anal or vaginal sex	NHES: SH.12.CC.2 NSES: SH1.12.10 SH7.12.3
3. Circle any situations that could make it harder to remain abstinent once someone has decided not to have sex. A. Being drunk or high B. Being home alone with a boyfriend or girlfriend C. Not telling boyfriend/girlfriend about the decision to be abstinent D. Spending time with other teens who are abstinent	Correct answers: A, B, C	NSES: SH1.12.8
4. Which of the following communication skills help make it clear that a person means NO? A. Says NO. B. Says "I'm not sure." C. Says "Maybe later." D. Uses a clear, firm voice. E. Matches body language with what's being said.	Correct answers: A, D, E	NSES: SH1.12.9
Exit Ticket: What are three things people can do if they are being pressured to do something sexually that they don't want?	Possible correct answers: Use refusal skills, say NO, explain why, suggest an alternative, leave, ask a friend or adult for help.	NSES: SH4.12.1 SH4.12.3 SH4.12.4

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[2] Alford, S. (2003). *Science and success: Sex education and other programs that work to prevent teen pregnancy, HIV & sexually transmitted infections.* Washington, DC: Advocates for Youth.

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Birth Control Methods

Grade 9-12, Lesson 10

Summary

Small groups are each assigned to write a commercial for a different method of birth control, using *Birth Control Fact Sheets* for reference. The small groups take turns performing their 2-minute commercial for the class, while observers identify two important points about each method on the *Commercial Watchers Worksheet*. The class summarizes main points after each commercial. The lesson concludes by having students evaluate the "best method," justifying their conclusions with accurate medical information.

Student Learning Objectives

The student will be able to …

1. Summarize how to prevent pregnancy and STDs.
2. Summarize the importance of using birth control and condoms correctly and consistently.
3. Explain the value of using condoms at the same time as another form of birth control.
4. Explain the importance of contraceptive counseling and services if having vaginal sex.
5. Define emergency contraception and how it works.
6. Identify the laws related to getting birth control and STD services.
7. Know how to access medically-accurate information about birth control and condoms.
8. Evaluate the effectiveness of using condoms and birth control in preventing pregnancy and the spread of STDs and HIV.

Lesson Timing

Warm up	Bell work + 2 minutes
Purpose of lesson	2 minutes
Birth control effectiveness exercise	3 minutes
Birth control commercials and wrap-up	40 minutes
Assign homework	
Exit ticket	3 minutes
Total	50 minutes

FLASH Key Concepts

Birth control and condoms are excellent at preventing pregnancy.

Condoms are excellent at preventing pregnancy and STDs, including HIV.

Many teens successfully use birth control and condoms.

Birth control is very safe.

In this community, teens can get a pregnancy test, STD test or birth control at [insert local clinic].

Teens of every sexual orientation and gender identity need to learn about birth control and STD prevention, for themselves or to help a friend.

Standards

National Health Education Standards (SHECAT)

Standard 1	Students will comprehend concepts related to health promotion and disease prevention.
SH1.12.10	Summarize ways to prevent pregnancy and the sexual transmission of HIV and other common STDs.
SH1.12.22	Summarize the importance of proper adherence to contraceptive methods to reduce the risk of pregnancy.
SH1.12.23	Summarize the importance of using condoms consistently and correctly to reduce risk of pregnancy and infection of HIV and common STDs.
SH1.12.24	Explain the value of using a condom at the same time as using another form of contraceptive to reduce the risk of infection of HIV and common STDs and reduce the risk of pregnancy.
SH1.12.33	Explain the importance of contraceptive counseling and services if sexually active.
Standard 3	Students will demonstrate the ability to access valid information and products and services to enhance health.
SH3.12.2	Evaluate the validity and reliability of sexual healthcare products.
Standard 4	Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.
SH4.12.1	Demonstrate effective communication skills to promote sexual health and healthy relationships.
Standard 8	Students will demonstrate the ability to advocate for personal, family, and community health.
SH8.12.2	Persuade and support others to avoid or reduce risky sexual behaviors.
SH8.12.4	Collaborate with others to advocate for improving personal, family, and community sexual health.
SH8.12.6	Adapt health messages and communication techniques to reach a specific target audience.

National Sexuality Education Standards

PR .12.CC.2	Define emergency contraception and describe its mechanism of action
PR .12.CC.3	Identify the laws related to reproductive and sexual health care services (i.e., contraception, pregnancy options, safe surrender policies, prenatal care)
PR .12. AI.1	Access medically-accurate information about contraceptive methods, including abstinence and condoms
PR .12. AI.2	Access medically-accurate information and resources about emergency contraception
SH.12.CC.2	Evaluate the effectiveness of abstinence, condoms, and other safer sex methods in preventing the spread of STDs, including HIV

Rationale

The FLASH curriculum includes birth control methods and abstinence in full lessons of their own, based on the effectiveness of both approaches[1]. Research has repeatedly shown that sexual health education, including teaching about birth control, does not cause teens to have sex sooner or more often.[1 2 3 4 5 6] Its only impact is preventative.

In this lesson, birth control is framed positively. Multiple teen pregnancy prevention studies demonstrate that having "more positive attitudes towards contraception, including condoms" and "perceiving more benefits of using contraception" are important protective factors against teen pregnancy.[7] Hence, in this lesson, students develop commercials to emphasize the positive aspects of birth control using medically accurate information. Students are not expected to memorize effectiveness rates, how each method of birth control works, or contraindications. If students should be interested in a prescription method at some point in their life, their medical providers will cover this information.

Selection of methods in the lesson
This lesson focuses on a subset of birth control methods, rather than every method, in order to achieve sufficient depth in one class period and to achieve teen pregnancy prevention goals. The nine methods focused on in this lesson were based on King County and national data on teen contraceptive use.[8 9] The type of condom that is worn in the vagina or anus (sometimes called a female condom) is addressed in STD and HIV prevention lessons.

Teachers are encouraged to have information, samples or reference material about all methods of birth control, including those that the lesson doesn't directly address, so they can answer questions that may arise. Medically updated websites are suggested in teacher preparation section of this lesson and in the Sexual Health Resources student handout and the, for teacher background and for students who wish to learn more in-depth information about all FDA approved methods.

Inclusion of IUD
IUDs are now known to be safe and appropriate birth control for teens. They have been redesigned from IUDs used in the past. They are safe and effective for people who have been pregnant and those who haven't, including teens. Not only are they extremely safe, IUDs are among the most effective methods of birth control available; the hormonal ones are more effective than sterilization. They do not impair future fertility, and they do not increase the risk of STDs or HIV.[10 11 12]

Inclusion of withdrawal
Despite the physical challenges inherent in using withdrawal effectively, we include it because withdrawal is more effective than previously thought and withdrawal is common among teens, free,and always available. In fact, when withdrawal is used correctly for vaginal sex, experts calculate that only 4% of couples are likely to get pregnant in a year. Taking typical human error into account, 22% would get pregnant, which is comparable to the diaphragm, sponge and other spermicides.[13]

In contrast, over three times as many couples (85%) would get pregnant using no method for a year, making withdrawal *significantly* more effective than using nothing. It should also be noted that withdrawal reduces the risk of sexually transmitted diseases (STD) and the human

immunodeficiency virus (HIV) by about half,[13] which is better than most other methods of birth control, excluding condoms.

In contrast to previous assumptions, research shows that most pre-ejaculate fluid contains no sperm. Some men have a small amount of sperm in their pre-ejaculate fluid,[14] which may account for the 4% pregnancy rate in perfect use.

Materials Needed

Student Materials

- *Sexual Health Resources - King County, National,* or develop a local resource sheet
- *Commercial Watchers Worksheet*
- *Individual Homework: Cultural Perspectives on Birth Control*
- *Family Homework: Talking about Birth Control Methods*, available in multiple languages on the FLASH website
- *Lesson 10 Exit Ticket*

Classroom Materials

- *Lesson 10 Warm Up*
- Nine brown paper lunch bags
- Four copies of each *Birth Control Fact Sheet*
- Optional: Samples of the birth control pill, Depo shot, emergency contraception, implant, penis condom, hormonal or copper IUD, patch and vaginal ring.
- Optional: Samples of the birth control methods not covered in class, in case questions arise: diaphragm, vagina condom, Cycle Beads and spermicide (gel, foam, film, sponge). Methods that do not need samples include tubal ligation, vasectomy and withdrawal.

Teacher Materials

- *Developing a Local Sexual Health Resources List: Teacher Guide* for those developing a local resource sheet

Teacher Preparation

1. Obtain a birth control kit, if possible.
   - If you teach in King County, WA contact your local Public Health educator for a loaner kit. Go to: www.kingcounty.gov/health/FLASH (click on "find out about training here")
   - Elsewhere, a very complete "deluxe birth control teaching kit" is available for $220 Canadian from Sexuality Education Resource Centre Manitoba. Go to: http://www.serc.mb.ca/SERC/content/dload/PrintableResourceOrderForm/file/at_download
   - Contact your local public health family planning clinic or Planned Parenthood (www.plannedparenthood.org) to see if they have kits for loan or for sale.
   - If you borrow or purchase a birth control teaching kit, use the written materials in this lesson plan, not those in the kit.

2. Review the *Birth Control Fact Sheets* used in this lesson. For background information, see these medically accurate sources.
   - Public Health – Seattle & King County. They are downloadable at http://www.kingcounty.gov/healthservices/health/personal/famplan/birthcontrol/brochures.aspx.
   - Association of Reproductive Health Professionals: http://www.arhp.org/Publications-and-Resources/Patient-Resources.
   - Medline Plus, a service of the U.S. National Library of Medicine: http://www.nlm.nih.gov/medlineplus/birthcontrol.html.

3. Assemble bags with birth control information:
   - Label each of the 9 brown paper bags with the name of a birth control method: pill, patch, shot, penis condom, emergency contraception, IUD, ring, implant and pulling out.
   - Make 4 copies of the entire set of *Birth Control Fact Sheets*.
   - Put 4 copies of a particular *Fact Sheet* into each labeled brown paper bag, along with a sample of that birth control method, if you have one. For example, the brown paper bag labeled "condom" would have 4 copies of the *Condom Fact Sheet*, along with a sample condom.

4. Create a local Sexual Health Resource Sheet for students, following the instructions in *Developing a Local Sexual Health Resources List: Teacher Guide*. For teachers outside of Washington State: Visit http://sexetc.org/action-center/sex-in-the-states/ to learn about laws for birth control confidentiality in your state.

Activities

1. Warm up

Display warm up as bell work.

Prompt: Birth control is used by people who have vaginal sex in order to prevent getting pregnant or starting a pregnancy. There are many different types of birth control to choose from. Select the top 3 things you think a person might want to think about when choosing a birth control method:

- Easy to use
- Very effective
- Safe
- Inexpensive
- Easy to get
- Good side effects
- Partner likes it
- Protects against STDs, including HIV
- Fits with personal beliefs
- Good for health
- Heard good things about it from family and friends

2. Explain purpose of lesson

The purpose of the lesson is for students to learn that birth control is excellent at preventing pregnancy, regardless of whether they need to prevent pregnancy right now.

Hand out the *Sexual Health Resources* (*King County, National*, or the local one you developed). Give information about where teens can get birth control in your community, including whether it is confidential and free.

We are learning about birth control because birth control is great at preventing pregnancy. I want to point out that this lesson is for everybody—people who are having vaginal sex now or who will in the future, and teens of all sexual orientations and genders. Even if someone won't ever need birth control, learning about it now will help them act as health educators for their friends and families on this important topic.

For teachers in Washington State: Depending on your location, distribute *Sexual Health Resources (King County or National)* or create your own list using *Developing a Local Sexual Health Resources List: Teacher Guide.*

It's important to know that here in Washington State, the laws says that birth control is completely confidential for all people, including teens. The clinic staff are not allowed to tell anyone, including parents, without the teen's permission. At many of the clinics, teens can sign up for free Washington State birth control insurance.

Give the names and locations of nearby clinics. Point out if services are free or low cost.

For teachers in other states: Distribute *Sexual Health Resources in the U.S.*, or create your own list using *Developing a Local Sexual Health Resources List: Teacher Guide.* Point out if services are free or low cost.

3. Lead birth control effectiveness exercise

Explain that for the purposes of this activity, each student in the class will represent a couple who has been having vaginal sex over the course of a year. First, show the number of pregnancies that would result if no one uses birth control for a year (85%, or 26 out of 30 students stand up). Next, show the number of pregnancies that would result with everyone using birth control correctly for a year (under 1%, or 1 out of 30 students at most stand up). Point out that birth control is excellent at preventing pregnancy.

We're going to do a quick group activity to learn how much birth control helps prevent pregnancy.

Let's imagine that each person in class represents a couple who has had vaginal sex several times a month over the course of a year. (It doesn't mean anything about the people here in class. It's just to help us count.) If every couple, represented by the people in our class, had unprotected vaginal sex for one year, how many pregnancies do you think would result? (26 out of 30). *Look around at all the people standing. I want you to take in how many pregnancies result from a year of vaginal sex without birth control. Almost all of the couples became pregnant.*

Have students be seated.

This time we're going to imagine that each student represents a couple who are using a highly effective method of birth control, and are being careful to use it correctly, all year long.

Ask only 1 person to stand up. (Be sure it's not someone who will feel sensitive about being singled out. You can check with this student before class.)

What do you notice about the effectiveness of birth control? What changed?

If students don't observe it themselves, point out that only one person (at most) is standing compared to nearly the whole class.

Birth control is excellent at preventing pregnancy when used correctly.

4. Small groups study a method of birth control and create a commercial for it

Separate the class into 9 small groups. Assign each small group a method of birth control by handing them a labeled brown paper bag. Instruct groups to study their assigned method of birth control using the materials in the bag, and then write a 2-minute commercial.

Review the purpose of commercials. Explain that the commercials must use accurate information, be respectful, be appropriate for school, and not put down any other methods of birth control. Each group should get ready to perform their commercial for the class.

While students are preparing, visit the groups to see if they need help understanding their method.

We're going to create birth control commercials today. What's the purpose of a commercial? Excellent, to encourage people to buy something. What are the qualities of a good commercial? (Shows advantages of a product, sticks in your head, makes you think your life would be better.)

Each small group will be assigned a birth control method. You'll receive a fact sheet so you can learn about your method. Once you've learned the most important facts about the method, each group is going to perform a 2-minute commercial. You can be as creative as you want. There are a few rules. The commercials must have accurate information, they must not put down any people or any other methods, and they should be PG-13 or below. I'll be available to help you. Have fun! I can't wait to see your commercials.

5. Small groups perform their commercials for the class

Distribute the *Commercial Watchers Worksheet,* and explain that the watchers should record two important points for each birth control method from the commercials.

Have groups take turns presenting their 2-minute commercials, while observers record important points. Remind the watchers to write down two important facts for each birth control method.

When you watch the commercials, pay close attention. You'll need to write down two important points about each birth control method. You might write something like, "Very effective" or "Prevents pregnancy for 3 years" or "Makes periods better", depending on the method of birth control. If you're not sure, raise your hand after the commercial.

If students ask why abstinence was not included in the commercials, let them know that abstinence is important enough to need an entire lesson to itself.

Debrief after each commercial by emphasizing key points about the birth control method. You will also want to correct any misinformation, answer students' questions, and help students see the method, if samples are available.

Note: Research indicates that it's important to create a positive perception of birth control methods.[15] Information about contraindications or specific health risks will be covered by medical providers, in the event that a student seeks out a particular method of birth control. The focus of this lesson is on the *advantages* of each method.

As you debrief the commercials, emphasize the FLASH key concepts listed at the beginning of the lesson.

6. Conclude lesson

Wrap up with the opinion question: *Based on what you learned today, what do you think is the best method of birth control for a couple that doesn't want to get pregnant or get an STD and is having vaginal sex?*

Discuss the "best method" as a class, encouraging students to support their views. There will be different opinions. Make sure students defend their answers with medically accurate information. If it doesn't come up, point out that condoms PLUS another reliable method is an excellent way to prevent pregnancy *and* STDs.

Thank the class for their creativity in teaching each other about birth control, and point out that using any one of these methods is much more effective than having vaginal sex without any protection.

7. Assign homework.

Allow students to choose between the individual or family homework and explain the assignments as needed.

Individual Homework: Cultural Perspectives on Birth Control

Family Homework: Talking about Birth Control Methods, available in multiple languages on the FLASH website

8. Exit ticket

Hand out the *Lesson 10 Exit Ticket*.

Question: What is the benefit of using a condom at the same time as another method of birth control for a couple having vaginal sex?

Answer: Prevents pregnancy, STDs and HIV.

Warm Up

Birth control is used by people who have vaginal sex in order to prevent getting pregnant or starting a pregnancy. There are many different types of birth control to choose from.

Select the top 3 things you think a person might want to think about when choosing a birth control method:

Easy to use

Very effective

Safe

Inexpensive

Easy to get

Good side effects

Partner likes it

Protects against STDs, including HIV

Fits with personal beliefs

Good for health

Heard good things about it from family and friends

Sexual Health Resources
In King County

Student Handout

Confidential
Teens of any age can get all the services listed on this handout confidentially in Washington State. Confidential services include birth control, condoms, emergency contraception, pregnancy tests, STD and HIV tests, prenatal care, abortion and adoption.

Birth Control and STD Clinics
These clinics have birth control, condoms, emergency contraception, pregnancy tests, STD tests and HIV tests. Services are confidential. Teens in Washington State can sign up for free birth control insurance, called Take Charge, at Public Health and Planned Parenthood.

Public Health – Seattle & King County
Free or low cost teen clinics
206-263-1505
www.teenclinic.com

Planned Parenthood Great Northwest
1-800-769-0045
www.plannedparenthood.org

- Birth control method information (World Health Organization): Scroll down to see chart. http://www.who.int/mediacentre/factsheets/fs351/en/
- STD information (Centers for Disease Control): http://www.cdc.gov/std/
- HPV vaccine information (Centers for Disease Control): http://www.cdc.gov/vaccines/vpd-vac/hpv/

Help Finding a Clinic and Other Services
Community Health Access Program
(CHAP Line)
206-284-0331 or 1-800-756-5437
Also helps people apply for health insurance
chap@kingcounty.gov

Teen Link
1-866-833-6546
www.866teenlink.org

Prenatal Care
Public Health – Seattle & King County
Maternity Support Clinics and WIC
206-263-1505
www.kingcounty.gov/healthservices/health/personal/MSS.aspx

Abortion Clinics
Cedar River Clinics
(425) 255-0471
www.cedarriverclinics.org

Planned Parenthood
1-800-769-0045
http://www.plannedparenthood.org/planned-parenthood-great-northwest

Adoption Agencies
Amara
(206) 260-1700
http://amaraparenting.org

Open Adoption & Family Services
1-800-772-1115
http://www.openadopt.org/

Sexual Health Resources in the U.S.

Student Handout

Confidential
Click on the map to find out if sexual health services are confidential in your state.
http://sexetc.org/action-center/sex-in-the-states/

Birth Control and STD Clinics
There are many websites and phone numbers to help teens find birth control, condoms, emergency contraception, pregnancy tests, STD tests and HIV tests.

- Enter your zip code or call to find the nearest Planned Parenthood clinic.
  www.plannedparenthood.org 1-800-230-PLAN
- Enter your zip code to find the nearest birth control clinic that is free or low cost.
  http://www.hhs.gov/opa/
- Enter your zip code to find a clinic for HIV tests, birth control, counseling and other services.
  www.aids.gov
- Enter your zip code to find the nearest place to get emergency contraception.
  www.not-2-late.com
- Call your local public health department to get information about local birth control and STD clinics.
- Birth control method information (World Health Organization): Scroll down to see chart.
  http://www.who.int/mediacentre/factsheets/fs351/en/
- STD Information (Centers for Disease Control): http://www.cdc.gov/std/
- HPV Vaccine Information (Centers for Disease Control): http://www.cdc.gov/vaccines/vpd-vac/hpv/

Help Finding a Clinic and Other Services

- Enter your address to find the nearest health clinics that are free or low cost. These clinics are for all health issues, not just sexual health.
  http://findahealthcenter.hrsa.gov/

Prenatal Care

- Scroll to your state to find the phone number for the Women, Infants, Children (WIC) Program.
  http://www.fns.usda.gov/wic/toll-free-numbers-wic-state-agencies
- WIC is a nutrition program that helps pregnant women, new mothers, and young children eat well, learn about nutrition and stay healthy. They also give information about where to get prenatal care.

Abortion Clinics

- Click on the map to see a list of abortion clinics in your state.
  http://prochoice.org/think-youre-pregnant/find-a-provider/
- Call 1-877-257-0012 to find the nearest abortion clinic.
- Call 1-800-772-9100 to get more information about abortion and where to get financial help.

Adoption Agencies

- Call 1-800-772-1115 to talk with an adoption counselor at Open Adoption and Family Services.
- The phone line is open 24 hours a day.

Developing a Local Sexual Health Resources List

Teacher Guide

In order to ensure that students have access to the health care services they need, it is important for teachers to develop a sexual health resource sheet specific to their geographic area. FLASH provides a resource sheet for King County, Washington, as an example that can be used as a template. If you are not familiar with the resources in your area, the following national resources will help you in compiling a local resource sheet. If, for some reason, you cannot develop a local resource sheet, a national resource sheet has been provided for you.

FLASH recommends referring young people to clinics and agencies that are teen and LGBT friendly, culturally competent, supportive of all pregnancy options, and that consider the teen to be their primary client. When creating your local resource sheet, keep these criteria in mind.

Confidential
Individual state policies on teens accessing reproductive health care are provided by Sex, etc., a project of Rutgers University. http://sexetc.org/action-center/sex-in-the-states/

Birth Control and STD Clinics
To find local birth control and STD clinics, call your local health department. If you need further assistance finding clinics that offer a full array of services, the following links may be of help.

- www.plannedparenthood.org to find a local Planned Parenthood clinic
- http://www.hhs.gov/opa/ to find a local Title X clinic
- www.not-2-late to find locations for accessing emergency contraception
- http://locator.aids.gov/ to find HIV testing locations

Help Finding a Clinic and Other Services
The U.S. Department of Health and Human Services, Health Resources and Services Administration maintains a list of sliding scale or free clinics across the United States.
http://findahealthcenter.hrsa.gov/

Prenatal Care
To find prenatal care providers who serve teens, call your local WIC provider. The link below provides a State number, that can direct you to a local provider.
www.fns.usda.gov/wic/toll-free-numbers-wic-state-agencies

Abortion Clinics
The National Abortion Federation maintains a list of abortion providers by state.
http://prochoice.org/think-youre-pregnant/find-a-provider/

Adoption Agencies
Open Adoption and Family Services works with clients from across the nation. Should a client prefer a local resource, they will work with her to identify a local provider.
http://www.openadopt.org/

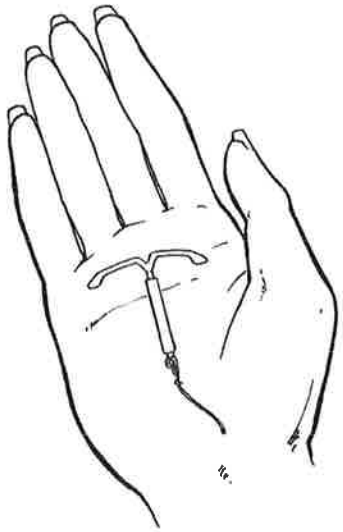
IUD
Fact Sheet

Main points:

- Extremely effective.
- Very convenient. Prevents pregnancy for 3 - 12 years, depending on the type of IUD.

More information:

- The IUD is a small T-shaped object that goes inside the uterus. It is very safe.
- There are 2 types of IUDs, made with either hormones or copper. The hormone is similar to one that occurs naturally in the body. The hormone is slowly released out of the IUD and into the body.
- The IUD is one of the most effective methods of birth control.
- A person can get pregnant as soon as they have the IUD taken out.
- It does not protect against STDs or HIV.
- The IUD prevents pregnancy mainly by slowing down the sperm (copper) or making it hard for sperm to get into the uterus (hormone)
- The IUD is very safe.
- A doctor puts the IUD in the uterus and takes it out. It goes in through the vagina, through a small tube. The sides of the "T" collapse into a skinny straight line when it goes into the body, so it doesn't poke the vagina or uterus.



Source: *Contraceptive Technology, 20th revised edition*, 2011.

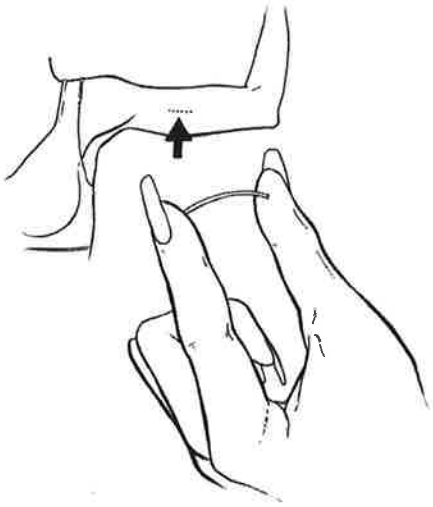
Implant
Fact Sheet

Main points:

- The most effective method of birth control!
- Very convenient. Prevents pregnancy for up to 3 years.

More information:

- The implant is a soft tube that goes under the skin in the upper arm. It is very safe.
- It is used by people who have a uterus and ovaries.
- It is made of a hormone, similar to one that occurs naturally in the body. The hormone is slowly released out of the tube and into the body.
- The implant is the most effective method of birth control.
- A person can get pregnant as soon as they have the implant taken out.
- The implant does not protect against STDs or HIV.
- The implant prevents pregnancy mainly by making it hard for sperm to get into the the uterus and by stopping the ovaries from releasing an egg each month.
- The implant is very safe.
- It only takes a few minutes for a doctor to insert or remove the implant, and there are no stitches.



Source: *Contraceptive Technology, 20th revised edition*, 2011.

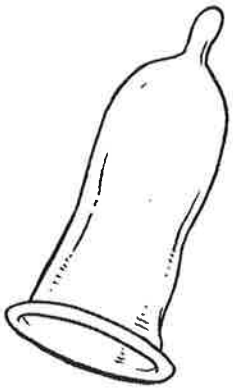
Condom Fact Sheet

Main points:

- Very good at preventing pregnancy, STDs, and HIV!
- One of the easiest birth control methods to get.

More information:

- Condoms are like very thin, very strong gloves, worn over the penis to catch semen.
- The condom is used by unrolling it over an erect penis.
- The tip of the condom should be squeezed to push out any air, so there is room for semen when the ejaculation happens.
- Some people use lubricant (watery, slippery gel) on the outside and inside of the condom to make it feel better during sex.
- When a person takes their penis out of their partner's body, they must hold the condom at the base of the penis, so it won't slip off and spill semen.
- The condom is used only once, and then thrown away.
- Condoms are very good at preventing pregnancy, STDs, and HIV when used correctly.
- Using a condom together with another birth control method gives even more protection against pregnancy, in case the condom breaks.
- Condoms come in vinyl or polyurethane if a person is allergic to latex.
- There is no age requirement to buy condoms.



Source: *Contraceptive Technology, 20th revised edition*, 2011.

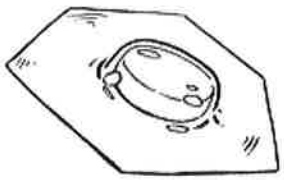
EC (Emergency Contraception) Fact Sheet

Main points:

- The only way to prevent pregnancy after unprotected vaginal sex!
- Good to have on hand, just in case.

More information:

- EC is a pill to prevent pregnancy after sex.
- It is used by people who have a uterus and ovaries.
- The most common brands of EC are Plan B and Ella. EC is also known as the "morning after pill" and "emergency contraception."
- EC is much more effective the sooner it is taken. It can prevent pregnancy if taken up to 5 days after vaginal sex.
- It prevents pregnancy by delaying or stopping the ovaries from releasing an egg.
- It does not cause an abortion. If EC doesn't work, it will not harm the pregnancy.
- All brands of EC, except Ella, can be bought by men or women of any age at the drug store without a doctor's prescription.
  - For more information about getting EC, go to www.not-2-late.com.
- EC is very safe.
- It does not protect against STDs or HIV.



Source: *Contraceptive Technology, 20th revised edition*, 2011.

Depo Shot Fact Sheet

Main points:

- Very effective when used correctly.
- Convenient – only need to get a shot four times per year.

More information:

- The Depo shot, also known as Depo-Provera, is given into the arm or hip every 3 months.
- It is used by people who have a uterus and ovaries.
- It is made of a hormone, similar to one that occurs naturally in the body.
- The shot is very effective when used correctly.
- The shot does not protect against STDs or HIV.
- The shot prevents pregnancy mainly by stopping the ovaries from releasing an egg each month.
- The shot is very safe.
- A person needs to go to a doctor to get the shot.

Source: *Contraceptive Technology, 20th revised edition*, 2011.

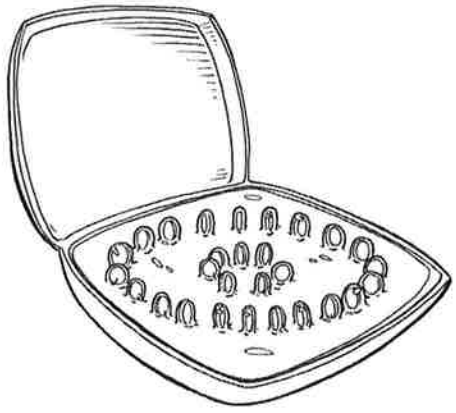
Birth Control Pill
Fact Sheet

Main points:

- Very effective when used correctly.
- Makes period cramps better.
- Good for your health – for example, it helps prevent cancer of the ovaries and uterus, it makes bones stronger, and it helps acne.

More information:

- A person takes the pill once a day to prevent pregnancy.
- The pill is used by people who have a uterus and ovaries.
- It is made of hormones just like the ones that occur naturally in a the body.
- Birth control pills are very effective when used correctly.
- They are best for people who can remember to take a pill every day.
- They do not protect against STDs or HIV.
- The pill prevents pregnancy mainly by stopping the ovaries from releasing an egg each month.
- The pill is very safe.
- A person needs to go to a doctor to get started on the pill.



Source: *Contraceptive Technology, 20th revised edition*, 2011.

Patch
Fact Sheet

Main points:

- Very effective when used correctly.
- Convenient – only need to do something once per week.

More information:

- The patch is a small, thin, beige-colored patch that sticks to the skin.
- It is used by people who have a uterus and ovaries.
- It has hormones just like the ones that occur naturally in the body. The hormones are released into the body through the skin.
- A new patch is put on once a week, for 3 weeks in a row, and then the person goes 1 week without a patch.
- The patch is very effective when used correctly.
- A person wearing the patch can still take showers, swim, play sports, and go in hot tubs with the patch.
- The patch does not protect against STDs or HIV.
- The patch prevents pregnancy mainly by stopping the ovaries from releasing an egg each month.
- The patch is very safe.
- A person needs to go to a doctor to get started on the patch.

Source: *Contraceptive Technology, 20th revised edition*, 2011.

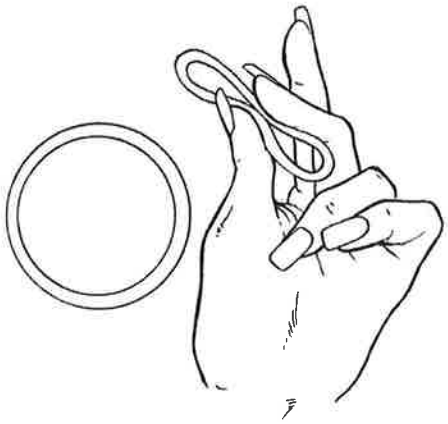
Vaginal Ring
Fact Sheet

Main points:

- Very effective when used correctly.
- Convenient – only need to do something once per month.
- Very helpful for people with heavy or painful periods.

More information:

- The ring, also known as the NuvaRing, is a soft, plastic, flexible ring that's about 2 inches wide.
- The ring goes inside the vagina, and it stays there for 3 weeks. It does not hurt and the person using it should not be able to feel it.
- The ring has hormones inside similar to the ones that occur naturally in the body.
- The ring is very effective when used correctly.
- It does not protect against STDs or HIV.
- The ring prevents pregnancy mainly by stopping the ovaries from releasing an egg each month.
- The ring is very safe.
- A person needs to go to a doctor to get started on the ring.



Source: *Contraceptive Technology, 20th revised edition*, 2011.

Pulling Out (Withdrawal) Fact Sheet

Main points:

- Free and always available.
- More effective than most people think, when used correctly.

More information:

- To use the pull-out method, a person pulls their penis out of their partner's body before ejaculation, making sure not to get semen near the other person's genitals.
- Withdrawal is another word for pulling out.
- Pulling out is very effective for people who can tell when they're about to ejaculate. It takes experience and a lot of self-control to be able to pull out completely in time.
- Pre-cum is the fluid on the tip of the penis before the ejaculation happens. It's also called pre-ejaculate. Studies show that only some pre-cum contains a small amount of sperm.
- Pulling out lowers the chance of getting HIV and some STDs, but it does not fully protect against these infections.

Source: *Contraceptive Technology, 20th revised edition*, 2011.

Commercial Watchers Worksheet

Instructions: As you watch each commercial, write down two important points for each birth control method.

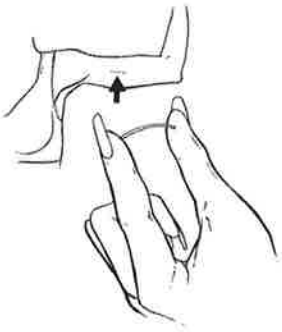
IUD

Important Points:

1.

2.

Implant



Important Points:

1.

2.

Condom

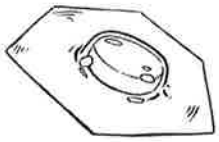
Important Points:

1.

2.

EC

(Emergency Contraception)



Important Points:

1.

2.

Depo Shot

Important Points:

1.

2.

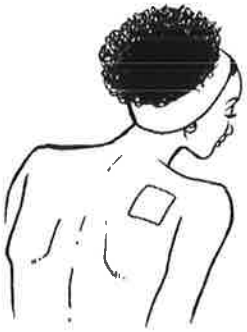
Birth Control Pill

Important Points:

1.

2.

Patch

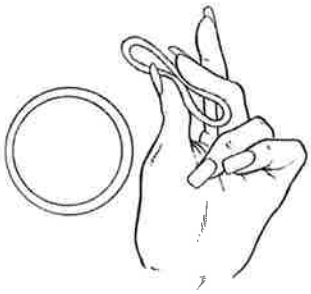


Important Points:

1.

2.

Vaginal Ring



Important Points:

1.

2.

Pulling Out (Withdrawal)

Important Points:

1.

2.

Individual Homework: Cultural Perspectives on Birth Control

Name: _____ **Period:** _____

Research birth control beliefs in the United States.

Here are possible questions you could research: What are some different beliefs about birth control in the U.S.? For example, do beliefs vary if people are married, if they are using birth control for health reasons, or according to age of the person using birth control? How do the beliefs about birth control change across cultures and religions?

Search the Internet. Use the term "birth control beliefs in the U.S." Write one parapgraph about what your find during your research.

Family Homework: Talking about Birth Control Methods

All Family Homework is optional. Students may complete Individual Homework instead.

Purpose: Family Homework is a chance to share your beliefs about sexuality and relationships, and the beliefs of your family, culture or religion.

Directions: Student will do the homework with a family member or trusted adult who is like family. Find a quiet place where the two of you can talk privately for 5-10 minutes. Please follow these guidelines:

- It is okay for either of you to skip a question.
- What you discuss will not be shared with anyone else, unless you give one another permission to share it.
- Take turns asking questions. When it is your turn to listen, try to understand the other person's response.

Ask the adult: Tell me about our family's, culture's or religion's beliefs about birth control.

Ask each other: How do you personally feel about people using birth control to prevent pregnancy?

Family Homework Confirmation Slip: Talking about Birth Control Methods

Due: _____

We have completed the family homework.

_____ _____

Date Signature of family member or trusted adult

_____ _____

Student's name Signature of student

Exit Ticket

What is the benefit of using a condom at the same time as another method of birth control for a couple having vaginal sex?

Lesson 10: Assessment Questions

1. What are two reasons a person should go to a clinic if they are having vaginal sex?

2. How does emergency contraception prevent pregnancy? Circle the correct answer.

   A. It prevents or delays the ovaries from releasing an egg.
   B. It causes an abortion.
   C. It prevents the testicles from making sperm.
   D. It confuses the egg and sperm into traveling in the wrong direction.

3. Where could a person get medically accurate information about birth control, condoms, and emergency contraception in our community?

4. True or False. In Washington State, the law says that teens can get birth control confidentially.

5. Answer this advice column, being sure to summarize the best ways to prevent pregnancy, HIV and STDs for someone who has vaginal sex.

   I am in my second year of college. My boyfriend and I want to have sex, but I don't want to get pregnant or get an STD. I've heard a lot of different advice, but I'm not sure what to do.

Lesson 10: Assessment Key and Standards Alignment

Question	Answer	Standards
1. What are two reasons a person should go to a clinic if they are having vaginal sex?	Possible correct answers: • Learn about birth control methods • Get help selecting a method • Get condoms • Get tested for STDs and HIV • Get a pregnancy test • Get emergency contraception	NHES: SH1.12.33
2. How does emergency contraception prevent pregnancy? Circle the correct answer. A. It prevents or delays the ovaries from releasing an egg. B. It causes an abortion. C. It prevents the testicles from making sperm. D. It confuses the egg and sperm into traveling in the wrong direction.	A	NSES: PR.12.CC.2
3. Where could a person get medically accurate information about birth control, condoms, and emergency contraception in our community?	Possible correct answers: The local clinic listed on your resource sheet, or whatever resource you shared with students (e.g. school-based health center, school nurse, etc.)	NSES: PR.12.AI.1 PR.12.AI.2
4. True or False. In Washington State, the law says that teens can get birth control confidentially. (*Note:* Edit the question as needed based on your state laws.)	True	NSES: PR.12.CC.3
5. Answer this advice column, being sure to summarize the best ways to prevent pregnancy, HIV and STDs for someone who has vaginal sex. *I am in my second year of college. My boyfriend and I want to have sex, but I don't want to get pregnant or get an STD. I've heard a lot of different advice, but I'm not sure what to do.*	Possible correct answers: • Use a reliable birth control method and a condom every time. • Go to the clinic to get a method and to get condoms. • Use emergency contraception if you have unprotected sex. • Don't have sex.	NHES: SH1.12.10 SH1.12.22 SH1.12.23 SH1.12.33
Exit Ticket: What is the benefit of using a condom at the same time as another method of birth control for a couple having vaginal sex?	Prevents pregnancy, STDs and HIV.	NHES: SH1.12.24

Integrated Learning Activities

CONSUMER SCIENCE: Which Method Is the Best Deal?
Put students into small groups and have them rank the birth control methods in two ways: cost per year without insurance and effectiveness against pregnancy. For this exercise, students can use the "perfect rate" (the rate that reflects correct and consistent use) or the "typical rate" (the rate that reflects typical human error), as long as they use the same rate for all methods. This activity will involve Internet research to find the birth control costs.

Ask each group to determine which method they think is the best deal. There will be differences among groups based on how highly they prioritize effectiveness. The goal is for them to articulate their conclusions based on accurate information and logical reasoning.

For teachers in Washington State: Remind students that all methods are available for free in Washington State for people who qualify, including many teens.

Suggested Resources:

- *Effectiveness rates:* Scroll to the bottom of this website by the Family Planning Program of Public Health – Seattle & King County, http://www.kingcounty.gov/healthservices/health/personal/famplan/birthcontrol.aspx. Click on "A Comparison of All Birth Control Method Effectiveness Rates" for a downloadable fact sheet.
- *Birth control method costs:* The average costs of the birth control methods can be found on the websites of the Association of Reproductive Health Professionals website (http://www.arhp.org/methodmatch/) and Planned Parenthood (http://www.plannedparenthood.org/health-topics/birth-control-4211.htm). On both websites, click on the individual method to find the cost.

ART: Magazine Ads
This activity can follow the student-created birth control commercials. Have the same small groups develop magazine ads on poster paper that visually convey the main point of their commercial.

Encourage creativity. You may want to have a stack of magazine ads available for students to look at. Remind students that the ads can be geared to different age groups of adults (not just teens) and that they should not depict sexual activity.

Display the ads around the classroom and give students an opportunity to view them. The goal of this exercise is to further reinforce the positive aspects of birth control, particularly for visual learners.

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Preventing HIV and Other STDs

Grades 9-12, Lesson 11

Summary

Students complete sentence stems on graffiti sheets to learn key concepts about STDs, including transmission, consequences and prevention. The teacher leads a condom demonstration exercise so students can learn the steps to using a condom correctly. The lesson concludes with students setting personal goals that will help them avoid getting or giving an STD.

Student Learning Objectives

The student will be able to …

1. Describe common symptoms of and treatments for STDs, including HIV.
2. Explain the importance of STD and HIV testing and counseling if sexually active.
3. Describe the steps to using a condom correctly.
4. Develop a plan to attain a personal goal to avoid or reduce the risk of contracting an STD.
5. Make a commitment to practice healthy sexual behaviors.

Lesson Timing

Warm up	Bell work + 2 minutes
Purpose of lesson	1 minute
Graffiti sheet activity	25 minutes
Condom demonstration	9 minutes
Journaling activity	10 minutes
Assign homework	
Exit ticket	3 minutes
Total	50 minutes

FLASH Key Concepts

People can prevent getting HIV and other STDs by not having sex, by using condoms if they do have vaginal or anal sex, and by not sharing needles.

Condoms are easy to get and easy to use.

Many teens successfully use condoms.

Abstaining from oral, anal and vaginal sex means a person does not have to worry about pregnancy or STDs.

Most high school students are abstinent.

The only way to know if you have HIV or other STDs is to get tested.

In this community, teens can get a pregnancy test, STD test or birth control at [insert local clinic].

People of all sexual orientations and gender identities need to protect themselves from HIV and other STDs.

Standards

National Health Education Standards (SHECAT)

Standard 1	Students will comprehend concepts related to health promotion and disease prevention to enhance health.
SH1.12.10	Summarize ways to prevent pregnancy and the sexual transmission of HIV and other common STDs.
SH1.12.15	Summarize how common STDs are transmitted.
SH1.12.16	Summarize how HIV is transmitted.
SH1.12.17	Summarize the signs and symptoms of common STDs.
SH1.12.19	Summarize the problems associated with asymptomatic STDs and HIV.
SH1.12.20	Summarize the short- and long-term consequences of common STDs.
SH1.12.21	Summarize the short- and long-term consequences of HIV.
SH.1.12.27	Describe the increased risks associated with having multiple sexual partners including serial monogamy.
SH1.12.35	Explain the importance of STDs and HIV testing and counseling if sexually active.
Standard 6	Students will demonstrate the ability to use goal-setting skills to enhance health.
SH6.12.1	Assess personal practices and behaviors related to sexual health.
SH6.12.2	Set a realistic personal goal to avoid or reduce the risk of pregnancy and transmission of HIV and other STDs.
SH6.12.3	Assess the barriers to achieving a personal goal to avoid or reduce the risk of pregnancy and transmission of HIV and other STDs.
SH6.12.4	Develop a plan to attain a personal goal to avoid or reduce the risk of pregnancy and transmission of HIV and other STDs.
SH6.12.5	Implement strategies, including self-monitoring, to achieve a personal goal to avoid or reduce the risk of pregnancy and transmission of HIV and other STDs.
SH6.12.6	Use strategies to overcome barriers to achieving a personal goal to avoid or reduce the risk of pregnancy and transmission of HIV and other STDs.
SH6.12.7	Formulate an effective long-term personal plan to achieve a goal to avoid or reduce the risk of pregnancy and transmission of HIV and other STDs.
Standard 7	Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.
SH7.12.1	Analyze the role of individual responsibility for sexual health.
SH7.12.2	Evaluate personal practices and behaviors that reduce or prevent sexual risk behaviors.
SH7.12.4	Make a commitment to practice healthy sexual behaviors.

National Sexuality Education Standards

PR.12.SM.1	Describe the steps to using a condom correctly
SH.12.SM.2	Describe the steps to using a condom correctly
SH.12.CC.1	Describe common symptoms of and treatments for STDs, including HIV
SH.12.CC.2	Evaluate the effectiveness of abstinence, condoms, and other safer sex methods in preventing the spread of STDs, including HIV
SH.12.CC.3	Describe the laws related to sexual health care services, including STD and HIV testing and treatment
SH.12. AI.1	Explain how to access local STD and HIV testing and treatment services
SH.12.GS.1	Develop a plan to eliminate or reduce risk for STDs, including HIV
SH.12.SM.1	Analyze individual responsibility about testing for and informing partners about STDs and HIV status

Rationale

This lesson focuses on big-picture concepts related to STD prevention—transmission, testing and condom use. As such, it does not contain detailed information about individual STDs. Health behavior change research shows that focusing on skills, attitudes and behaviors is more effective at improving health outcomes than memorizing facts.[1] Therefore, FLASH deemphasizes memorizing details related to specific STDs.

FLASH does not use graphic images of genitals infected with STDs. These images produce visceral, negative reactions in students and falsely lead them to believe that end-stage or worst-case scenario symptoms are the sign of sexually transmitted infection.[2] End-stage pictures of STDs may also discourage young people from getting tested if they do not have these same symptoms. Given that the majority of STDs are asymptomatic, many students with STDs may falsely believe that they are not infected after viewing these kinds of pictures. It's very important for students to understand that they can get STDs, that a test at a clinic is the only sure way to know if they have an STD, and that completing treatment is imperative if a person is diagnosed with an STD.

Sexually transmitted diseases are referred to as STDs in this lesson, as opposed to the also acceptable term sexually transmitted infection (STI). Both terms can be used interchangeably and are medically accurate. This lesson follows the guidance of the CDC in choosing to use STD.

FLASH focuses on abstinence and the use of condoms for vaginal and anal sex to prevent STDs. This is because unprotected vaginal and anal sex are the most common way that STDs including HIV are transmitted. There is very little risk of getting or transmitting HIV from oral sex.[3]

STDs that are spread through oral sex mostly cause infections of the throat. Oral infections do not have the same negative consequences as infections in the reproductive system. Other modes of transmission include genital skin-to-skin contact (HPV and herpes) and cold sore on the mouth to genitals (herpes). Using condoms during anal or vaginal sex substantially decreases the risk of spreading STDs, although they do not completely eliminate the risk. Based on current information about STD transmission, FLASH stresses the importance of condom use for couples having vaginal or anal sex, and abstaining from oral, anal and vaginal sex.

Materials Needed

Student Materials

- *STD Graffiti Stations Worksheet*
- *Sexual Health Resources - King County, National, or develop a local resource sheet*
- *My Plan for Avoiding STDs*
- *Individual Homework: Sexually Transmitted Diseases (STDs) Cartooning Activity*
- *Family Homework: Talking about HIV & Other STDs,* available in multiple languages on the FLASH website
- *Cartoon 1: The Couple*
- *Cartoon 2: The Clinic*
- *Lesson 11 Exit Ticket*

Classroom Materials

- *Lesson 11 Warm Up*
- Condom for teacher to use during demonstration (one per class period)

Teacher Materials

- *Developing a Local Sexual Health Resources List: Teacher Guide* for those developing a local resource sheet

Teacher Preparation

Write each of the following five statements at the top of a large sheet of newsprint or on the white board, and place the sheets in five places around the classroom:

- Why would someone want to avoid getting an STD?
- People can get an STD by…
- People might think they have an STD if…
- If people think they might have an STD, they should…
- People can reduce their risk of giving or getting an STD by…

Activities

1. Warm up

Display warm up as bell work.

Prompt: The best way to avoid getting or giving an STD is not to have sex. For people who are having vaginal or anal sex, the best way to avoid getting or giving an STD is to use a condom every time. Choose one of the following statements and write 1 or 2 sentences about why you agree with it.

- One great thing about condoms is that they prevent both pregnancy and STDs.
- If I have vaginal or anal sex, I will use condoms.
- Abstinence—not having sex—is a great choice for people who don't want to worry about pregnancy or STDs.
- I will choose not to have vaginal or anal sex unless I have a plan to protect myself from getting or giving an STD.
- People of all sexual orientations and gender identities need to protect themselves from HIV and other STDs.

2. Explain purpose of lesson

The purpose of the lesson is to learn important basic information about STDs: how they are transmitted, the ways they can hurt people's bodies, and how to protect against getting or giving an STD.

Sexually transmitted diseases (STDs) are infections that people can catch by having oral, anal or vaginal sex, or skin-to-skin sexual contact, with a person who has one. STDs are transmitted either through the infected person's blood, semen or vaginal fluids or—for some STDs—by skin-to-skin touching when the genitals touch.

However, there are important things people can do to prevent getting or giving an STD, which is what we will learn about today.

3. Lead graffiti sheet exercise

This activity addresses STD facts, attitudes and myths. Students will walk around the room answering the question or completing the sentence stem on each sheet. Students should write on at least 3 sheets.

1. Why would someone want to avoid getting an STD?
2. People can get an STD by…
3. People might think they have an STD if…
4. If people think they might have an STD, they should…
5. People can reduce their risk of giving or getting an STD by…

Around the room you'll notice 5 learning stations. Please walk around and write your answers on at least 3 sheets. You can also write comments, facts or even questions. If someone has written something you agree with, place a check mark next to it. If someone has written something you think may not be right, put a question mark next to it. You will

have 5 minutes to complete this activity. Then we'll discuss what you wrote.

4. Debrief graffiti sheets

Debrief the graffiti sheets by discussing them one at a time, correcting misinformation and pointing out correct information. Group comments by theme when discussing them whenever possible (i.e., all comments related to condoms, or about testing). Have students fill out the *STD Graffiti Stations Worksheet* as you review the activity.

Be sure to include the points in the script, if students don't come up with them during the discussion.

Review Questions and Answers

1. Why would someone want to avoid getting an STD?

- *It can be hard for people to know that they have an STD, and if they have it for a long time it can damage the body. STDs can cause damage to organs such as the heart and brain, and can harm the reproductive system.*
- *Some STDs can be cured and some cannot.*
- *STDs are the leading cause of infertility and are especially dangerous if a person is pregnant. They can cause miscarriages and birth defects.*
- *Some STDs, such as HIV, can cause death.*
- *Some STDs are easy to get rid of. If a person gets tested and treated right away, the STD won't hurt the body.*
- *Finding out you have an STD can be emotionally difficult. It can be embarrassing and uncomfortable. Telling partners you may have gotten an STD from them, or given them an STD, can be a really hard conversation.*

2. People can get an STD by…

- *The most common way to get an STD is by having vaginal or anal sex without using a condom with someone who already has the STD.*
- *Some STDs, including HIV, can be spread by sharing needles.*
- *Some STDs, including HIV, can be spread from to a baby, through pregnancy, childbirth or breastfeeding if the pregnant person had HIV.*
- *Some can be spread through oral sex. STDs that are spread through oral sex mostly cause infections of the throat, and do not have the same negative consequences as infections in the reproductive system.*
- *Some STDs can be spread through genital skin-to-skin contact (HPV and herpes) and cold sore on the mouth to genitals (herpes).*
- *People cannot get HIV or other STDs from casual contact such as holding hands, sharing drinks or kissing.*
- *Having more sexual partners increases the chances that a person could catch an STD.*

3. People might think they have an STD if…

- *They have symptoms. STDs usually don't cause symptoms. But, if they do, these are the most common: sores; unusual discharge from the vagina, penis or anus; itching;*

pain when urinating; a rash, redness or swelling in the genital or anal areas.

- *A partner has an STD and tells them, or they learn from someone else that a previous partner has an STD.*
- *They have had unprotected sex with someone who has ever had unprotected sex with anyone else.*
- *The only way to know for sure is to get tested.*

4. If people think they might have an STD, they should…

- *Stop having sex with other people until the STD is cured. If the STD isn't curable—for example, HIV—they should use condoms every time they have sex.*
- *Go to the clinic for testing and treatment.*
- *Tell anyone they have had sex with to also get tested.*

5. People can reduce their risk of giving or getting an STD by…

- *Not having sex.*
- *Using a condom if they do have vaginal or anal sex.*
- *Not sharing needles.*
- *Getting tested for STDs regularly.*
- *You can't tell if people have HIV or other STDs by looking at them. There are many people who have HIV or other STDs but don't know it.*

5. Do condom demonstration

Demonstrate the correct steps to using a condom while students write the steps down in their notebooks or on a piece of notebook paper. Do not demonstrate with fruits or vegetables, as some people find this offensive or trivializing. A penis model is ideal for demonstrating condoms, if you can obtain one. If that is not an option, demonstrate by rolling a condom onto your fingers. Do not roll a condom onto someone else's fingers. You can use the following script as you demonstrate in front of the class with a condom.

The best ways to avoid getting or giving an STD are not to have sex, or to use a condom if a person does have vaginal or anal sex. If people choose to use condoms, it's important that they know the correct way to use one, so we're going to take a few moments now to learn the steps to proper condom use. While I'm going over these steps, please write them down on a piece of paper or in your notebook for this class.

I want to start by letting you know that many teens successfully use condoms. In fact, teens use condoms more often than adults! Condoms are easy to get at the health clinic or at many stores, and they are very easy to use. There are only a few steps to using them correctly.

Most condoms are made of latex. If someone is allergic to latex, there are condoms made of other kinds of material such as plastic and polyurethane.

Here are the steps:

1. *First, the person looks at the package to check the expiration date and make sure there aren't any holes.*

2. *Then they carefully open the package.*
3. *Before having sex, the condom is placed on the tip of the erect penis. It should look like a little hat, with the rolled side facing out.*
4. *Then the person pinches the tip of the condom and unrolls the rest of the condom all the way down to the base of the penis. Pinching the tip makes a space to catch the semen when the ejaculation happens.*
5. *Once the condom is on, the couple has sex.*
6. *After sex, before the penis gets soft, the condom is held in place while the penis is pulled out.*
7. *The condom is taken off and thrown away. Condoms can only be used once.*

To sum it up, the main steps are to pinch the tip of the condom and roll it down over the penis before having sex. With practice, people find condoms very easy to use. Tomorrow we will review the steps for using a condom and everyone will have a chance to practice.

6. Students plan how they will avoid STD (journaling activity)

Students will make a plan for themselves about how they will avoid getting or giving an STD. Hand out *My Plan for Avoiding STDs* and the *Sexual Health Resource Sheet* (King County, National, or the local one you developed) and instruct students to answer the questions. Explain that the *Resource Sheet* contains important legal information and clinical resources that they may need to know when making their plan. Assure them that no one else will see their answers.

Students will answer the following questions:

- What's one thing I'm already doing that helps protect me from giving or getting an STD?
- What's one more thing I will commit to do for the next 6 months to lower my chances of giving or getting an STD?
- What things could make it hard to stick to this commitment? What will I do if any of these things happen to make sure I can stick to my goal?
- Why is it important that I take steps to protect myself from STDs, instead of just letting my partner handle it?

Now that you've learned about STDs and how to protect yourselves from getting or giving one, let's take a moment and think about how this information applies to your own life. I'm going to pass out a worksheet where you will answer questions about how you can personally avoid STDs in your life. I am also going to pass out a resource sheet that lists places in our community that people can get sexual health services. This information may be an important part of your plan, so please read it carefully.

7. Assign homework

Allow students to choose between the individual or family homework and explain the assignments as needed. *(Note: Both assignments require a copy or copies of the two Cartoons.)*

Individual Homework: Sexually Transmitted Diseases (STDs) Cartooning Activity and 1 copy of each cartoon: *Cartoon 1: The Couple* and *Cartoon 2: The Clinic*

Family Homework: Talking about HIV & Other STDs and 2 copies of each cartoon: *Cartoon 1: The Couple* and *Cartoon 2: The Clinic*. Family homework is available in multiple languages on the FLASH website.

8. Exit ticket

Hand out the *Lesson 11 Exit Ticket*.

Question: What are the ways that someone can prevent getting or giving an STD?

Answers: Not having vaginal or anal sex; using a condom if having sex; not sharing needles; getting tested for STDs regularly.

Warm Up

The best way to avoid getting or giving an STD is not to have sex. For people who are having vaginal or anal sex, the best way to avoid getting or giving an STD is to use a condom.

Chose one of the following statements and write 1 or 2 sentences about why you agree with it.

One great thing about condoms is that they prevent both pregnancy and STDs.

If I have sex, I will use condoms.

Abstinence—not having sex—is a great choice for people who don't want to worry about pregnancy or STDs.

I will choose not to have vaginal or anal sex unless I have a plan to protect myself from getting or giving an STD.

People of all sexual orientations and gender identities need to protect themselves from HIV and other STDs.

STD Graffiti Stations Worksheet

1. Why would someone want to avoid getting an STD?

2. People can get an STD by…

3. People might think they have an STD if…

4. If people think they might have an STD, they should…

5. People can reduce their risk of giving or getting an STD by…

My Plan for Avoiding STDs

1. **What's one thing I'm already doing that helps protect me from giving or getting an STD?**

2. **What's one more thing I will commit to do for the next 6 months to lower my chances of giving or getting an STD?**

3. **What things could make it hard to stick to this commitment? What will I do if any of these things happen to make sure I can stick to my goal?**

4. **Why is it important that I take steps to protect myself from STDs, instead of just letting my partner handle it?**

Sexual Health Resources In King County

Student Handout

Confidential
Teens of any age can get all the services listed on this handout confidentially in Washington State. Confidential services include birth control, condoms, emergency contraception, pregnancy tests, STD and HIV tests, prenatal care, abortion and adoption.

Birth Control and STD Clinics
These clinics have birth control, condoms, emergency contraception, pregnancy tests, STD tests and HIV tests. Services are confidential. Teens in Washington State can sign up for free birth control insurance, called Take Charge, at Public Health and Planned Parenthood.

Public Health – Seattle & King County
Free or low cost teen clinics
206-263-1505
www.teenclinic.com

Planned Parenthood Great Northwest
1-800-769-0045
www.plannedparenthood.org

- Birth control method information (World Health Organization): Scroll down to see chart. http://www.who.int/mediacentre/factsheets/fs351/en/
- STD information (Centers for Disease Control): http://www.cdc.gov/std/
- HPV vaccine information (Centers for Disease Control): http://www.cdc.gov/vaccines/vpd-vac/hpv/

Help Finding a Clinic and Other Services
Community Health Access Program
(CHAP Line)
206-284-0331 or 1-800-756-5437
Also helps people apply for health insurance
chap@kingcounty.gov

Teen Link
1-866-833-6546
www.866teenlink.org

Prenatal Care
Public Health – Seattle & King County
Maternity Support Clinics and WIC
206-263-1505
www.kingcounty.gov/healthservices/health/personal/MSS.aspx

Abortion Clinics
Cedar River Clinics
(425) 255-0471
www.cedarriverclinics.org

Planned Parenthood
1-800-769-0045
http://www.plannedparenthood.org/planned-parenthood-great-northwest

Adoption Agencies
Amara
(206) 260-1700
http://amaraparenting.org

Open Adoption & Family Services
1-800-772-1115
http://www.openadopt.org/

Sexual Health Resources In the U.S.

Student Handout

Confidential
Click on the map to find out if sexual health services are confidential in your state.
http://sexetc.org/action-center/sex-in-the-states/

Birth Control and STD Clinics
There are many websites and phone numbers to help teens find birth control, condoms, emergency contraception, pregnancy tests, STD tests and HIV tests.

- Enter your zip code or call to find the nearest Planned Parenthood clinic.
  www.plannedparenthood.org 1-800-230-PLAN
- Enter your zip code to find the nearest birth control clinic that is free or low cost.
  http://www.hhs.gov/opa/
- Enter your zip code to find a clinic for HIV tests, birth control, counseling and other services.
  www.aids.gov
- Enter your zip code to find the nearest place to get emergency contraception.
  www.not-2-late.com
- Call your local public health department to get information about local birth control and STD clinics.
- Birth control method information (World Health Organization): Scroll down to see chart.
  http://www.who.int/mediacentre/factsheets/fs351/en/
- STD Information (Centers for Disease Control): http://www.cdc.gov/std/
- HPV Vaccine Information (Centers for Disease Control): http://www.cdc.gov/vaccines/vpd-vac/hpv/

Help Finding a Clinic and Other Services

- Enter your address to find the nearest health clinics that are free or low cost. These clinics are for all health issues, not just sexual health.
  http://findahealthcenter.hrsa.gov/

Prenatal Care

- Scroll to your state to find the phone number for the Women, Infants, Children (WIC) Program.
  http://www.fns.usda.gov/wic/toll-free-numbers-wic-state-agencies
- WIC is a nutrition program that helps pregnant women, new mothers, and young children eat well, learn about nutrition and stay healthy. They also give information about where to get prenatal care.

Abortion Clinics

- Click on the map to see a list of abortion clinics in your state.
  http://prochoice.org/think-youre-pregnant/find-a-provider/
- Call 1-877-257-0012 to find the nearest abortion clinic.
- Call 1-800-772-9100 to get more information about abortion and where to get financial help.

Adoption Agencies

- Call 1-800-772-1115 to talk with an adoption counselor at Open Adoption and Family Services.
- The phone line is open 24 hours a day.

Developing a Local Sexual Health Resources List

Teacher Guide

In order to ensure that students have access to the health care services they need, it is important for teachers to develop a sexual health resource sheet specific to their geographic area. FLASH provides a resource sheet for King County, Washington, as an example that can be used as a template. If you are not familiar with the resources in your area, the following national resources will help you in compiling a local resource sheet. If, for some reason, you cannot develop a local resource sheet, a national resource sheet has been provided for you.

FLASH recommends referring young people to clinics and agencies that are teen and LGBT friendly, culturally competent, supportive of all pregnancy options, and that consider the teen to be their primary client. When creating your local resource sheet, keep these criteria in mind.

Confidential
Individual state policies on teens accessing reproductive health care are provided by Sex, etc., a project of Rutgers University. http://sexetc.org/action-center/sex-in-the-states/

Birth Control and STD Clinics
To find local birth control and STD clinics, call your local health department. If you need further assistance finding clinics that offer a full array of services, the following links may be of help.

- www.plannedparenthood.org to find a local Planned Parenthood clinic
- http://www.hhs.gov/opa/ to find a local Title X clinic
- www.not-2-late to find locations for accessing emergency contraception
- http://locator.aids.gov/ to find HIV testing locations

Help Finding a Clinic and Other Services
The U.S. Department of Health and Human Services, Health Resources and Services Administration maintains a list of sliding scale or free clinics across the United States.
http://findahealthcenter.hrsa.gov/

Prenatal Care
To find prenatal care providers who serve teens, call your local WIC provider. The link below provides a State number, that can direct you to a local provider.
www.fns.usda.gov/wic/toll-free-numbers-wic-state-agencies

Abortion Clinics
The National Abortion Federation maintains a list of abortion providers by state.
http://prochoice.org/think-youre-pregnant/find-a-provider/

Adoption Agencies
Open Adoption and Family Services works with clients from across the nation. Should a client prefer a local resource, they will work with her to identify a local provider.
http://www.openadopt.org/

Individual Homework: Sexually Transmitted Diseases (STDs) Cartooning Activity

Name: _____ **Period:** _____

Choose one of the two cartoons: The Couple OR The Clinic. What are the people thinking? What are they saying? In the thought and speech bubbles, write or draw what ***you*** think they're thinking and saying. Be creative and use information you learned in today's class. Then write a one paragraph description of your cartoon on the back of the cartoon, with your name and the date. Turn it in for credit.

Family Homework: Talking about HIV & Other STDs

All Family Homework is optional. Students may complete Individual Homework instead.

Purpose: Family Homework is a chance to share your beliefs about sexuality and relationships, and the beliefs of your family, culture or religion.

Directions: Student will do the homework with a family member or trusted adult who is like family. Find a quiet place where the two of you can talk privately for 5-10 minutes. Please follow these guidelines:

- It is okay for either of you to skip a question.
- What you discuss will not be shared with anyone else, unless you give one another permission to share it.
- Take turns asking questions. When it is your turn to listen, try to understand the other person's response.

Ask the student: What did you learn from today's class about sexually transmitted diseases (STDs) that seemed important?

Complete the cartoons: Choose *The Couple* or *The Clinic* cartoon. In the thought and speech bubbles, each of you will write what the people in the cartoon might be thinking or saying.

Ask each other:

- What were your characters thinking or saying?
- Would they think or say something different if they had better communication skills?
- Would they think or say something different if they understood how STDs are passed from person to person?
- In real life, what might you want to talk over with a partner (someone you dated, boyfriend, girlfriend, husband, wife) about STDs?
- In real life, what might you say to a doctor or other health care provider about STDs?

Family Homework Confirmation Slip: Talking about HIV and Other STDs

Due: _____

We have completed the family homework.

_____ _____

Date Signature of family member or trusted adult

_____ _____

Student's name Signature of student

Cartoon 1: The Couple

Cartoon 2: The Clinic

Exit Ticket

What are the ways that someone can prevent getting or giving an STD?

Lesson 11: Assessment Questions

1. List 2 possible symptoms of STDs.

2. Why is it important for people who are sexually active to get an STD test? (Choose all that apply.)
   A. It's important for sexually active people to get an STD test, so they don't accidently spread STDs to others.
   B. If you have an STD, the STD test will tell who you got it from.
   C. An STD test is the only way to know if a person has an STD.
   D. STD tests are important so people can receive the medical treatment they need.

3. Place the following steps to using a condom in the correct order:
   __ Pinch the tip of the condom and roll the condom down to the base of the penis
   __ Check the expiration date and check for holes in package
   __ Put the condom on the tip of the erect penis
   __ Take the condom off and throw it away
   __ Carefully open the package
   __ Couple has vaginal or anal sex
   __ After sex, before the penis gets soft, hold the condom in place while the penis is pulled out

4. List at least 2 things someone could do to prevent getting or giving an STD.

5. Which of the following ways can STDs and HIV be transmitted? Choose all that apply.
   A. Kissing
   B. Vaginal sex
   C. Anal sex
   D. Masturbation

6. List at least one short-term and one long-term consequence of having an STD.

7. Do teenagers need a parent's permission to get birth control and STD services in this state?

Lesson 11: Assessment Key and Standards Alignment

Question	Answer	Standards
1. List 2 possible symptoms of STDs.	Possible correct answers: • Sores • Unusual discharge • Itching • Pain when urinating • Rash • Redness or swelling • No symptoms	NHES: SH1.12.17 NSES: SH.12.CC.1
2. Why is it important for people who are sexually active to get an STD test? (Choose all that apply.) A. It's important for sexually active people to get an STD test, so they don't accidently spread STDs to others. B. If you have an STD, the STD test will tell who you got it from. C. An STD test is the only way to know if a person has an STD. D. STD tests are important so people can receive the medical treatment they need. E. All are true except B	E	NHES: SH1.12.35 SH1.12.19
3. Place the following steps to using a condom in the correct order: — Pinch the tip of the condom and roll the condom down to the base of the penis. — Check the expiration date and check for holes in package — Put the condom on the tip of the erect penis — Take the condom off and throw it away. — Carefully open the package — Couple has vaginal or anal sex. — After sex, before the penis gets soft, hold the condom in place while the penis is pulled out.	4 Pinch the tip of the condom and roll the condom down to the base of the penis. 1 Check the expiration date and check for holes in package 3 Put the condom on the tip of the erect penis 7 Take the condom off and throw it away. 2 Carefully open the package 5 Couple has vaginal or anal sex. 6 After sex, before the penis gets soft, hold the condom in place while the penis is pulled out.	NSES: PR.12.SM.1 SH.12.SM.3

4. List at least 2 things someone could do to prevent getting or giving an STD.	Don't have sex Use a condom Only have sex with one uninfected person who also only has sex with you	NHES: SH1.12.10 SH.12.CC.2
5. Which of the following ways can STDs and HIV be transmitted? Choose all that apply A. Kissing B. Vaginal sex C. Anal sex D. Masturbation	B, C	NHES: SH1.12.15 SH1.12.16
6. List at least one short-term and one long-term consequence of having an STD.	Short term: can't have sex, embarrassment, any of the STD symptoms Long term: damage to organs, damage to the reproductive system, infertility, problems with pregnancy, death	NHES: SH1.12.20 SH1.12.21
7. Do teenagers need a parent's permission to get birth control and STD services in this state?	Answer depends on state.	NSES: SH.12.CC.3
My Plan for Avoiding STDs worksheet		NSES: SH.12.GS.1 SH.12.SM.1 NHES: SH6.12.1 SH6.12.2 SH6.12.3 SH6.12.4 SH7.12.1 SH7.12.2 SH7.12.4
Exit Ticket: What are the ways that someone can prevent getting or giving an STD?	Not having oral, anal or vaginal sex Using a condom if having vaginal or anal sex. Not sharing needles. Getting tested for STDs regularly.	NHES: SH1.12.10

Integrated Learning Activities

LANGUAGE ARTS or DRAMA: The Next Level
Write a story or skit about a couple who have been dating for a few months and are talking about taking their relationship to the next level by having oral, anal or vaginal sex. Script some conversations they have before having sex. Include facts learned from this lesson about STDs as part of the story or skit.

HISTORY: Tuskegee
Read about the Tuskegee Syphilis Study, either online or in books from a school or local library. Write a one-page summary about this study and the impact it had on future studies involving human subjects. Include one paragraph of subjective response (your feelings) about this historical event.

References

[1] Schaalma, H.P., Abraham, C., Gilmore, M.R., and Kok, G. (2004). Sex education as health promotion: What does it take? *Archives for Sexual Behaviour, 33,* 3, 259-269.

[2] Making clear messages: What works best? *AIDS Action, 40*, 1-2.

[3] CDC. Oral Sex and HIV Risk. http://www.cdc.gov/hiv/risk/oralsex.html

Condoms to Prevent Pregnancy, HIV and Other STDs

Grade 9-12, Lesson 12

Summary

This lesson begins with a brief overview of HIV and other STDs, focusing on prevention, transmission, symptoms and consequences. Students then brainstorm reasons someone might not use condoms, and solutions to those problems. They also brainstorm a list of the benefits of condoms. The teacher then demonstrates correct condom use to the class, and students have the opportunity to practice correct condom use skills.

Student Learning Objectives

The student will be able to …

1. Summarize how HIV is transmitted.
2. Summarize the importance of using condoms consistently and correctly to reduce the risk of pregnancy and HIV/STD infection.
3. Describe the steps to using a condom correctly.

Lesson Timing

Warm up	Bell work + 2 minutes
Purpose of lesson and HIV/STD overview	10 minutes
Brainstorm condom barriers, solutions and benefits	15 minutes
Discuss effectiveness of condoms	3 minutes
Demonstration and practice of condoms	16 minutes
Summarize	1 minute
Assign homework	
Exit ticket	3 minutes
Total	50 minutes

FLASH Key Concepts

People can prevent getting HIV and other STDs by not having sex, by using condoms if they do have vaginal or anal sex, and by not sharing needles.

Condoms are easy to get and easy to use.

Many teens successfully use condoms.

Abstaining from oral, anal and vaginal sex means a person does not have to worry about pregnancy or STDs.

Choosing abstinence means a person does not have to worry about pregnancy or STDs.

Most high school students are abstinent.

The only way to know if you have HIV or other STDs is to get tested.

In this community, teens can get a pregnancy test, STD test or birth control at [insert local clinic].

People of all sexual orientations and gender identities need to protect themselves from HIV and other STDs.

Standards

National Health Education Standards (SHECAT)

Standard 1	Students will comprehend concepts related to health promotion and disease prevention to enhance health.
SH1.12.10	Summarize ways to prevent pregnancy and the sexual transmission of HIV and other common STDs
SH1.12.16	Summarize how HIV is transmitted.
SH1.12.18	Summarize the signs and symptoms of HIV.
SH1.12.19	Summarize the problems associated with asymptomatic STDs and HIV.
SH1.12.21	Summarize the short- and long-term consequences of HIV.
SH1.12.23	Summarize the importance of using condoms consistently and correctly to reduce risk of pregnancy and infection of HIV and common STDs.
SH1.12.24	Explain the value of using a condom at the same time as using another form of contraceptive to reduce the risk of infection of HIV and common STDs and reduce the risk of pregnancy.
Standard 2	Students will analyze the influence of family, peers, culture, media, technology and other factors on health behaviors
SH2.12.3	Analyze how peers and perceptions of norms influence healthy and unhealthy sexual health practices, behaviors, and relationships.
SH2.12.5	Analyze how some health risk behaviors influence the likelihood of engaging in risky sexual behaviors (e.g., alcohol and other drug use).
Standard 3	Students will demonstrate the ability to access valid information and products and services to enhance health.
SH3.12.4	Determine the accessibility of valid and reliable sexual healthcare products.

Standard 5	Students will demonstrate the ability to use decision-making skills to enhance health.
SH5.12.1	Examine barriers to making a decision related to relationships or sexual health.
SH5.12.5	Generate alternatives when making a decision related to relationships or sexual health.
Standard 7	Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.
SH7.12.3	Demonstrate practices and behaviors to improve the sexual health of oneself and others.

National Sexuality Education Standards

PR.12.CC.1	Compare and contrast the advantages and disadvantages of abstinence and other contraceptive methods, including condoms.
PR .12. AI.1	Access medically-accurate information about contraceptive methods, including abstinence and condom.
PR.12.SM.1	Describe the steps to using a condom correctly.
SH.12.CC.2	Evaluate the effectiveness of abstinence, condoms, and other safer sex methods in preventing the spread of STDs, including HIV.
SH.12.INF.1	Analyze factors that may influence condom use and other safer sex decisions.
SH.12.SM.2	Describe the steps to using a condom correctly.

Rationale

Approximately half of all teens are sexually active,[1] making high school an important time to both support abstinence and to teach students condom skills. Condoms are the most effective technology to reduce the transmission of HIV and other STDs;[2] they are also effective barriers against unplanned pregnancy.[3]

Students who have had a chance to practice condom skills, especially before they are sexually active, are far more likely to use condoms correctly.[4] [5] This is especially important since condoms are one of the most commonly used methods of birth control by teens.[6] A large body of research clearly shows that sexual health education, including condom skill practice, does not encourage earlier sexual activity among teens. Instead, these programs can actually help students to postpone sexual activity, decrease their number of sexual partners and increase their condom use. Studies also reveal that when youth have positive attitudes about condoms and the knowledge to use them correctly, they are more likely to use them consistently.[7] [8] [9]

This lesson purposefully avoids labeling condoms as "male condoms" or "female condoms," in order to be more inclusive of transgender and intersex individuals. Instead, the lesson describes condoms that are worn on the penis, and condoms that are worn in the vagina or anus. For ease they are also simply called a "penis condom" or a "vagina condom." Teachers may have also heard condoms referred to elsewhere as external condoms or internal condoms. Although accurate, these terms are potentially confusing. For the sake of both clarity and inclusivity, FLASH instead relies on plain language and definitions that are specific to the body parts the condoms were designed for.

FLASH focuses on abstinence and the use of condoms for vaginal and anal sex to prevent STDs. This is because unprotected vaginal and anal sex are the most common way that STDs including HIV are transmitted. There is very little risk of getting or transmitting HIV from oral sex.[10]

STDs that are spread through oral sex mostly cause infections of the throat. Oral infections do not have the same negative consequences as infections in the reproductive system. Other modes of transmission include genital skin-to-skin contact (HPV and herpes) and cold sore on the mouth to genitals (herpes). Using condoms during anal or vaginal sex substantially decreases the risk of spreading STDs, although they do not completely eliminate the risk. Based on current information about STD transmission, FLASH stresses the importance of condom use for couples having vaginal or anal sex, and abstaining from oral, anal and vaginal sex.

Materials Needed

Student Materials

- Penis condoms, 1 for each student
- *Individual Homework: Condoms*
- *Family Homework: Talking About Condoms,* available in multiple languages on the FLASH website
- *Lesson 12 Exit Ticket*

Classroom Materials

- *Lesson 12 Warm Up*
- *Visual 1: Condom Facts*
- *Visual 2: Condom Variety*
- *Visual 3: Vagina Condom*
- Wooden or plastic penis model
- Penis condom (one per class period)
- Vagina condom (one per class period)
- Water or silicone-based lubricant

For districts that don't allow teachers to teach with condoms:

- *Condom Line-Up Cards,* 1 to 6 sets, depending on whether the activity is done as a class or in small groups.

Teacher Preparation

1. If doing the condom demonstrations:
   - Obtain a wooden or plastic penis model, if possible. www.totalaccessgroup.com
   - Practice the condom demonstration to become comfortable doing it in front of the class.
   - Practice showing a vagina condom and how a person would insert it, forming a tube with your other hand.

2. If doing the Condom Line-Up activity, make set(s) of *Condom Line-Up Cards* and put them in random order.

3. Prepare Visuals for document camera or projector.

Activities

1. Warm up

Display warm up as bell work.

Question: Over 95% of teen couples who have ever had vaginal sex have used condoms. Why do you think condoms are such a popular method among teens?

2. Explain purpose of lesson and give brief HIV overview lecture

Explain that today's lesson will focus on condoms, and that condoms are highly effective at preventing pregnancy and STDs including HIV for people having vaginal and anal sex. Then transition to the HIV and STD overview lecture.

Today's lesson is going to focus on condoms. Condoms are very effective at preventing pregnancy as well as preventing STDs, including HIV. Because condoms are the only protection against HIV and other STDs available for people who are having vaginal or anal sex, let's start with a review of how HIV and other STDs are transmitted.

Review important facts about HIV.

- *People of all sexual orientations and gender identities need to learn how to protect themselves from HIV and other STDs. STDs are very common, and it's important for everyone to know how to stay healthy.*
- *HIV is the virus that causes AIDS. Many people with HIV will eventually get very sick, especially if they don't have the help of medicine and a doctor. When they have become very sick, it is called AIDS.*
- *HIV stands for human immunodeficiency virus. This means it is a virus that humans can get, and that it hurts your immune system. The immune system is what keeps the body healthy.*
- *AIDS stands for Acquired Immune Deficiency Syndrome. That means that after a person has had HIV for a while, sometimes a very long time, the immune system won't work well and the person can get very sick.*
- *HIV is a very serious illness that can cause death. There is no cure for HIV. However, people who have HIV can live for a very long time with the help of a doctor.*
- *HIV is a type of STD, which stands for sexually transmitted disease. An STD is an illness that people get from having sex with someone who already has it. There are many types of STDs besides HIV. STDs are very common among teenagers. Some can be cured, and some cannot.*
- *People usually get HIV and other STDs from having vaginal or anal sex with someone who already has the STD. HIV is also commonly passed by sharing needles for injecting drugs with someone who has HIV.*

- *There is very little risk of transmitting HIV through oral sex, although other STDs can sometime be spread through oral sex.*[11]
- *Sometimes babies can catch HIV. If a pregnant person has HIV, the baby can be born with HIV. If a breastfeeding person has HIV, the baby can get HIV from the breast milk. If the person with HIV is getting medical treatment, the chances of passing HIV to the baby are very low.*
- *When people have HIV, the HIV virus is in their blood, semen, vaginal fluids and breast milk. (Semen is the fluid with sperm in it that comes out of the penis. Vaginal fluids are the wetness in the vagina.) That's why people can get HIV from sex, sharing needles, or sometimes during childbirth or breastfeeding.*
- *HIV is NOT in other body fluids. It is not in tears, sweat, spit, pee or any other fluid. People cannot get HIV from being around someone who has it. They can't get it from hugging or kissing. They can't get it from a mosquito bite or from a toilet seat.*
- *Sometimes when people first catch HIV they feel sick, as if they have the flu. This could include symptoms such as a fever, sore throat, rash or headache. However, people often have no symptoms at all. This can be a problem because if people don't have symptoms, they may not realize they have HIV. Then, they might have sex with other people and pass on HIV without knowing it.*
- *Over time, HIV weakens the immune system so that it cannot fight off infections. A person with HIV can catch illnesses that a healthy person without HIV would not. Since the immune system cannot fight them off, these infections are what will eventually kill a person who has AIDS.*
- *People can prevent getting HIV and other STDs by not having vaginal or anal sex and by not sharing needles. They can also prevent HIV and other STDs by using a condom if they do have vaginal or anal sex A condom is a stretchy piece of rubber that fits over the penis like a glove and prevents germs passing between each person. Today we are going to learn more about how to use condoms correctly.*

3. Brainstorm barriers, solutions and benefits

Ask students what they have heard about why people sometimes don't use condoms. Write 5-7 responses on the board.

Then, go through the list one by one, and ask students how someone could overcome each of these barriers to condom use. For example, if someone doesn't like the way condoms feel, what could be done to improve the feeling? Or, if someone is concerned that using a condom demonstrates mistrust in a partner, what could that person say to reassure a partner? Record suggested solutions on the board.

Conclude with a brainstorm of all of the benefits or positive things students have heard about condoms. It's OK if they use humor or come up with far-fetched benefits. Sample responses are provided in the charts in the script.

Reason People Don't Use Condoms	Solutions to This Barrier
Don't have condoms with them.	• Always carry condoms, not just when you think you are going to have sex. • Maybe the other person has one. • Engage in a different sexual activity that doesn't require a condom (i.e. manual stimulation).
Don't want partner to think they don't trust them or that they are cheating.	• Partners can talk ahead of time about why condoms are important, for some people as back-up birth control, as well as for STD protection. • Let partner know that you always use condoms every time you have sex, no matter what.
Don't like the way condoms feel.	• Try different brands. • Try putting lube inside and/or outside condom. • Try to focus on the pleasurable sensation of having sex with a condom.
Think only guys should carry condoms.	• Partners can talk ahead of time about why condoms are important, and why it's important for both partners to be prepared with condoms. • Friends can reassure them that carrying condoms is an important way to take care of your health and your partner. • Friends can reassure them that people of all genders carry condoms.
Condoms are too expensive.	• List locations where teens can get condoms for free. • Buy condoms at drugstores instead of convenience stores. • Find a trusted adult who would buy condoms for them.
Kills the mood.	• Partners talk ahead of time about the importance of using condoms so no one is surprised. • Condom use gets easier with practice and is less likely to change the mood once it has happened several times and becomes a habit.
Other teens don't use condoms.	• This isn't true. Almost all teenagers use condoms at least some of the time.
Will make people think you have an STD.	• Partners can talk ahead of time about why condoms are important as back-up birth control as well as for STD protection.

Some Benefits of Using Condoms

- Reduce risk of HIV and other STDs
- Reduce risk of pregnancy
- Variety – colors, flavors, sizes
- Availability
- No side effects
- No prescription needed
- Cheap (free at some clinics)

- Easy to use
- Enhances responsibility and mutual respect between partners
- Can use with another birth control method for extra protection against pregnancy

4. Discuss effectiveness of condoms

Show *Visual 1: Condom Facts.* Read the facts from the visual to the class or have student volunteers read them aloud.

A condom is a thin stretchy cover that is worn over the penis. It can be used during anal or vaginal sex or oral sex with a penis. It greatly lowers the chance of giving or getting HIV or another STD.

FACTS:
- Condoms reduce the spread of HIV.[2]
- Latex condoms do NOT allow anything to pass through—not air, water, sperm, bacteria or viruses, such as HIV.[2]

Explain that this information comes from the Centers for Disease Control and Prevention (CDC) and is based on science.

Read or have student volunteers read the points about the Actual Research Example from the visual aloud.

ACTUAL RESEARCH EXAMPLE:
- There were 124 couples in a research study.
- In each couple, one person had HIV and the other person did not.
- The couples used condoms correctly every time they had vaginal or anal sex for 2 years.
- At the end of the study, none of the people with HIV had passed it to their partners.[12]

Explain that this study was published in the New England Journal of Medicine, one of the most respected medical journals in the world.

Stress the importance of correct condom use.

Of course, condoms work BEST when used correctly every time, because every time a couple has vaginal or anal sex without a condom, there is a chance they could get pregnant or get an STD. Condoms also only work well when used correctly. So that's what we are going to work on next—the correct steps for using a condom.

5. Demonstrate correct condom use and have students practice

Demonstrate the correct steps to using a condom, as a review from Lesson 11 and to prepare students for practice. Let students know you will be teaching them about the two different types of condoms – condoms that are worn on the penis, and condoms that are worn in the vagina or anus.

Do not demonstrate with fruits or vegetables, as some people find this offensive or trivializing. A penis model is ideal for demonstrating condoms, if you can obtain one. If that

is not an option, demonstrate by rolling a condom onto your fingers, as you describe the steps. If the school district doesn't allow teaching with condoms, verbally describe the steps to correct use.

I'm going to do another condom demonstration today because the skill of using a condom correctly is very important. Right now we will be learning about the condom that is worn on the penis. Later we will learn about the condom that is worn in the vagina or anus. Lots of people find that condoms are easy to use with practice. Here are the steps.

- *First, the person looks at the package to make sure there aren't any holes in it and to check the expiration date.*
- *Then they carefully open the package.*
- *Before having vaginal or anal sex, the condom is placed on the tip of the erect penis. It should look like a little hat, with the rolled side facing out.*
- *Then, the person pinches the tip of the condom and unrolls the rest of the condom all the way to the base of the penis. Pinching the tip makes a space to catch the semen when the man ejaculates.*

Ask the class: *Can you guess what might happen if there wasn't room at the tip? Exactly: if there's no place to catch the semen, there's a chance that the semen might leak out the bottom of the condom into their partner's body or even break the condom, although this is rare. Condoms work well and don't break very often, so this is an important point.*

- *Once the condom is on, the couple has vaginal or anal sex.*
- *After sex, before the penis gets soft, the condom is held in place while pulling out.*

Ask the class: *Why do you think it's important to pull out the penis before it gets soft? That's right: if the condom isn't snug on the penis any more, there's a chance that semen could leak out or that the condom could slip off.*

- *The condom is taken off and thrown away. Condoms can only be used once.*
- *Some people also like to use lubricant with condoms. Lubricant is a slippery gel. Some people put a little bit inside the condom, or on the outside, or both, depending on what feels good to them. Lubricants that work well with condoms are water-based and made for that purpose. They're usually sold in stores next to the condoms. Some of the lubricants that people find at home, such as cooking oil and lotion, are oil-based and can weaken the condom, sometimes causing it to break.*

To sum it up, the main steps are to pinch the tip of the condom and roll it down the penis. And that's how to use condoms correctly!

Finish by showing and reading *Visual 2: Condom Variety* and explaining that condoms come in slightly different shapes and sizes, and that non-latex condoms are available for those who have allergies. Remind students that condoms are easy to get at clinics or drugstores, and that they are easy to use.

There are lots of different brands of condoms made to be worn on the penis. Each brand is slightly different in shape and size to give people options. They all pass tests and work well. Drugstores and convenience stores sell them, and many clinics still provide them free of charge. For people who are allergic to latex, there are also plastic condoms, which are

made of polyurethane. Animal skin condoms reduce pregnancy risk but do not offer protection from HIV and other STDs.[13]

Some drugstores and clinics sell spermicide, a chemical that kills sperm. People sometimes put spermicide inside the vagina or onto a condom. Many experts have stopped recommending spermicide because it can cause irritation which can make it easier for HIV to get into a person's body if the other person has it.[14]

Condoms come in different sizes, shapes, thicknesses, materials, colors and flavors. All condoms sold in the United States at grocery stores and drug stores meet safety standards.

Reinforce the steps to correct condom use by having students practice. Give each student a condom and have students: (1) check the package to see what the condom is made of and when it expires, and (2) practice putting the condom on a penis model or their own fingers. Expect nervous giggles; let students have fun, but ask them to stay focused.

NOTE: Having students practice with condoms is the most effective way to teach condom skills. If the school district doesn't allow teaching with condoms, then conduct a Condom Line-Up activity one of two ways:

Alternative 1: Distribute the set of *Condom Line-Up Cards* to volunteers and ask them to arrange the steps for using a condom in the right order. They can tape the cards to the board or hold them up. Invite the rest of the class to give feedback until the steps are ordered correctly.

Correct order of *Condom Line-Up Cards*:
1. Check expiration date.
2. Carefully open package.
3. Pinch tip of condom.
4. Roll condom down erect penis.
5. Vaginal or anal sex with condom.
6. Ejaculation with condom.
7. Hold condom on penis while pulling out.
8. Take condom off penis.
9. Throw condom in the garbage.

Alternative 2: Divide the class into 6 small groups. Give each group a set of the 9 *Condom Line-Up* Cards in random order. Let them compete to put the steps in order the fastest. They can arrange the cards on the floor or on tables.

Demonstrate correct use of the vagina condom
Show the class a condom that is worn in the vagina or anus and demonstrate how a person would insert it, by squeezing the inner ring and inserting it in a tube formed by your other hand. Show *Visual 3: Vagina Condom* so students can see how the condom fits inside the vagina. If the school district doesn't allow teaching with condoms, just show *Visual 3* and explain how to use them verbally.

The condom that is worn in the vagina or anus is an alternative to the penis condom. Just like a condom that is worn on the penis fits snuggly over a penis, this condom was made to fit inside a vagina. It is only open on one end, which is where the penis goes in. It can also

be used during anal sex with the inner ring removed.

Show *Visual 3: Vagina Condom*

The *condom is inserted into the vagina or anus to protect against HIV, other STDs and pregnancy. The most important step for using this condom is to make sure the penis goes into the condom, instead of to the side of it* (demonstrate with your fingers). *These condoms are more expensive than penis condoms. They are made of polyurethane, a type of plastic—they are not made of latex. Some drugstores sell them and they are also available at some clinics. Like all condoms, they can only be used once.*

6. Summarize

Remind students that most teens successfully use condoms, and that they are easy to get and to use. Conclude by expressing your confidence in the class's ability to protect themselves from HIV, other STDs and pregnancy, now and in the future.

Let's do a quick review. Remind me, what's the very best way to prevent HIV and other STDs? Exactly: not having vaginal, anal or oral sex—also called "abstinence."

And what's the best way to prevent HIV and other STDs, for a person who has vaginal or anal sex? Right again: use a condom every time.

Remember, condoms are easy to get and easy to use. Almost all teens who have had vaginal sex have used a condom at some point. Condoms are very good at preventing pregnancy and STDs.

I was really impressed with all of you today, and I feel confident that you will be able to protect yourself from HIV, other STDs and pregnancy when you need to.

7. Assign homework

Allow students to choose between the individual or family homework and explain the assignments as needed. If condoms are not allowed in the classroom, be sure to assign only Option 1 in the individual homework.

Individual Homework: Condoms

Family Homework: Talking about Condoms, available in multiple languages on the FLASH website

8. Exit ticket

Hand out the *Lesson 12 Exit Ticket.*

Prompt: Name at least 3 benefits or positive things about condoms.

Answers: Any benefits listed in class are acceptable, including:

- Reduce risk of HIV and other STDs

- Reduce risk of pregnancy
- Variety – colors, flavors, sizes
- Availability
- No side effects
- No prescription needed
- Cheap (free at some clinics)
- Easy to use
- Enhances responsibility and mutual respect between partners
- Can use with another birth control method for extra protected against pregnancy

Warm Up

Over 95% of teen couples who have ever had vaginal sex have used condoms. Why do you think condoms are such a popular method among teens?

Visual 1

Condom Facts

Facts:

- Condoms reduce the spread of HIV.
- Latex condoms do NOT allow anything to pass through – not air, water, sperm, bacteria or viruses, such as HIV.

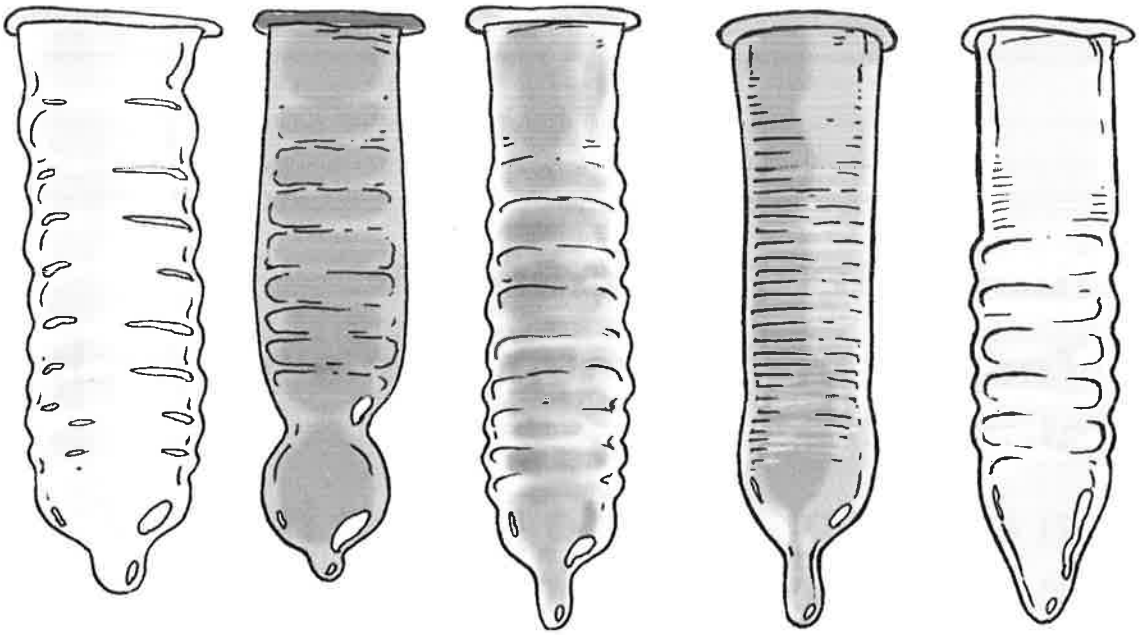
Actual research example:

- There were 124 couples in a research study.
- In each couple, one person had HIV and the other person did not.
- The couples used condoms correctly every time they had vaginal and anal sex for 2 years.
- At the end of the study, none of the people with HIV had passed it to their partners.

Visual 2

Condom Variety

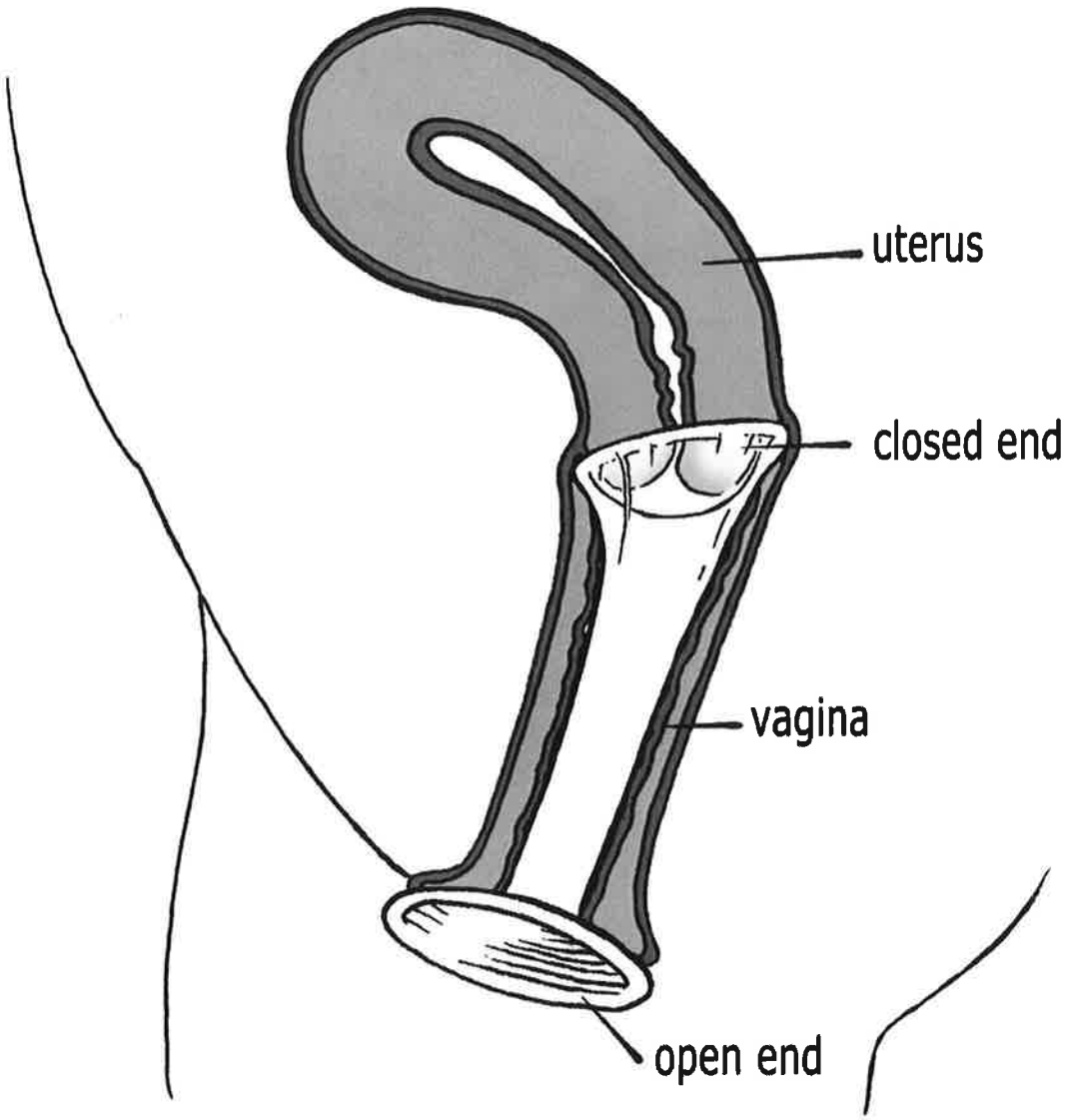
Condoms come in different sizes, shapes, thicknesses, materials, colors and flavors.



All condoms sold in the United States meet safety standards.

Visual 3

Vagina Condom



Condom Line-Up Cards

Check expiration date

Carefully open package

Condom Line-Up Cards

Pinch tip of condom

Roll condom down erect penis

Condom Line-Up Cards

Vaginal or anal sex with condom

Ejaculation with condom

Condom Line-Up Cards

Hold condom on penis while pulling out

Take condom off penis

Condom Line-Up Cards

Throw condom in garbage

Individual Homework: Condoms

Name: _____ **Period:** _____

DIRECTIONS: Please complete one of these two options.

Option 1: Being a Peer Educator

- Write an imaginary text message or email, encouraging a friend, brother or sister to use condoms.

- Describe what you think it would feel like to be a peer educator, educating others to keep themselves safe from HIV and other STDs.

Option 2: Obtaining condoms

- Obtain a condom and bring it to class to show that you obtained it.

  In King County, Washington, condoms are available free at Public Health Centers. Go to www.teenclinic.com for clinic locations.

  In most places in the United States, drug stores, supermarkets and clinics carry condoms.

  In some schools, a clinic offers free condoms.

  In some areas, HIV programs and needle exchange programs offer free condoms.

Family Homework: Talking about Condoms

All Family Homework is optional. Students may complete Individual Homework instead.

Purpose: Family Homework is a chance to share your beliefs about sexuality and relationships, and the beliefs of your family, culture or religion.

Directions: Student will do the homework with a family member or trusted adult who is like family. Find a quiet place where the two of you can talk privately for 5-10 minutes. Please follow these guidelines:

- It is okay for either of you to skip a question.
- What you discuss will not be shared with anyone else, unless you give one another permission to share it.
- Take turns asking questions. When it is your turn to listen, try to understand the other person's response.

Ask the student: Tell me two new things you learned about condoms today.

Ask the adult: What did you know about condoms when you were my age?

Ask each other: When do you think a person should use a condom?

Family Homework Confirmation Slip: Condoms

Due: _____

We have completed the family homework.

_____ _____

Date Signature of family member or trusted adult

_____ _____

Student's name Signature of student

Exit Ticket

Name at least 3 benefits or positive things about condoms.

Lesson 12: Assessment Questions

1. Place the steps to using a condom in the right order:
   - — Roll condom down erect penis.
   - — Check expiration date.
   - — Throw condom in the garbage.
   - — Pinch tip of condom.
   - — Vaginal or anal sex with condom.
   - — Hold condom onto penis while pulling out.
   - — Carefully open package
   - — Take condom off penis.
   - — Ejaculation with condom.

2. How can someone get HIV? Choose all that apply
   A. Using the same toilet as someone who has HIV
   B. Having vaginal or anal sex without a condom with someone who has HIV
   C. Sharing needles with someone who has HIV
   D. Hugging someone who has HIV
   E. Being born or breastfeeding from someone who has HIV
   F. Eating food prepared by someone who has HIV

3. What are the symptoms, if any, of HIV?

4. Most of the time when people have HIV or another STD, they don't have any symptoms. Name one problem that could cause for someone.

5. The two ways to avoid both pregnancy and STDs are to use condoms or to be abstinent (not have vaginal or anal sex). Name one benefit and one drawback to using condoms, and one benefit and one drawback to choosing abstinence. *(Note: Students must complete the Abstinence lesson AND the Condoms to Prevent Pregnancy, HIV and Other STDs lesson in order complete this assessment.)*

6. Explain why it is better to use condoms every time a couple has vaginal or anal sex, instead of just some of the time.

7. Thinking of our class discussion about condoms, name one reason why someone might not use a condom, and list at least one solution to that problem.

Lesson 12: Assessment Key and Standards Alignment

Question	Answer	Standards
1. Place the steps to using a condom in the right order: — Roll condom down erect penis. — Check expiration date. — Throw condom in the garbage. — Pinch tip of condom. — Vaginal or anal sex with condom. — Hold condom onto penis while pulling out. — Carefully open package — Take condom off penis. — Ejaculation with condom.	4. Roll condom down erect penis. 1. Check expiration date. 9. Throw condom in the garbage. 3. Pinch tip of condom. 5. Vaginal or anal sex with condom. 7. Hold condom onto penis while pulling out. 2. Carefully open package 8. Take condom off penis. 6. Ejaculation with condom.	NSES: PR.12.SM.1 SH.12.SM.2
2. How can someone get HIV? Choose all that apply A. Using the same toilet as someone who has HIV B. Having vaginal or anal sex without a condom with someone who has HIV C. Sharing needles with someone who has HIV D. Hugging someone who has HIV E. Being born or breastfeeding from someone who has HIV F. Eating food prepared by someone who has HIV	B, C and E	NHES: SH1.12.16
3. What are the symptoms, if any, of HIV?	Acceptable answers include: • No symptoms • Flu like symptoms • Fever • Sore throat • Rash • Headache	NHES: SH1.12.18
4. Most of the time when people have HIV or another STD, they don't have any symptoms. Name one problem that could cause for someone.	Acceptable answers include: • You might not know you have it, and could pass it to others. • You might not know you should get a test. • You wouldn't know you need treatment.	NHES: SH1.12.19

	• You could have it for a long time, and it could do more damage to your body.	
5. The two ways to avoid both pregnancy and STDs are to use condoms or to be abstinent (not have vaginal or anal sex). Name one benefit and one drawback to using condoms, and one benefit and one drawback to choosing abstinence. *Note: Students must complete the Abstinence lesson AND the Condoms to Prevent Pregnancy, HIV and Other STDs lesson in order complete this assessment*	Any of the following answers are acceptable: *Benefits of abstinence* • 100% effective against pregnancy and STDs • Align with values (religious or otherwise) • Saving yourself for love, marriage, graduation, etc. *Drawbacks of abstinence* • Not a good choice if you want to have sex. • If you slip up and have sex, you may not be prepared. In addition to any point made in class, the following answers are acceptable: *Benefits of condoms* • Protect against pregnancy and STDs. • Can be used by men. • Can be back-up birth control. *Drawbacks of condoms* • They can fail. • You might forget to use them. • Sometimes people don't like to use them. • If you don't get them free at the clinic, they could be expensive. • They can be found by others.	NSES: PR .12.CC.1 SH.12.CC.2 NHES: SH1.12.10
6. Explain why it is better to use condoms every time a couple has vaginal or anal sex, instead of just some of the time.	Every time people have vaginal sex without a condom, there is a chance they could get pregnant or an STD. Every time people have anal sex without a condom, there is a chance they could get an STD.	NHES: SH1.12.23
7. Thinking of our class discussion about condoms, name one reason why someone might not use a condom, and list at least one solution to that problem.	Any of the reasons and solutions generated in class are acceptable.	NSES: SH.12.INF.1
Exit Ticket: Name at least 3 benefits or positive things about condoms.	Any of the benefits generated in class are acceptable.	

Integrated Learning Activities

LANGUAGE ARTS: Condom Persuasion
Write a 5-paragraph persuasive essay about why a person should use condoms. Include a strong thesis statement, 3 supporting details, and a strong conclusion. Some important facts about condoms include: only birth control method that protects against pregnancy and STDs; only birth control method that most men can use; easy to get and easy to use; does not require a visit to the clinic; only STD protection available for people who are sexually active; used by most teens; can be used to back up another birth control method.

HISTORY: Condom Timeline
Research the history of condoms and create a timeline to show the significant developments over time, including the introduction of latex, polyurethane and nitrile condoms, and condoms designed for the vagina (search under "female condom").

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Testing for HIV & Other STDs

Grades 9-12, Lesson 13

Summary

In this lesson, students do Internet research to learn about testing for HIV and other STDs in their community. Based on their findings, they write advice to fictional students to help build skill and comfort in getting an STD test.

Student Learning Objectives

The student will be able to …

1. Access valid and reliable information about local STD and HIV testing and treatment services.
2. Explain the importance of testing for STDs, including HIV, if sexually active.
3. Advocate for sexually active youth to get testing and treatment for STDs including HIV.
4. Use strategies to overcome barriers to testing for STDs, including HIV.

Lesson Timing

Warm up	Bell work + 2 minutes
Purpose of lesson and HIV review quiz	10 minutes
Research local testing resources	25 minutes
Writing advice about STD testing	10 minutes
Assign homework	
Exit ticket	3 minutes
Total	50 minutes

FLASH Key Concepts

People can prevent getting HIV and other STDs by not having sex, by using condoms if they do have vaginal or anal sex, and by not sharing needles.

Condoms are easy to get and easy to use.

Many teens successfully use condoms.

Abstaining from oral, anal and vaginal sex means a person does not have to worry about pregnancy or STDs.

Most high school students are abstinent.

The only way to know if you have HIV or other STDs is to get tested.

In this community, teens can get a pregnancy test, STD test or birth control at [insert local clinic].

People of all sexual orientations and gender identities need to protect themselves from HIV and other STDs.

Standards

National Health Education Standards (SHECAT)

Standard 1	Students will comprehend concepts related to health promotion and disease prevention to enhance health.
SH1.12.16	Summarize how HIV is transmitted.
SH1.12.17	Summarize the signs and symptoms of common STDs.
SH1.12.23	Summarize the importance of using condoms consistently and correctly to reduce risk of pregnancy and infection of HIV and common STDs.
SH1.12.34	Explain why it important to know the STD/HIV status of oneself and of a potential sexual partner.
SH1.12.35	Explain the importance of STDs and HIV testing and counseling if sexually active.
Standard 2	Students will analyze the influence of family, peers, culture, media, technology and other factors on health behaviors.
SH2.12.1	Explain the influence of public health policies and state laws on sexual health practices, behaviors, and relationships.
SH2.12.6	Analyze how laws, rules and regulations influence behaviors related to sexual health
SH2.12.8	Analyze the effect of media and technology on personal, family, and community sexual health practices, behaviors, and relationships.
SH2.12.10	Analyze the factors that influence opportunities to obtain safe, accessible, equitable and affordable products and services that support sexual health for oneself and others.
Standard 3	Students will demonstrate the ability to access valid information and products and services to enhance health.
SH3.12.3	Evaluate the validity and reliability of sexual healthcare services.

SH3.12.5	Determine when professional sexual healthcare services may be required.
SH3.12.6	Determine the accessibility of valid and reliable sexual healthcare services.
SH3.12.7	Use resources that provide valid and reliable sexual health information.
SH3.12.9	Use valid and reliable sexual healthcare services.
Standard 4	Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks
SH4.12.5	Demonstrate how to effectively ask for assistance to improve and/or maintain sexual health.
Standard 5	Students will demonstrate the ability to use decision-making skills to enhance health.
SH5.12.1	Examine barriers to making a decision related to relationships or sexual health.
SH5.12.7	Choose a healthy alternative when making a sexual health-related decision.
Standard 7	Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.
SH7.12.1	Analyze the role of individual responsibility for sexual health.
SH7.12.3	Demonstrate practices and behaviors to improve the sexual health of oneself and others.
Standard 8	Students will demonstrate the ability to advocate for personal, family, and community health.
SH8.12.1	Use peer and societal norms, based on accurate health information, to formulate a health enhancing message about avoiding or reducing risky sexual behaviors.
SH8.12.2	Persuade and support others to avoid or reduce risky sexual behaviors.
SH8.12.4	Collaborate with others to advocate for improving personal, family, and community sexual health.

National Sexuality Education Standards

SH.12.CC.2	Evaluate the effectiveness of abstinence, condoms, and other safer sex methods in preventing the spread of STDs, including HIV.
SH.12. AI.1	Explain how to access local STD and HIV testing and treatment services.
SH.12.AI.2	Access medically accurate prevention information about STDs including HIV.
SH.12.SM.1	Analyze individual responsibility about testing for and informing partners about STDs and HIV status.
SH.12.ADV.1	Advocate for sexually active youth to get STD/HIV testing and treatment.

Rationale

The purpose of this lesson is the prevention of HIV and other STDs. From a public health perspective, testing for HIV and other STDs is a key strategy in reducing the spread of these infections. There is treatment for all STDs, including HIV; there is a cure for most STDs. In all cases, prompt identification and treatment for STDs, including HIV, not only improves the health and well-being of the person treated, but greatly reduces chances of transmission to others. Additionally, people who are tested for HIV and other STDs typically receive counseling in reducing their future risk of acquiring an infection and in preventing transmission.

From an educational perspective, increasing testing and treatment for STDs is a key behavioral goal toward STD reduction, along with increased condom use and abstinence. This lesson addresses the main protective factors that have been found to impact testing[1]:

- Knowledge of the availability of confidential and low-cost STD testing and treatment services
- Positive attitudes toward and comfort with being tested and treated for STDs
- Self-efficacy to know when to visit a clinic to be tested and treated
- Self-efficacy to visit a clinic and be tested and treated

The CDC Health Education Curriculum Analysis Tool (SHECAT) and the National Sexuality Education Standards include many standards related to the importance of testing for HIV and other STDs, as well as accessing sexual healthcare services, which are met by this lesson.

Materials Needed

Student Materials

- *HIV Review Quiz*
- *Where to Get Tested*
- *STD Testing Scenario*
- *Individual Homework: Ads for HIV Testing and Treatment*
- *Family Homework: Talking About HIV & STD Testing*, available in multiple languages on the FLASH website
- *Lesson 13 Exit Ticket*

Classroom Materials

- *Lesson 13 Warm Up*

Teacher Materials

- *HIV Review Quiz: Answer Key*

Teacher Preparation

1. Learn the laws in your state regarding minors testing for HIV and other STDs. http://sexetc.org/action-center/sex-in-the-states

2. Students need access to computers and Internet for this lesson. If this is not available in your classroom, schedule a visit to the computer lab or other part of your building that has these resources.

Activities

1. Warm up

Display warm up as bell work.

Question: When people have an STD, including HIV, they usually have no symptoms. Testing is the only way to know for sure if they have an STD. There are many good reasons to get tested for HIV and other STDs, if a person has had anal or vaginal sex without a condom.

Check the box next to the description that seems like an especially good reason to get tested. Explain why.

- ☐ Protect current partner: If people know they have an STD, they can tell their partner(s), so their partner(s) can get tested (and treated if needed).
- ☐ Prevent the spread of STDs: If people know they have an STD, they can take action to prevent it from spreading: take medicine, tell their partner(s), use condoms for vaginal or anal sex, or be abstinent.
- ☐ Protect one's own health: If people know they have an STD, they can get medicine right away, which cures most STDs. Treatment can also make other STDs, including HIV, less severe.
- ☐ Reassurance: If people learn they don't have HIV or other STDs, it can give them peace of mind. Then they can decide to use condoms for vaginal or anal sex, or be abstinent.

Answer: Any answer is acceptable.

2. Introduce the lesson

Introduce the topic of testing for HIV and other STDs. Remind students to talk respectfully about this topic. The goal is to help people seek testing and treatment.

> *Today we'll be focusing on where teens can get tested for HIV and other STDs in our community. We'll also work on how to help a friend who needs to get tested. As you know, the only way for people to know for sure that they have HIV or another STD is to get tested.*
>
> *I want to remind everyone of the importance of talking respectfully about having HIV and other STDs. This is a very common experience. Feeling embarrassed or judged makes it harder to get medical help.*

3. Complete HIV review quiz

Divide the class into small groups of 2 to 4 students. Give each student a copy of the *HIV Review Quiz* and allow time for them to complete it.

Correct the quiz as a class to review key facts, using the *HIV Review Quiz Answer Key*

Note: If this lesson is serving as a stand-alone HIV lesson, the teacher should present the brief HIV overview lecture (Lesson 12, Activity 3) instead of the review quiz.

4. Students research local clinics that offer testing

Conduct this exercise in a location with computer and Internet access. Explain that students will be researching local clinics that offer testing for HIV and other STDs and then will share their findings. Distribute the *Where to Get Tested Worksheet* and allow time for students to use the Internet to do research on local clinics that offer testing for HIV and other STDs. Have each student fill out the worksheet for one clinic. They may also use text, phone, school staff (e.g., school nurse, librarian), or clinic brochures, depending on the resources available, to complete the worksheet.

When worksheets have been completed, lead a class discussion about students' findings. The purpose is to build positive attitudes about getting tested and help students become more knowledgeable about local testing resources.

Ask the following questions:

- What clinics did you find that offer testing for HIV and other STDs? Did the clinics offer other sexual healthcare services, such as condoms or birth control methods?
- What did you learn about the clinic that would make it a helpful place for teens to go? (If needed, prompt with questions about low cost, confidentiality, close location, welcoming to all, OK to bring a friend, etc.)
- Was there any information you were unable to find? If so, do you have other ideas about how that information could be found?
- Did anyone look up the laws in our state about teens getting tested for HIV and other STDs? What did you find? (In advance, look up your state laws at http://sexetc.org/action-center/sex-in-the-states/.)
- Based on what you learned, does our community have many options for getting tested for HIV and other STDs? What seemed like some of the best options and why?

5. Students offer advice on testing

Lead an exercise in which the class helps a fictional student gain skill and comfort with going for an STD test.

Hand out the *STD Testing Scenario* and read it aloud. Then put students in pairs and have them follow the outline on the worksheet to write a script for talking with Lena about getting tested. Tell students to write as if they were talking directly to Lena, using the information they learned in today's lesson. Their goal is to help her feel more confident and comfortable about going to the clinic.

I'm going to read a very common scenario to you. Read the STD Testing Scenario aloud.

Now, working in pairs, I'd like you to imagine that Lena, the main character in the scenario, is a friend of yours. Your task is to figure out what you could say to Lena that would help her feel more comfortable and confident about going to the clinic for an STD test.

Follow the outline on the worksheet to come up with a script, as if you are talking directly to Lena. First, you'll say something supportive. Next, you'll share some helpful facts about getting tested. You learned a lot of information today, so you can select whatever you think would be especially helpful. Finally, you'll offer to help Lena. You can decide what kind of help might be useful.

Be sure not to use scare tactics. Also, be aware of your word choice, so that Lena doesn't feel judged or put down for possibly having an STD.

After students complete the scripts, have volunteers share their scripts aloud with the class. Students should give their answers as though they are talking directly to Lena. If they use scare tactics or judgment, redirect them to a more positive approach. Prompt for these topics:

- Transportation, directions
- Free and low cost
- Confidentiality
- Welcoming to people who are LGBTQ (Lena's sexual orientation and gender identity are not specified)
- Welcoming to teens
- Other positive features students learned about during their research project

Let's hear what you came up with. Remember to read what you have written as if you're talking directly to Lena.

Get several volunteers to read aloud. Provide positive feedback. If students use scare tactics or judgment, help them rephrase.

Good job, everyone. Lena would be lucky to have you as friends. I heard different ways to be supportive to a friend who needs STD testing, and lots of helpful information about getting tested. I feel confident that you'll be able to use what you learned today to help prevent the spread of STDs.

6. Assign homework

Allow students to choose between the individual or family homework and explain the assignments as needed.

Individual Homework: Ads for HIV Testing and Treatment

Family Homework: Talking About HIV & STD Testing, available in multiple languages on the FLASH website

7. Exit ticket

Hand out the *Lesson 13 Exit Ticket.*

Question: Based on today's research and class discussion, name a local clinic you think would help teens who need to be tested for HIV and other STDs.

Possible answers: Any clinic researched or discussed in class that offers testing.

Warm Up

When people have an STD, including HIV, they usually have no symptoms. Testing is the only way to know for sure. There are many good reasons to get tested for HIV and other STDs, if a person has had anal or vaginal sex without a condom.

Check the box next to the description below that seems like an especially good reason to get tested. Explain why.

☐ **Protect current partner:** If people know they have an STD, they can tell their partner(s), so their partner(s) can get tested (and treated if needed,).

☐ **Prevent the spread of STDs:** If people know they have an STD, they can take action to prevent it from spreading: take medicine, tell their partner(s), use condoms for vaginal or anal sex, or be abstinent.

☐ **Protect one's own health:** If people know they have an STD, they can get medicine right away, which cures most STDs. Treatment can make other STDs, including HIV, less severe.

☐ **Reassurance:** If people learn they don't have HIV or other STDs, it can give them peace of mind. Then they can decide to use condoms for vaginal or anal sex, or be abstinent.

HIV Review Quiz

Names of people in your small group:

_____ _____

_____ _____

1. What do the letters in HIV stand for?

H _____

I _____

V _____

2. What do the letters in AIDS stand for?

A _____

I _____

D _____

S _____

3. If a person has HIV, list the 4 body fluids that contain the virus.

1. _____ 3. _____

2. _____ 4. _____

4. List 3 ways people can get HIV.

1. _____

2. _____

3. _____

5. List 3 ways a person can prevent getting HIV.

1. _____

2. _____

3. _____

6. What is the only way people can know for sure if they have HIV?

_____

HIV Review Quiz: Answer Key

1. **What do the letters in HIV stand for?**
   Human
   Immunodeficiency
   Virus

2. **What do the letters in AIDS stand for?**
   Acquired
   Immune
   Deficiency
   Syndrome

3. **If a person has HIV, list the 4 body fluids that contain the virus.**
   1. Blood
   2. Semen
   3. Vaginal fluid
   4. Breast milk

4. **List 3 ways people can get HIV.**
   1. Unprotected vaginal or anal with someone who has HIV
   2. Sharing needles with someone who has HIV (for injecting them)
   3. Childbirth or breastfeeding from someone who has HIV

5. **List 3 ways that a person can prevent getting HIV.**
   1. Using a condom for vaginal or anal sex
   2. Not having vaginal or anal sex
   3. Not injecting drugs

6. **What is the only way people can know for sure if they have HIV?**
   Get tested for HIV.

Where to Get Tested

Instructions: Complete the worksheet by doing research about 1 nearby clinic that offers tests for HIV, other STDs, or both. Use the worksheet to record your findings. Get specific information that you could share with a friend who needs to get tested. If there isn't a clinic nearby, you may have to find one further away. Keep track of your sources of information at the bottom of the worksheet. This section will also give you good tips on where to get information. Internet is required. Phone and text are optional.

1. **Clinic name, address, phone, website:**

2. **Does the clinic offer HIV tests?** ☐ Yes ☐ No

3. **Does the clinic offer tests for other STDs?** ☐ Yes ☐ No

4. **What other services does the clinic have?**
   (For example, condoms, pregnancy test, birth control, etc.)

5. **Is the appointment confidential?** ☐ Yes ☐ No
   (For example, does a teen need a parent's permission to get tested? If the results show that a teen has an STD, will the parent be called?)

6. **Is the visit free or low cost?** ☐ Yes ☐ No

7. **Are patients of all sexual orientations and gender identities welcome?** ☐ Yes ☐ No

8. **Can the patient bring a friend?** ☐ Yes ☐ No

9. **How does the clinic give test results to the patient?**
   (For example, come back to the clinic, phone call, etc.)

10. **Write driving directions from the high school to the clinic.**

11. **Is there a bus or train a person could take from school to the clinic?**
☐ Yes ☐ No If "yes," write directions

Important: Check the box next to the sources of information you used.

☐ Enter zip code at aids.gov for map of clinics (U.S. Centers for Disease Control and Prevention)

☐ Text zip code to 566984 for clinic information (U.S. Centers for Disease Control and Prevention)

☐ http://sexetc.org/action-center/sex-in-the-states/ (Rutgers University) - laws about HIV testing for teens in your state and other related topics

☐ Other websites

_____

_____

☐ Other phone numbers

_____

_____

☐ School staff (e.g. school nurse, librarian, health teacher, etc.)

_____

_____

☐ Written information (e.g. clinic brochures, resource pages, etc.)

_____

_____

STD Testing Scenario

Scenario:
Lena is 17 years old. The person Lena used to have sex with told her she needs to get tested for chlamydia. Lena feels fine and has no symptoms. She understands that the only way to know for sure is to get tested, and she wants to get it done. Lena has never gone to a clinic for sexual healthcare services. She isn't sure where to go or who to call. She could use a friend to help her.

Instructions:
Imagine that Lena is a friend of yours. Follow the outline below to write a script for what you could say to Lena. Write the lines as if you are talking directly to Lena. Your goal is to help Lena feel more comfortable and confident about going to the clinic for testing.

1. Start by saying something supportive to Lena. Be sure to avoid judgment or scare tactics.

2. Next, give Lena some helpful facts. Use information you learned in today's lesson.

3. Conclude by offering to help Lena in some way. (You could drive her to the clinic, go with her for support, help her look up other information, ask her what you can do to help, etc.)

Individual Homework:
Ads for HIV Testing and Treatment

Name: _____ **Period:** _____

A lot of work is being done in the United States and throughout the world to encourage people to get tested for HIV. There are two main reasons:

- If people learn they have HIV, they can get treatment to help them live a longer, healthier life.
- If people learn they don't have HIV, they can take steps to keep it that way.

In the space below, write an ad encouraging people to get tested for HIV. It can be a script (for example, a radio announcement or TV commercial), or it can be visual (for example, a bus poster, a billboard, or a website ad). Avoid using scare tactics or judgment.

Family Homework: Talking about HIV & STD Testing

All Family Homework is optional. Students may complete Individual Homework instead.

Purpose: Family Homework is a chance to share your beliefs about sexuality and relationships, and the beliefs of your family, culture or religion.

Directions: Student will do the homework with a family member or trusted adult who is like family. Find a quiet place where the two of you can talk privately for 5-10 minutes. Please follow these guidelines:

- It is okay for either of you to skip a question.
- What you discuss will not be shared with anyone else, unless you give one another permission to share it.
- Take turns asking questions. When it is your turn to listen, try to understand the other person's response.

Ask each other:

- Should teens be able to get confidential HIV tests? Why or why not?
- Should teens be able to buy condoms? Should they be able to get them for free? Why or why not?
- What advice would you give teens who think they might have an STD? Who should they tell? Where should they go for help?

Family Homework Confirmation Slip – Talking about HIV & STD Testing

Due: _____

We have completed the family homework.

_____ _____

Date Signature of family member or trusted adult

_____ _____

Student's name Signature of student

Exit Ticket

Based on today's research and class discussion, name a local clinic you think would help teens who need to be tested for HIV and other STDs.

Lesson 13: Assessment Questions

1. Which situation(s) should lead people to visit a clinic for an HIV test?

    a. If they've had unprotected anal or vaginal sex
    b. If a current or past partner tells them they have HIV
    c. If they've kissed someone who has HIV
    d. A and B only

2. Why should people tell their partner(s) if they think they have an STD?

    a. So the partner can get tested
    b. So the partner can get treated, if needed.
    c. It would be a good prank.
    d. It's the responsible thing to do.
    e. A, B and D

3. There are many good reasons to get tested for HIV and other STDs, if a person has had anal or vaginal sex without a condom. Describe one reason that seems especially important.

4. List 2 places a person could find the name of a clinic that offers testing for HIV and other STDs.

Lesson 13: Assessment Key and Standards Alignment

Question	Answer	Standards
1. Which situation(s) should lead people to visit a clinic for an HIV test? A. If they've had unprotected anal or vaginal sex B. If a current or past partner tells them they have HIV C. If they've kissed someone who has HIV D. A and B	D	NHES: SH3.12.5
2. Why should people tell their partner(s) if they think they have an STD? A. So the partner can get tested B. So the partner can get treated, if needed. C. It would be a good prank. D. It's the responsible thing to do. E. A, B and D	E	NSES: SH.12.SM.1
3. There are many good reasons to get tested for HIV and other STDs, if a person has had anal or vaginal sex without a condom. Describe one reason that seems especially important.	Correct answer would cover any of these points: • It is the only way to know • Inform current partner • Prevent the spread of STDs to others • Protect one's own health • Start taking medicine • Reassurance/peace of mind	NHES: SH1.12.35
4. List 2 places a person could find the name of a clinic that offers testing for HIV and other STDs.	Any of these answers are correct: • www.aids.gov (CDC) • Text zip code to 566984 (CDC) • School nurse, counselor, librarian or health teacher • Any resource discussed in class today	NHES: SH3.12.7
Exit Ticket: Based on today's research and class discussion, name a local clinic you think would help teens who need to be tested for HIV and other STDs.	Any clinic researched or discussed in class that offers testing	NSES: SH.12.AI.1

References

[1] Kirby, D., Coyle, K., Alton, F., Rolleri, L., & Robin, L. (2011). Reducing adolescent sexual risk: A theoretical guide for developing and adapting curriculum-based programs. Scotts Valley, CA: ETR Associates.

Communication and Decision Making

Grades 9-12, Lesson 14

Summary

Students review communication skills covered in previous lessons, and read a list of gist-based statements about sexual health derived from material covered throughout the FLASH curriculum. Students then work individually, in small groups, and finally as a whole class to use their communication skills and gist-based statements to make and communicate sexual health-related decisions. They express support for their peers' effective use of communication skills, reinforcing healthy norms and increasing self-efficacy.

Student Learning Objectives

The student will be able to …

1. Demonstrate effective communication skills to promote sexual health and healthy relationships.
2. Choose a healthy alternative when making a sexual health-related decision.
3. Apply a decision-making model to various situations relating to sexual health.

Lesson Timing

Warm up	Bell work + 2 minutes
Introduce lesson	2 minutes
Introduce communication and refusal skills	7 minutes
Communication skills activity	35 minutes
Summarize	2 minutes
Assign homework	
Exit ticket	2 minutes
Total	50 minutes

FLASH Key Concepts

This lesson uses Bottom Line statements, which are derived from FLASH Key Concepts.

- You can't tell if someone has HIV or other STDs by looking.
- The only way to know if you have HIV or another STD is to get tested.
- It's important to always use a condom when you have vaginal or anal sex.
- It's important to have permission or agreement before having sex with someone
- It's important to only have sex with people who are sober and awake, so they can give consent to have sex
- In healthy relationships, people treat their partners with respect and fairness.
- It's important to respect someone else's decision to choose abstinence.
- It's important for both people in a relationship to use birth control if they are having vaginal sex but aren't ready for a pregnancy.
- Both partners need to be responsible for birth control and STD protection if they are having vaginal or anal sex.

Standards

National Health Education Standards (SHECAT)

Standard 4	Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.
SH4.12.1	Demonstrate effective communication skills to promote sexual health and healthy relationships.
SH4.12.3	Demonstrate effective peer resistance, negotiation, and collaboration skills to avoid engaging in sexual risk behaviors.
SH4.12.4	Demonstrate effective communication strategies to prevent, manage, or resolve interpersonal conflicts.
Standard 5	Students will demonstrate the ability to use decision-making skills to enhance health.
SH5.12.5	Generate alternatives when making a decision related to relationships or sexual health.
SH5.12.7	Choose a healthy alternative when making a sexual health-related decision.
SH5.12.8	Evaluate the effectiveness of sexual health-related decisions.
Standard 7	Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.
SH7.12.3	Demonstrate practices and behaviors to improve the sexual health of oneself and others.
Standard 8	Students will demonstrate the ability to advocate for personal, family, and community health.
SH8.12.2	Persuade and support others to avoid or reduce risky sexual behaviors
SH8.12.3	Persuade and support others to make positive and healthy choices about relationships.
SH8.12.6	Adapt sexual health messages and communication techniques for reach a specific target audience.

National Sexuality Education Standards

PD.12.DM.1	Apply a decision- making model to various situations relating to sexual health.
PR .12.IC.1	Demonstrate ways to communicate decisions about whether or when to engage in sexual behaviors.
PR .12.DM.1	Apply a decision-making model to choices about contraception, including abstinence and condoms.
SH.12.IC.1	Demonstrate skills to communicate with a partner about STD and HIV prevention and testing.
SH.12.DM.1	Apply a decision-making model to choices about safer sex practices, including abstinence and condoms.

Rationale

The communication and decision making lesson brings together the communication and refusal skills that have been covered in previous FLASH lessons and applies them to important sexual health-related situations, such as deciding to remain abstinent, using condoms and birth control, and preventing sexual violence. This lesson also incorporates new research on adolescent decision making, which shows that rather than teaching a decision-making model that stresses weighing risks and benefits, a more effective strategy is to build young people's ability to utilize "gist-based" decision making.

Gist-based decision making relies on understanding the bottom line of a situation and using that information to make decisions. It can be especially useful for teens in situations where the benefits, such as sexual pleasure or pleasing a partner, can seem high. This lesson provides students with "bottom-line" statements that they can apply to the hypothetical situations in this lesson, as well as to situations they may face in their own lives. Strong communication and refusal skills and a solid understanding of the bottom line are necessary if young people are to prevent pregnancy, STDs and sexual violence. This lesson powerfully combines these elements in order to shift peer norms and to improve individual student's self-efficacy with regard to healthy decision making.[1 2 3]

Materials Needed

Student Materials

- *Communication and Refusal Skills*
- *The Bottom Line*
- *Real-Life Situations*
- *Individual Homework: Helping a Friend*
- *Family Homework: Talking About Communication and Decision Making,* available in multiple languages on the FLASH website
- *Lesson 14 Exit Ticket*

Classroom Materials

- *Lesson 14 Warm Up*
- *Real-Life Situations Example Visual*

Teacher Preparation

Prepare *Real-Life Situations Example Visual* for document camera or projector.

Activities

1. Warm up

Display warm up as bell work

Question: Choose one of these statements and write 2 or 3 sentences about how you think teen dating relationships would be different if ALL teens believed the statement you chose.

- It's important to always use a condom when you have vaginal or anal sex.
- It's important to respect someone else's decision to choose abstinence.
- It's important for both people in a relationship to use birth control if they are having vaginal sex but aren't ready for a pregnancy.
- It is important to have permission or agreement before having sex with someone.

2. Introduce lesson

Remind students of previous lessons in which communication and refusal skills were covered (the *Healthy Relationships* lesson and the *Abstinence* lesson). Point out that they have also learned a lot of important information in other FLASH lessons. Tell students that they will be putting all these skills and information together today, in this lesson that focuses on communication and decision making.

We have learned a lot during our sexual health unit about how people can keep themselves healthy and safe. One of the important ways people do this is by communicating what they want and need to their partners. The lesson on healthy relationships covered effective communication tips, and we watched a roleplay in which some of your peers worked hard to use those effective communication tips. In the lesson on abstinence we learned how people can clearly say NO to something they don't want.

Throughout all the lessons we've learned important facts that can help people make healthy decisions—things such as how safe birth control is, and the importance of using condoms when people have vaginal or anal sex. Today, we'll have a chance to put all of these skills together and apply them to some real-life situations people might find themselves in.

3. Introduce bottom lines, communication skills and refusal skills

Distribute the *Bottom Line* handout. Explain that these statements are the "bottom line" of what students have learned during FLASH. For example, the condom lesson taught condom use skills, students brainstormed benefits, etc. But, the bottom line is that "It's important to always use a condom when you have vaginal or anal sex." See the script for more explanation of a "bottom-line" statement.

Distribute the *Communication and Refusal Skills* handout. Have students take turns reading the points out loud. Check for understanding. Let them know they will be using both of these handouts to respond to some real-life situations.

To help us when we look at the real-life scenarios, I'm going to give you two handouts. The first one is called the Bottom Line. It has a list of statements that might help people when they are making decisions. These are all the things we have already covered in the FLASH

lessons, but it is boiled down here to the bottom line. There's a little more explanation about what a bottom-line statement is on the top of the handout. Can I have a volunteer read that paragraph aloud, and another volunteer read the statements?

Call on volunteers to read the information.

Great. I think you can see how helpful it can be to know the bottom line of a situation when you are trying to make an important decision.

The second handout is titled Communication and Refusal Skills. You may recognize these communication tips from the Healthy Relationships lesson and the refusal skills from the Abstinence lesson. This handout also gives you some example statements for each of the bullets. Could I have a volunteer read the communication tips, and another volunteer read the refusal skills?

Call on volunteers to read the information.

Great. These tips and skills, along with the bottom-line statements, are really going to help you as you work through some real-life situations in which teens have to make some very important decisions.

4. Conduct communication skills activity

Show the *Real-Life Situations Example Visual* and review the example with students. Point out that when students work on their responses, they can choose whichever bottom-line statement they want from the 3 provided. In this example, "It's important to always use a condom when you have vaginal or anal sex" was chosen to guide the answer. The example response uses 3 tips from the *Communication and Refusal Skills* handout. Read through everything on the example visual, checking for student comprehension of the assignment. This should take 5 minutes.

Distribute the *Real-Life Situations* worksheet, and have students work on their own to respond to the first 3 situations on the worksheet. Explain that they should choose a bottom-line statement from those provided and write a 2- to 3-sentence response. Remind them that they will be reading their responses out loud, and that responses should use either the refusal skills or the communication tips, and should be respectful and non-judgmental. After they've written their individual responses, students will form groups of 3 and read their answers to each other.

Allow 5 minutes for individual work. Then put students into small groups of 3. Explain that students will take turns reading their responses. While each student reads his or her responses, the other group members are listening for the refusal skills and communication tips listed on the handout. Then each listener compliments the reader on one or more skills that were used well. For example, "I like how you said NO so clearly," or "You did a good job stating your strengths." Allow 5 minutes for the small-group work.

After groups have shared all of their responses, have students work individually again to answer the final 3 situations. Then have them repeat the small-group debrief process in different groups.

After both rounds of small-group work are finished, lead a large-group debrief for approximately 10 minutes. Have volunteers share responses they thought were particularly strong, as well as any strengths of their peers' answers they would like to compliment. The purpose of the large-group sharing is to shift peer norms regarding healthy communication and refusal, and to improve individual student's self-efficacy in using these skills.

5. Summarize activity and unit

Thank students for their thoughtful comments and hard work. Remind them that many people will find themselves in situations like the ones they just discussed, and it's helpful to be prepared with good communication skills and a strong understanding of the bottom line so they can make the best decisions possible.

Remind them of the many subjects they have covered over the course of FLASH, including birth control methods, how to use a condom, STD testing, sexual orientation and gender identity, refusal and communication skills, preventing sexual violence, and healthy relationships. Point out how this knowledge and these skills prepare them for situations they may be facing now as well as in the future.

I want to thank you all for your thoughtful comments and your hard work, today and throughout our FLASH unit. Many people will find themselves in situations like the ones we just discussed. In situations like these it's helpful to be prepared with good communication skills and a strong understanding of the bottom line so you can make the best decisions possible to keep yourselves and your partners healthy.

We've covered many topics over the course of our FLASH unit, including birth control methods, how to use a condom, STD testing, sexual orientation and gender identity, refusal and communication skills, preventing sexual violence, and healthy relationships. All of the knowledge and skills you have gained throughout these lessons will help prepare you for situations you may be facing now or that you will face in the future. I am so glad we've been able to spend this time together learning this material, and I feel confident in your ability to go forward and make healthy decisions.

6. Assign homework

Allow students to choose between the individual or family homework and explain the assignments as needed.

Individual Homework: Helping a Friend

Family Homework: Talking About Communication and Decision Making, available in multiple languages on the FLASH website

7. Exit ticket

Hand out the *Lesson 14 Exit Ticket.*

Question: Which of the following communication skills would be easiest for you to use when communicating with a dating partner? Choose one and write 1 or 2 sentences explaining why.

1. Use I-statements ("I think …", "I want …")
2. Express opinions ("I believe …")
3. State your strengths and abilities ("I can …")
4. Say NO firmly but respectfully.
5. Ask for what you want.

Answers: Any explanation provided is acceptable.

Warm Up

Choose one of these statements and write 2 or 3 sentences about how you think teen dating relationships would be different if ALL teens believed the statement you chose.

It's important to always use a condom when you have vaginal or anal sex.

It's important to respect someone else's decision to choose abstinence.

It's important for both people in a relationship to use birth control if they are having vaginal sex with each other but aren't ready for a pregnancy.

It's important to have permission or agreement before having sex with someone.

Communication and Refusal Skills

Communication Tips

Use I-statements ("I think ...", "I want ...")
- I only want to have sex with a condom.
- I won't have sex with someone who has been drinking.

Express opinions ("I believe ...")
- I believe people shouldn't have sex without protecting themselves.
- I believe people shouldn't have sex unless they are married.

State your strengths and abilities ("I can ...")
- I can buy condoms so we have them when we need them.
- I can wait to have sex until I am ready.

Say NO firmly but respectfully.
- No, I won't have sex without a condom.
- No, I don't want to go to your car.

Ask for what you want.
- I want to wait to have sex until we've been together longer.
- I want to have sex, but only if we use a condom.

Express positive feelings and/or appreciation.
- I love you and I'm glad we're together.
- I appreciate how you listen to me and take my feelings seriously.

Refusal Skills

Say NO and clearly state what you don't want to do.
- No, I don't want to have sex yet.
- No, I don't want to do that.

Explain why.
- I'm worried about getting you pregnant.
- I don't have sex with people I just met.

Suggest an alternative.
- We can go to the store up the street and buy some condoms.
- I don't want to go upstairs, but we can keep talking here with everyone else.

Leave if you need or want to.
- My mom is calling, I have to go home.
- We are done talking about this. I am leaving.

The Bottom Line

The "bottom line" is the most important thing to consider in a situation. It is also called "the heart of the matter," the essential point, or the core issue. The bottom line is the thing that helps people make good decisions quickly. Instead of debating the pros and cons of a situation, if you know the bottom line, you can quickly decide what you need to do.

Understanding the bottom line is especially helpful for making decisions when emotions are strong or the stakes are high, such as in sexual situations. The following are some "bottom lines" that come from information covered in FLASH.

- You can't tell if someone has HIV or other STDs by looking.
- The only way to know if you have HIV or another STD is to get tested.
- It's important to always use a condom when you have vaginal or anal sex.
- It's important to have permission or agreement before having sex with someone.
- It's important to only have sex with people who are sober and awake, so they can give consent to have sex.
- In healthy relationships, people treat their partners with respect and fairness.
- It's important to respect someone else's decision to choose abstinence.
- It's important for both people in a relationship to use birth control if they are having vaginal sex with each other but aren't ready for a pregnancy.
- Both partners need to be responsible for birth control and STD protection if they are having vaginal or anal sex.

Visual

Real-Life Situations Example

Instructions: Choose the bottom line statement you think should guide the response. Then write a 2- to -3-sentence response using your *Communication and Refusal Skills* handout.

John wants to use condoms but his partner doesn't. What bottom-line statement could help John figure out what to say to his partner?

- ☑ It's important to always use a condom when you have vaginal or anal sex.
- ☐ In healthy relationships, people treat their partners with respect and fairness.
- ☐ You can't tell if someone has HIV or other STDs by looking at them.

Use communication tips or refusal skills from your handout to write what John should say to his partner.

"I believe it's very important to use condoms. I really do want to have sex with you, but only if we use a condom. I appreciate how you always listen to me and take my feelings seriously, and I hope you will this time too."

Tips from the Communication and Refusal Skills handout John used:

- Expressed opinions ("I believe …")
  - *I believe it's very important to use condoms*
- Asked for what he wanted
  - *I really do want to have sex with you, but only if we use a condom.*
- Expressed positive feelings and/or appreciation.
  - *I appreciate how you always listen to me and take my feelings seriously, and I hope you will this time too.*

Real-Life Situations

Instructions: Choose the bottom line statement you think should guide the response. Then write a 2- or 3-sentence response using your *Communication and Refusal Skills* handout.

1. Jorge and Luis want to stay abstinent, but things have been getting heated. It seems like they are headed toward sex. Jorge wants to tell Luis they should slow down. What bottom-line statement could help Jorge figure out what to say to Luis?

   - ☐ It's important to respect someone else's decision to choose abstinence.
   - ☐ In healthy relationships, people treat their partners with respect and fairness.
   - ☐ It's important to have permission or agreement before having sex with someone.

   Use communication tips or refusal skills from your handout to write what Jorge should say to Luis.

2. Jocelyn wants to get an IUD. Her boyfriend Chris doesn't know much about birth control, and thinks they should just keep using condoms. What bottom line statement could help Jocelyn figure out what to say to Chris?

   - ☐ In healthy relationships, people treat their partners with respect and fairness.
   - ☐ Both partners need to be responsible for birth control and STD protection if they are having vaginal or anal sex.
   - ☐ It's important for both people in a relationship to use birth control if they are having vaginal sex with each other but aren't ready for a pregnancy.

   Use communication tips or refusal skills from your handout to write what Jocelyn should say to Chris.

3. Dominic has been wanting to hook up with Sierra for a while. They are at a party together. Sierra is drunk and Dominic is not. Dominic's friends keep telling him he should take his chance and try to have sex with her. Dominic doesn't think that's right. What bottom-line statement could help Dominic figure out what to say to his friends?

   - ☐ It is important to only have sex with people who are sober and awake, so they can consent to have sex.
   - ☐ It's important to have permission or agreement before having sex with someone.
   - ☐ In healthy relationships, people treat their partners with respect and fairness.

   Use communication tips or refusal skills from your handout to write what Dominic should say to his friends.

4. Deon thinks he and his new girlfriend Mariah should go to the clinic and get STD tests before they start having sex. What bottom-line statement could help Deon figure out what to say to Mariah?

   - ☐ You can't tell if someone has HIV or other STDs by looking.
   - ☐ The only way to know if you have HIV or another STD is to get tested.
   - ☐ In healthy relationships, people treat their partners with respect and fairness.

   Use communication tips or refusal skills from your handout to write what Deon should say to Mariah.

5. Aiden is concerned about the way his friend Michael is treating his girlfriend. Michael is always telling his girlfriend what to do and putting her down in front of other people, and he told Aiden that he never uses condoms when he and his girlfriend have sex. What bottom line statement could help Aiden figure out what to say to Michael?

   - ☐ In healthy relationships, people treat their partners with respect and fairness.
   - ☐ It's important for both partners to be responsible for birth control and STD protection if they are having vaginal or anal sex.
   - ☐ It's important for both people in a relationship to use birth control if they are having vaginal sex with each other but aren't ready for a pregnancy.

   Use communication tips or refusal skills from your handout to write what Aiden should say to Michael.

6. Aliyah and Malik are in a new relationship. Aliyah wants to have sex, but Malik wants to wait. What bottom-line statement could help Malik figure out what to say to Aliyah?

   - ☐ It's important to respect someone else's decision to choose abstinence.
   - ☐ It is important to have permission or agreement before having sex with someone.
   - ☐ In healthy relationships, people treat their partners with respect and fairness.

   Use communication tips or refusal skills from your handout to write what Malik should say to Aliyah.

Individual Homework:
Helping a Friend

Name _____ **Period** _____

A friend needs some advice about their relationship; their note to you is provided below. Be sure to mention at least one bottom-line statement and use the communication tips or refusal skills from your handout in your response.

Hey! I think I need some advice. You know Sofia and I have been going out for a while. I was really hoping she would want to have sex by now, but I can't tell if she does or not. She hasn't said anything, and I don't really know what to do. Should I just make a move on her? I feel like I should talk to her, but I don't even know what I would say. I know you are good at this kind of thing. I really need some help!

Family Homework: Talking about Communication & Decision Making

All Family Homework is optional. Students may complete Individual Homework instead.

Purpose: Family Homework is a chance to share your beliefs about sexuality and relationships, and the beliefs of your family, culture or religion.

Directions: Student will do the homework with a family member or trusted adult who is like family. Find a quiet place where the two of you can talk privately for 5-10 minutes. Please follow these guidelines:

- It is okay for either of you to skip a question.
- What you discuss will not be shared with anyone else, unless you give one another permission to share it.
- Take turns asking questions. When it is your turn to listen, try to understand the other person's response.

Ask the student: What are your life goals at this time? Career? Family? Travel? What would a pregnancy or STD do to change those goals?

Ask the adult: How do you communicate with your boss at work when you want or need something? Can you think of an example? How would you communicate with your partner (past, present or future) when you wanted or needed something? Can you give an example?

Family Homework Confirmation Slip: Talking about Communication & Decision Making

Due: _____

We have completed the family homework.

_____ _____

Date Signature of family member or trusted adult

_____ _____

Student's name Signature of student

Exit Ticket

Which of the following communication skills would be easiest for you to use when communicating with a dating partner? Choose one and write 1 or 2 sentences explaining why.

1. Use I-statements ("I think …", "I want …")

2. Express opinions ("I believe …")

3. State your strengths and abilities ("I can …")

4. Say NO firmly but respectfully.

5. Ask for what you want.

Lesson 14: Assessment Questions

1. Linda wants to wait to have sex until she has graduated from high school. Jun, her boyfriend, thinks that if they use protection, it would be fine to have sex. Linda doesn't want to worry at all about pregnancy and STDs, and she doesn't feel ready to have sex yet. Help her communicate her decision to Jun.

   Start by choosing a bottom-line statement from your handout to guide your answer, then use 2 or 3 communication tips or refusal skills to write what Linda should say to Jun.

Lesson 14: Assessment Key and Standards Alignment

Question	Answer	Standard
1. Linda wants to wait to have sex until she has graduated from high school. Jun, her boyfriend, thinks that if they use protection, it would be fine to have sex. Linda doesn't want to worry at all about pregnancy and STDs, and she doesn't feel ready to have sex yet. Help her communicate her decision to Jun. Start by choosing a bottom-line statement from your handout to guide your answer, then use 2 or 3 communication tips or refusal skills to write what Linda should say to Jun.	Correct answers will identify a bottom-line statement from the handout, and will use 2 or 3 communication tips or refusal skills from the handout.	NSES: PD.12.DM.1 PR .12.IC.1 PR .12.DM.1 SH.12.IC.1 SH.12.DM.1 NHES: SH4.12.1 SH4.12.3
Individual Homework	Correct answers will identify a bottom line statement from the handout, and will use 2 or 3 communication tips or refusal skills from the handout to persuade the friend to communicate with his partner.	NHES: SH8.12.2 SH8.12.3 SH8.12.6
Exit Ticket: Which of the following communication skills would be easiest for you to use when communicating with a dating partner? Choose one and write 1 or 2 sentences explaining why. 1. Use I-statements ("I think …", "I want …") 2. Express opinions ("I believe …") 3. State your strengths and abilities ("I can …") 4. Say NO firmly but respectfully. 5. Ask for what you want.	Any explanation provided is acceptable.	

References

[1] Reyna, V.F., & Adam, M.B. (2003). Fuzzy-trace theory, risk communication, and product labeling in sexually transmitted diseases. *Risk Analysis*, *23*, 325–342.

[2] Reyna, V.F., Adam, M.B., Poirier, K., LeCroy, C. W., & Brainerd, C. J. (2005). Risky decision-making in childhood and adolescence: A fuzzy-trace theory approach. In J. Jacobs and P. Klacynski (Eds.), *The development of judgment and decision-making in children and adolescents* (pp. 77–106). Mahwah, NJ: Erlbaum.

[3] Reyna, V.F., & Brainerd, C.J. (1991). Fuzzy-trace theory and framing effects in choice: Gist extraction, truncation, and conversion. *Journal of Behavioral Decision Making*, *4*, 249–262.

Improving School Health

Grades 9-12, Lesson 15

Summary

This final lesson asks students to create a social norms campaign in order to impact the larger school environment. Students work in groups to make posters that dispel commonly held misperceptions and replace them with accurate statements. Posters are then displayed in the school, helping to reshape social norms that support healthy behavior.

Student Learning Objectives

The student will be able to …

1. Encourage the school environment to promote the health of others.
2. Persuade and support others to avoid or reduce risky sexual behaviors.
3. Use peer and societal norms to formulate health enhancing messages about avoiding or reducing risky sexual behaviors.

Lesson Timing

Warm up	Bell work + 2 minutes
Purpose of lesson	1 minute
Explain social norms campaign	4 minutes
Introduce social norms statements	5 minutes
Students make posters	35 minutes
Summarize	1 minute
Exit ticket	2 minutes
Total	50 minutes

FLASH Key Concepts

This is a comprehensive final lesson, covering material from throughout the curriculum. All FLASH Key Concepts can be applied during this lesson as needed.

Standards

National Health Education Standards (SHECAT)

Standard 8	Students will demonstrate the ability to advocate for personal, family, and community health.
SH8.12.1	Use peer and societal norms, based on accurate health information, to formulate a health enhancing message about avoiding or reducing risky sexual behaviors.
SH8.12.2	Persuade and support others to avoid or reduce risky sexual behaviors.
SH8.12.3	Persuade and support others to make positive and healthy choices about relationships.
SH8.12.4	Collaborate with others to advocate for improving personal, family, and community sexual health.
SH8.12.5	Encourage school and community environments to promote the health of others, without regard to aspects of their sexuality (such as sexual activity, sexual abstinence, sexual orientation, gender expression, or gender identity).
SH8.12.6	Adapt sexual health messages and communication techniques to reach a specific target audience.

National Sexuality Education Standards

PS.12.ADV.1	Advocate for safe environments that encourage dignified and respectful treatment of everyone

Rationale

This lesson utilizes a social norms approach to impact young people's risky behaviors. The social norms approach is an effective, evidence-based intervention that has been widely used to target substance abuse and problem drinking behaviors, and is increasingly being used to improve sexual health outcomes and decrease sexual violence.[1] [2] The approach is based on the fact that young people generally overestimate the percentage of their peers who are engaging in risky behaviors. For example, teens overestimate the number of their peers who are having sex, as well as overestimating the percentage of sexually active teens who are having unprotected sex.[3] [4]

Research shows that teens overestimation of their peers' risky behaviors is related to their own likelihood of engaging in that behavior themselves.[5] Therefore, social norms campaigns are designed to introduce more accurate data about the actual occurrence of the risky behaviors, in order to positively influence teens' sexual behavior. In this lesson, research-based norm statements are provided for students' use. Each statement is designed to directly counter a common misperception related to the behavioral goals of this curriculum: the prevention of pregnancy, STDs and sexual violence. As such, the statements address misperceptions about abstinence, condom use, birth control use and rape.

This lesson impacts the students who create the posters by creating buy-in for the new norm, especially since they are engaged in the creation of persuasive materials containing these messages. Additionally, the posters are placed in public locations in the school, influencing all students in the school to shift their beliefs toward the new norm. The posters have greater influence because they were created by peers, who are deemed to be more credible on these topics than adults. In this way, the impact of the FLASH curriculum can be deepened and broadened, creating a school-wide environmental shift.

Materials Needed

Student Materials

- *Social Norms Statements*
- *Poster Guidelines*
- *Lesson 15 Exit Ticket*
- Access to color images to complete the assignment:
  - Internet access and a color printer are ideal
  - Magazines can be used if Internet and printer are not available
- Scissors, glue and markers
- Posterboard, 1 piece for each group

Classroom Materials

- *Visual 1: Social Norms Statements*
- *Visual 2: Poster Guidelines*
- *Lesson 15 Warm Up*

Teacher Preparation

- Gather magazines ahead of time, if needed.
- Acquire posterboard or assign students to bring it to class.
- Prepare Visuals for document camera or projector.

Activities

1. Warm up

Display warm up as bell work.

Prompt: All of these statements are true. Pick the one you think is most important for teens to know, and write 2 sentences about why it is important.

1. Over 95% of teens would stop sexual activity if their partner wanted them to, even if they were already turned on.
2. Teens are good at using condoms. Over 95% of teens who have had vaginal sex have used condoms.
3. Teens are good at protecting themselves from pregnancy. Over 90% of teen couples used birth control the last time they had vaginal sex.
4. Most high school students aren't having oral, anal or vaginal sex. Over half are abstinent.

2. Explain purpose of lesson

In this final lesson, students will apply some key messages they have learned throughout FLASH in order to share this information with others at their school. They will do this by making posters conveying these messages, which will be hung around the school.

Today, in our final FLASH lesson, you all will get to make posters that will be hung around the school, to share some of what you have learned with your friends and peers.

3. Explain social norms campaign

Explain that the poster campaign will challenge commonly held but incorrect beliefs that other students may hold about sexual health risk behaviors, and that sharing this correct information will support students at the school in making healthy decisions about their own sexual health.

Clarify the meaning of social norms: the way we expect people to behave in a certain situation. Help students understand that, if people believe a certain behavior is common when it really isn't, it can influence their own behavior, and that correcting people's incorrect beliefs about what is "normal" can help create new, more accurate social norms that support healthier behaviors.

This poster campaign is designed to affect social norms at this school. "Social norms" is a word that describes the way we expect people to behave in a certain situation. If we believe a certain behavior is common when it really isn't, it can influence our own behavior, and make us more likely to do that behavior ourselves.

Research shows that teens frequently believe their peers are taking more risks than they actually are. For example, teens think more of their peers are having sex than is actually true. This is important, because people tend to want to do what they think is "normal," or what they think most other people are doing. So, if teens think most people are taking risks, they are more likely to take those risks too. On the other hand, when teens learn the truth,

which is that most of their peers really aren't taking risks, then they are less likely to feel pressured to take those risks themselves.

In this assignment, we will be making posters about some risky behaviors that we know teens have false beliefs about. We will hang these posters around the school, so that other students who haven't taken this class can also learn this information. By making sure that everyone in this school knows the truth, we can help support everyone to make the decisions they really want to make.

4. Introduce social norm statements

Distribute the *Social Norms Statements* handout and show the *Social Norms Statements Visual*. Have students volunteer to read each of the statements. For each statement, point out what the false belief is, and remind students that this correct information is based on research.

- **Over 95% of teens would stop sexual activity if their partner wanted them to, even if they were already turned on.**[6]
  - Many people incorrectly believe that others would pressure someone to have sex, if they were already turned on or aroused. Research shows us that, actually, the vast majority of people would stop sexual activity when asked to, even if they were already turned on.

- **Teens are good at using condoms. Over 95% of teens who have had vaginal sex have used condoms.**[7]
  - Many people think that teens are irresponsible about sexual activity, and that they don't usually use condoms. This statement shows that many more teens are using condoms than people might think.

- **Teens are good at protecting themselves from pregnancy. Over 90% of teen couples used birth control the last time they had vaginal sex.**[7]
  - Again, many people think that teens are irresponsible about sexual activity, and that they are not thinking about how to protect themselves from pregnancy. This shows that, in fact, most teen couples are using birth control when they have vaginal sex.

- **Most high school students aren't having oral, anal or vaginal sex. Over half are abstinent.**[8]
  - Many teens and adults incorrectly believe that most teens are sexually active. In fact, the majority of teens are not having any type of sex.

5. Students make posters

Place students in small groups and explain the poster guidelines. You can either assign students to groups or let them choose the topic that most interests them. Groups should not be so big that everyone can't contribute, and every group should have at last 3 people. If you have a large class, 2 groups can work on posters with the same statement. Distribute the *Poster Guidelines* and show the *Poster Guidelines Visual*. Go over the guidelines with students, checking for comprehension.

Give students the rest of the class period to complete their posters. The posters can be hung around the school either by the teacher or by the students. Arrange to leave them up for at least 3 weeks.

6. Summarize

Thank students for their hard work, and remind them that their work on these posters will help make the school a healthier place for everyone. Thank them for their attention and thoughtful participation throughout the unit.

7. Exit ticket

Hand out the *Lesson 15 Exit Ticket.*

Prompt: You just designed a social norms campaign to improve the sexual health of students at this school. Imagine that the principal has asked you what else could be done to improve the sexual health of students here. Write one idea you could share.

Answer: Any answer that advocates for better sexual health is acceptable.

Warm Up

All of the following statements are true. Pick the one you think is most important for teens to know, and write 2 sentences about why it is important.

1. Over 95% of teens would stop sexual activity if their partner wanted them to, even if they were already turned on.

2. Teens are good at using condoms. Over 95% of teens who have had vaginal sex have used condoms.

3. Teens are good at protecting themselves from pregnancy. Over 90% of teen couples used birth control the last time they had vaginal sex.

4. Most high school students aren't having oral, anal or vaginal sex. Over half are abstinent.

Social Norms Statements

- Teens are good at using condoms. Over 95% of teens who have had vaginal sex have used condoms.

- Teens are good at protecting themselves from pregnancy. Over 90% of teen couples used birth control the last time they had vaginal sex.

- Most high school students aren't having oral, anal or vaginal sex. Over half are abstinent.

- Over 95% of teens would stop sexual activity if their partner wanted them to, even if they were already turned on.

Visual 1

Social Norms Statements

- Teens are good at using condoms. Over 95% of teens who have had vaginal sex have used condoms.

- Teens are good at protecting themselves from pregnancy. Over 90% of teen couples used birth control the last time they had vaginal sex.

- Most high school students aren't having oral, anal or vaginal sex. Over half are abstinent.

- Over 95% of teens would stop sexual activity if their partner wanted them to, even if they were already turned on.

Poster Guidelines

Develop your ideas and sketch some out.

- Brainstorm with your group to develop several ideas to choose from.
- Make quick sketches of the ideas.
- Decide as a group which idea does the best job of conveying your message and will appeal most to other students at your school.

Consider what pictures or graphics you want to use.

- People often respond to pictures of people like themselves.
- Large, colorful images will grab people's attention.
- The image should fit the message. Think of pictures that go with your statement and portray the right attitude or idea.
- Don't show pictures of naked people or people having sex.

Think carefully about the words on your poster.

- You must write the social norm statement on your poster.
- It should be easy to read from a distance, so the letters should be big and clear.
- Only use one or two fonts or lettering styles.
- If you choose to write text in addition to the social norm statement, only write a few main points, not a long list of facts or details.

Avoid common mistakes.

- Don't try to scare people.
- Make sure your poster doesn't look cluttered.
- Don't use images that are out of focus or have unnecessary text on them.

Visual 2

Poster Guidelines

Develop your ideas and sketch some out.

- Brainstorm with your group to develop several ideas to choose from.
- Make quick sketches of the ideas.
- Decide as a group which idea does the best job of conveying your message and will appeal most to other students at your school.

Consider what pictures or graphics you want to use.

- People often respond to pictures of people like themselves.
- Large, colorful images will grab people's attention.
- The image should fit the message. Think of pictures that go with your statement and portray the right attitude or idea.
- Don't show pictures of naked people or people having sex.

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- If you choose to write text in addition to the social norm statement, only write a few main points, not a long list of facts or details.

Avoid common mistakes.

- Don't try to scare people.
- Make sure your poster doesn't look cluttered.
- Don't use images that are out of focus or have unnecessary text on them.

Exit Ticket

You just designed a social norms campaign to improve the sexual health of students at this school.

Imagine that the principal has asked you what else could be done to improve the sexual health of students here.

Write one idea you could share.

References

[1] Berkowitz, A.D. (2003). *The social norms approach: Theory, research and annotated bibliography.* Higher Education Center, Newton, MA.

[2] Planned Parenthood of New York City (PPNYC) conducted research with middle school students and identified large discrepancies between what young adolescents actually believe and what they think the norm is for their peers.

[3] Robinson, K. L., Telljohann, S. K., & Price, J. H. (1999). Predictors of sixth graders engaging in sexual intercourse. *Journal of School Health, 69,* 369-375.

[4] Romer, D., Black, M., Ricardo, I., Feigelman, S., Kaljee, L., Galbraith, J., Nesbit, R., Hornik, R. C., & Stanton, B. (1994). Social influences on the sexual behavior of youth at risk for HIV exposure. *American Journal of Public Health, 84,* 977-985.

[5] Kinsman, S.B., Romer, D., Furstenberg, F.F., & Schwarz, D.F. (1998). Early sexual initiation: The role of peer norms. *Pediatrics, 102,* 1185-1192.

[6] Fabiano, P.M., Perkins, H.W., Berkowitz, A.D., Linkenbach, J., & Stark, C. (2003). Engaging men as social justice allies in ending violence against women: Evidence for a social norms approach. *Journal of American College Health, 52,* 3, 105-112.

[7] Martinez ,G., et al. (2011). Teenagers in the United States: Sexual activity, contraceptive use, and childbearing, 2006–2010 National Survey of Family Growth. *Vital and Health Statistics 23,* 31.

[8] Chandra, A, Mosher, WD, Copen, C. (2011). Sexual Behavior, Sexual Attraction, and Sexual Identity in the United States: Data from the 2006-2008 National Survey of Family Growth. National Health Statistics Report, Number 36.

To Parents & Guardians: Introducing FLASH

Dear Families,

Your student will soon begin their sexual health unit in our class. We will be teaching the FLASH curriculum. FLASH is a medically accurate, age-appropriate comprehensive sexual health education curriculum. The goals of the curriculum are to prevent teen pregnancy, STDs and sexual violence, and to increase family communication about sexual health related topics such as dating, sex and abstinence.

FLASH builds skills to support young people in remaining abstinent, as well as teaching about other methods of disease and pregnancy prevention. It promotes respectful communication, and builds skills for healthy relationships. FLASH also contains family homework assignments in which students talk with a family member about the topics covered in class via a prescribed set of questions. Students receive credit for speaking with an adult, but are never required to discuss the content of their conversations.

FLASH provides a protocol for teachers when answering student questions about values that includes referring student back to families to learn their specific values. As a result, students may come home with questions about the values and expectations you have for them regarding these topics. We hope this will provide a meaningful opportunity for you to talk about these important topics together. A list of the High School FLASH lessons is provided below. If you have any questions or would like to preview a lesson, please don't hesitate to contact me.

1. Climate Setting
2. Reproductive System
3. Pregnancy
4. Sexual Orientation and Gender Identity
5. Undoing Gender Stereotypes
6. Healthy Relationships
7. Coercion and Consent
8. Online Safety: Preventing Sexual Violence
9. Abstinence
10. Birth Control Methods
11. Preventing HIV and other STDs
12. Condoms to Prevent Pregnancy, HIV and other STDs
13. Testing for HIV and other STDs
14. Communication and Decision Making
15. Improving School Health

Laws Relevant to a Sexual Health Unit

Legal Requirements of Sexual Health Education

State laws regarding sexual health education vary. Some states require sexual health education while others do not. In some states, HIV and STD prevention education is required, but nothing more. Other states require that all sexual health education delivered must be comprehensive and medically accurate. State may also have specific requirements, such as that sexual health education must be taught at certain grades, or that certain topics are required or prohibited. Look up sexual health education laws for your state here: www.guttmacher.org/statecenter/spibs/spib_SE.pdf

Providing Health Care for Minors

Individual states have laws about what, if any, health care minors can consent to on their own. Different ages may apply to different services, such as accessing contraceptive care, STD services, prenatal care, adoption, abortion, medical care for a child, and mental health care. When discussing with a student any kind of health care for which the student can legally consent, it is very important to remember to protect that student's privacy. Disclosing a students' health information even to other teachers or school employees is a violation of privacy and possibly illegal. See what the minor consent laws are in your state: www.guttmacher.org/statecenter/spibs/spib_OMCL.pdf

Sexual Exploitation & Assault Laws

Sexual assault and abuse laws

Sexual assault and abuse laws define sex crimes, including those committed against minors. Look up your state laws here: www.rainn.org/public-policy/laws-in-your-state

Statutory rape and age of consent

Each state has laws criminalizing sex between individuals with certain age differences. The younger people in these situations may or may not have given verbal consent for the sexual activity that took place. They are incapable of legally giving consent because of their age. These age differences vary from state to state. If statutory laws were not covered on the page provided above for sexual assault and abuse laws, find additional information here: http://aspe.hhs.gov/hsp/08/SR/StateLaws/index.shtml

Help, advice and information

State sexual violence coalitions can answer questions about state laws, and can provide help, support, advice or professional consultation. They can also connect you with local sexual assault centers. Find your state coalition here: www.nsvrc.org/organizations

Safe Surrender of Infants

Many states have enacted Safe Surrender laws in order to protect the health of infants who would otherwise be abandoned. Laws may specify who can leave an infant at a Safe Haven location, and which locations may serve as Safe Havens. Look up your state's law here: www.nationalsafehavenalliance.org/states/

Laws Affecting Lesbian, Gay, Bisexual & Transgender Students and Those with LGBT Parents

Laws affecting LGBT students and students with LGBT parents are changing rapidly in the United States. Relevant laws include those related to discrimination, health care coverage, marriage, adoption and hate crimes. See state laws that affect LGBT individuals: www.hrc.org/state_maps

Age of Marriage

Age of marriage varies from state to state, as do the ages at which young people need parents' permission to marry. See state laws regarding age of marriage here: www.law.cornell.edu/wex/table_marriage

Recognizing and Reporting Sexual Abuse and Assault

At least one in five girls and one in ten boys will be sexually abused at some point in their childhood.[1] People ages 15 to 24 report rape and sexual assault at far higher rates than any other age group.[2] If you suspect a student in your classroom has been or is being sexually abused, sexually exploited or injured (by anyone, not just a caregiver) you are required to report it. It is important to also remember that you likely always have students who are currently experiencing sexual abuse or assault, or who have in the past. Strive to create a classroom that is safe and inclusive, and in which good boundaries are modeled. You do not have to know for certain that a student has been abused to make a report and to offer the student support.

How to tell that a student may have been sexually abused

1. The student tells you (possibly following a lesson on sexual exploitation or sexual assault).

2. The student acts differently from usual, in troubled ways . . .
   - Regressing to younger behaviors
   - Clinging to you or another staff person
   - Cranky, hostile or depressed
   - Sleeping in class, or lacking energy
   - Development of minor ailments (headaches, stomach aches, no appetite)
   - Reluctant to leave school at end of day
   - Dressing provocatively or wearing many layers of clothing even during hot weather

   These behaviors can signal other stresses, but it never hurts to ask if you can help with a problem.

3. One student confides that another student was exploited.

What to do if a student confides in you or if you have reasonable cause to believe a student has been assaulted

1. Believe that student and say, "I believe you."

2. Tell the student that it's not their fault and say, "I care about you and I'm glad you told me."

3. Speak privately with the student and maintain the student's confidentiality within the school, except if you feel the need to enlist the help of one other adult support person (your principal, school nurse, or whomever you trust the most).

4. Report the abuse. In all 50 states, the law requires professional school personnel to report the suspected abuse to either the police or to a child protection agency.[3] It is not sufficient to turn the case over to your principal or anyone else, even if this is what your school protocol

advises. You are required by law to report it yourself or make certain it has been reported by another person (for example, by being in the room at the time). You do not need to know for certain that abuse has occurred to be obligated to report. All you need is *reasonable cause to believe* it has occurred; it is the job of the child protection agency to investigate, not yours.

5. Offer the student as much control as possible over the timing and manner of reporting. If he wishes, for example, he could make the report himself while you sat at his side for support.

6. If you need or want support or advice for yourself or the child in reporting the abuse, seek professional help.[4]

What to do if you get an anonymous question from a student that indicates possible abuse

1. If you recognize the handwriting, ask that student if you can talk privately. Do not pressure the student, but explain that you care and that if there is anything the student wants help with, you can help. If the student denies writing the question, say that you care and want to help if the student ever does need help in the future. Explain that, in the meantime, you do have to notify Child Protective Services that you received the question, even if you aren't sure who wrote it.

2. If you don't recognize the handwriting, call Child Protective Services for advice about whether to make a formal report.

---

[1] Finkelhor, D., & Dziuba-Leatherman, J. (1994). Children as Victims of Violence: A National Survey. *Pediatrics, 94*, 413-420.

[2] U.S. Department of Justice. (1997, July). *Age Patterns of Victims of Serious Violent Crime.* Retrieved from http://bjs.ojp.usdoj.gov/content/pub/pdf/apvsvc.pdf.

[3] Find state laws here: www.childwelfare.gov/systemwide/laws_policies/statutes/mandaall.pdf.

[4] To find your local sexual assault center, visit: www.nsvrc.org/organizations.

Guidance for Utilizing Guest Speakers

FLASH does not require the use of guest speakers, and the lessons are designed to be easy to use by a classroom teacher. However, some schools and teachers may choose to bring in guest speakers who are experts in sexual health education or who represent community resources. It is important to note that outside speakers are bound to the same laws and requirements as classroom teachers.

In order to ensure the best outcomes for students, guest speakers should utilize lessons and teaching methods aligned with current sexual health education research. Specifically, guest speakers should share medically accurate information and focus on building the same beliefs, attitudes and skills that are the focus of the FLASH curriculum.

FLASH strives to prevent STDs and teen pregnancy by teaching medically accurate information about birth control, condoms, pregnancy and STDs, including HIV; strengthening the belief that people can protect themselves from STDs and unintended pregnancy; promoting positive attitudes about abstinence, condoms and birth control; and developing refusal skills. FLASH works to prevent sexual violence by undoing gender stereotypes, particularly stereotypes about men that stress violence, control and sexual conquest; developing skills in recognizing consent or the lack thereof; and promoting peer norms that don't support acts of sexual violence.

Guest speakers should not present information, promote beliefs or attitudes, or teach skills that are in conflict with any of the above mentioned strategies. Doing so will weaken the effectiveness of FLASH and make it harder to prevent teen pregnancy, STDs and sexual violence. Finally, guest speakers should avoid outdated and non-evidence-based practices, such as using scare tactics, stressing gender differences, disparaging condoms and other contraceptives, perpetuating stereotypes, and shaming or belittling students.

Nome Public Schools
PO Box 131
Nome, AK 99762
907-443-2231 – www.nomeschools.org

SCHOOL BOARD COMMUNICATION

Title: Approval of FY23 Budget Revision #1

Date: December 9, 2022

Administrator: Jamie Burgess, Superintendent and Genevieve Hollins, CFO

Attachments: FY23 Budget Revision #1

X	**Action Needed**		**For Discussion**		**Information**		**Other**

BACKGROUND INFORMATION

The district budget is revised periodically throughout the year to account for actual expenditures versus projected, and to take into account other changes in revenue and expenditures.

The Fall student count has been submitted to the Department of Education at the end of the October count period. We have a higher enrollment than projected, combined with an increase in both overall numbers of special education students and intensives, and a rise in homeschooling students.

In addition, this revision trues up salaries/wages and benefit selections by employees. We had a larger than anticipated cost in liability/property insurance premiums, increased grant revenue, and needed increases in costs of providing required services to special education students. We have been able to reduce the use of fund balance, and continue to transfer some monies into our Capital Improvement Fund.

ADMINISTRATIVE RECOMMENDATION

The administration recommends approval of the first FY23 budget revision.

Sample Motion: I move to approve the first FY23 budget revision.

MISSION

We inspire and empower students to be culturally grounded responsible citizens who are deeply connected to our community and world.

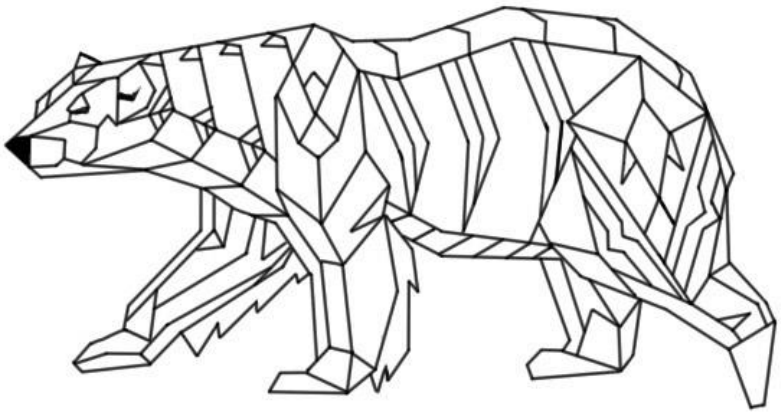
CONTACT

PO Box 131 Nome, AK 99762

(907) 443-2231

www.nomeschools.org

Nome, AK



NOME PUBLIC SCHOOLS

FY 2023 BUDGET REVISION #1

For Board Approval December 13, 2022

Mrs. Sandra Martinson, President
Mrs. Jamie Burgess, Superintendent
Mrs. Darlene Trigg, Vice-President/Clerk
Mrs. Bob Metcalf, Treasurer
Mrs. Nancy Mendenhall, Board Member
Mrs. Marjorie Tahbone, Board Member

Cover Page Artwork by:
Mya Cross, Grade 11 Nome-Beltz Middle High School

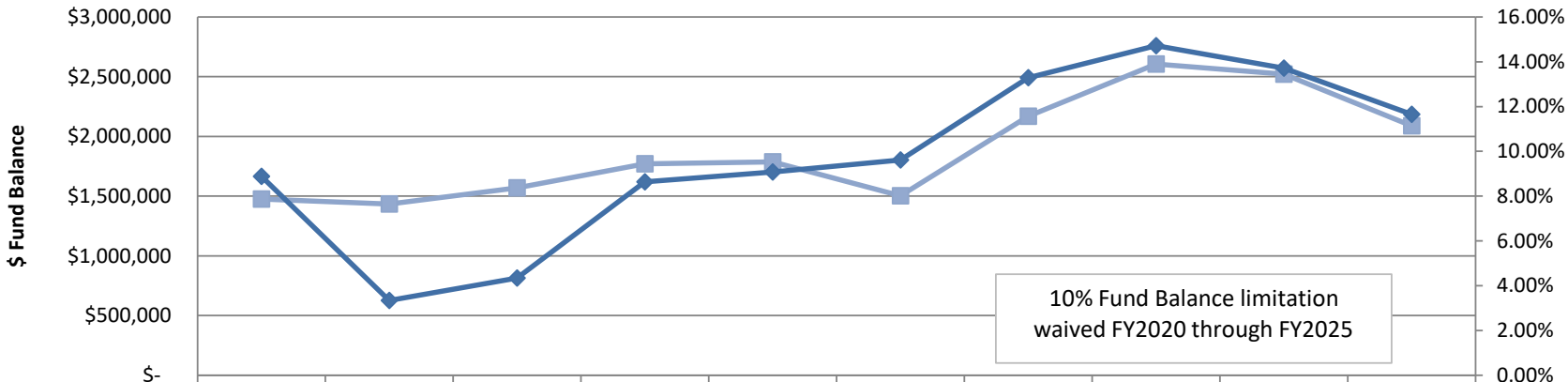
NOME PUBLIC SCHOOLS

Revenue Budget

	FY2022 Actual	FY2023 Original Budget	FY2023 Budget Revision #1	Change
Enrollment Projection	*665.6+14IN* *20.3 corresp*	*665+12IN* *20 corresp*	*693.95+15IN* *27.7 corresp*	*+28.95+3IN* *+7.7 corresp*
FUND 100: General Operating Fund				
City Appropriation	$ 3,000,000	$ 3,150,000	$ 3,150,000	$ -
State of Alaska Foundation	8,858,991	8,519,566	9,013,262	493,696
Other State Revenue (TRS)	805,842	547,292	503,071	(44,221)
Other State Revenue (PERS)	110,375	35,501	28,355	(7,146)
Impact Aid (Federal)	30,807	35,200	35,200	-
E-rate Revenue (Federal)	794,449	1,338,461	1,338,461	-
Other Revenue (Fees/Gate/Rental)	322,297	385,000	385,000	-
Use of (Addition to) Fund Balance	(85,061)	995,112	432,352	(562,760)
Transfer In From CIP	-	240,489 [1]	-	(240,489)
FUND TOTAL	**$ 13,837,700**	**$ 15,246,621**	**$ 14,885,702**	**$ (360,919)**
TOTAL GENERAL FUND REVENUE	**$ 13,837,700**	**$ 15,246,621**	**$ 14,885,702**	**$ (360,919)**

[1] Transfer In approved by Board June 14, 2022; for additional cost of Heating Fuel.

Fund Balance 10 Year History
FY2014 - FY2023 Budgeted



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023 Budgeted
Fund Balance	$1,476,540	$1,433,821	$1,569,398	$1,770,257	$1,787,652	$1,502,197	$2,168,224	$2,605,928	$2,520,867	$2,088,515
Limitation %	8.88%	3.34%	4.34%	8.64%	9.08%	9.61%	13.29%	14.72%	13.72%	11.66%

Fiscal Year

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Projected Total Fund Balance - School Operating Fund (General Fund 100) at June 30, 2023:			$ 2,088,515
Less Exemptions per 4 AAC 09.160(a)			
Inventory (Fuel)			$ 55,000
Prepaid Items (Liab Insurance, other)			$ 300,000
Federal Impact Aid Received			$ 35,200
Fund Balance Subject to 10% Limitation			$ 1,698,315

Nonexempt fund balance as a percentage of current year expenditures:

Fund Balance Subject to Limitation	$ 1,698,315	=	11.66%
Current Year Expenditures (Fxs 100-700)	$ 14,570,702		

Board Policy 3470 allows calculation of fund balance percentage based on Grand Total Fund Balance / Grand Total Expenses (including transfers). Board approval is required to go below 5 percent.

Grand Total Fund Balance	$ 2,088,515	=	14.03%
Grand Total Current Year Expenditures	$ 14,885,702		

NOME PUBLIC SCHOOLS

Expenditure Summary by Function

FY 2023 Budget

Function		FY2022 Actual	FY2023 Original Budget	FY2023 Budget Revision #1	Increase (Decrease)	Percent Increase	Percent of FY 2023 Total
100	Instruction	$ 4,926,049	$ 4,956,528	$ 4,689,506	$ (267,023)	-5.69%	31.50%
200	Special Education Instruction	926,573	1,204,574	1,020,998	(183,576)	-17.98%	6.86%
220	Special Education Support	232,327	264,452	304,902	40,450	13.27%	2.05%
300	Support Services - Student	304,721	171,970	205,760	33,791	16.42%	1.38%
35X	Support Services - Instruction	1,624,213	2,310,375	2,381,628	71,252	2.99%	16.00%
400	School Administration	785,782	733,641	696,334	(37,307)	-5.36%	4.68%
	Sub Total Instruction	$ 8,799,665	$ 9,641,541	$ 9,299,128	$ (342,412)	-3.68%	62.47%
450	School Administration Support	$ 363,956	$ 383,305	$ 321,173	$ (62,132)	-19.35%	2.16%
510	District Administration	271,856	279,821	279,773	(48)	-0.02%	1.88%
511	School Board	30,388	38,552	47,312	8,760	18.52%	0.32%
55X	District Administration Support	738,347	848,872	784,215	(64,657)	-8.24%	5.27%
600	Maintenance & Operations	2,929,698	3,434,254	3,532,549	98,295	2.78%	23.73%
700	Student Activities	352,068	305,276	306,552	1,276	0.42%	2.06%
	Sub Total Admin/O&M	$ 4,686,313	$ 5,290,080	$ 5,271,574	$ (18,506)	-0.35%	35.41%
	Sub Total Inst/Admin/O&M	**$ 13,485,978**	**$ 14,931,621**	**$ 14,570,702**	**$ (360,918)**	-2.48%	97.88%
900	Transfers						
900..552	Transfers to Food Service	$ 75,000	$ 75,000	$ 75,000	$ -	0.00%	0.50%
900..553	Transfers to Pupil Transportation	40,000	40,000	40,000	-	0.00%	0.27%
900..554	Transfers to CIP	400,000	200,000	200,000	-	0.00%	1.34%
900…555	Transfers to Apartment Fund	-	-	-	-	0.00%	0.00%
	Sub Total Transfers	**$ 515,000**	**$ 315,000**	**$ 315,000**	**$ -**	0.00%	2.12%
	Total General Fund	**$ 14,000,978**	**$ 15,246,621**	**$ 14,885,702**	**$ (360,918)**	-2.42%	100.00%

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NOME ELEMENTARY

FY 2023 Budget

Location 300

		FY2023 Original Budget	FY2023 Budget Revision #1	$ Change	% Change
Fund 100:	**School Operating**				
Function: 100	Regular Instruction	$ 2,376,478	$ 1,962,728	$ (413,750)	-17.41%
120	Bilingual/Bicultural	-	154,827	154,827	
200	Special Education	480,777	426,592	(54,186)	(0)
300	Support Services - Students	-	250	250	
350	Support Services - Instruction	500	500	-	-
351	Improvement of Instr. Svsc.-Tech	2,600	2,635	35	0
352	Support Services - Library	76,693	79,276	2,583	0
354	Staff Inservice	-	1,500	1,500	
400	School Administration	289,479	292,758	3,279	0
450	School Administration Support	145,527	136,081	(9,446)	(0)
600	Operations & Maintenance	482,825	484,825	2,000	0
	Fund Total	**3,854,880**	**3,541,972**	**(312,908)**	**-8.12%**
	TOTAL	**$ 3,854,880**	**$ 3,541,972**	**$ (312,908)**	**-8.12%**
	# Students (PreK-5)	309.7	338.0	28.3	9.14%
	# Teachers	22.3	18.0	(4.3)	-19.25%
	# Classified	7.0	7.5	0.5	7.14%
	# Administrators	2.0	2.0	0.0	0.00%
	Pupil / Teacher Ratio	13.9	18.8	4.9	35.16%
	Average Per Pupil Expenditure	$ 12,124	$ 10,479	$ (1,645)	-13.57%

NOME PUBLIC SCHOOLS

FY 2023 Budget

Location 300 Nome Elementary

Elementary Account Code		Description	Comments	FY2023 Original Budget	FY2023 Budget Revision #1	Change
Regular Instruction						
100.300.100	315	Cert-Teacher	16.00 FTE	$ 1,490,935	$ 1,199,023	$ (291,912)
100.300.100	316	Extra Duty		-	1,000	1,000
100.300.100	323	NonCert-Aides	1.00 FTE	38,551	36,217	(2,334)
100.300.100	329	Substitute and Temporary	171 cert teacher sub days	44,460	44,460	-
100.300.100	361	Health/Life Insurance		275,200	232,772	(42,428)
100.300.100	362	Unemployment Insurance		3,148	2,561	(586)
100.300.100	363	Worker's Comp		15,739	12,807	(2,932)
100.300.100	364	FICA		27,969	23,634	(4,335)
100.300.100	365	TRS		187,261	150,723	(36,539)
100.300.100	366	PERS		8,481	7,968	(514)
100.300.100	369	Other Benefits		2,100	2,100	-
100.300.100	376	TRS On Behalf		179,807	144,602	(35,205)
100.300.100	377	PERS On Behalf		1,109	1,010	(99)
100.300.100	390	Transportation Allowance	$400 per Cert Teacher Plus Travel Relocation	14,717	13,400	(1,317)
100.300.100	433	Telecommunications	Postage (Meter Rental; copier maintenance;	2,000	2,000	-
100.300.100	440	Other Purchased S	Cognia)	5,000	7,250	2,250
100.300.100	450	Supplies/Material/Media		50,000	51,200	1,200
100.300.100	471	Textbooks	ATRT, MAP, DIBELS, Digital Lessons, Safari	20,000	20,000	-
100.300.100	475	Supplies - Tech Re	Montage	9,000	9,000	-
100.300.100	490	Other Expenses		1,000	1,000	-
Total	**100**	**Regular Instruction**		**2,376,478**	**1,962,728**	**(413,750)**
Bilingual/Bicultural						
100.300.120	315	Cert-Teacher	2.29 FTE	-	110,687	110,687
100.300.120	329	Substitutes/Temporary	10 cert teacher sub days	-	2,500	2,500
100.300.120	361	Health/Life Insurance		-	3,502	3,502
100.300.120	362	Unemployment Insurance		-	226	226
100.300.120	363	Worker's Compensation		-	1,132	1,132
100.300.120	364	FICA		-	1,796	1,796
100.300.120	365	TRS		-	13,902	13,902
100.300.120	376	TRS On Behalf		-	13,349	13,349
100.300.120	369	Other Benefits		-	200	200
100.300.120	390	Travel Allowance	$400 per Cert Teacher & Relocation Reimb	-	917	917
100.300.120	450	Supplies/Material/Media		-	6,365	6,365
100.300.120	491	Dues & Fees		-	250	250
Total	**120**	**Bilingual/Bicultural**		**-**	**154,827**	**154,827**

Elementary Account Code		Description	Comments	FY2023 Original Budget	FY2023 Budget Revision #1	Change
Special Education						
100.300.200	315	Cert-Teacher	2.00 FTE	220,472	155,682	(64,790)
100.300.200	316	Extra Duty		-	16,000	16,000
100.300.200	323	NonCert-Aides	4.00 FTE	104,774	67,660	(37,114)
100.300.200	329	Substitutes/Temporary	96 cert teacher sub days	6,000	25,000	19,000
100.300.200	361	Health/Life Insurance		47,603	35,140	(12,463)
100.300.200	362	Unemployment Insurance		662	529	(133)
100.300.200	363	Worker's Compensation		3,312	2,643	(669)
100.300.200	364	FICA		11,671	9,346	(2,325)
100.300.200	365	TRS		27,691	21,563	(6,128)
100.300.200	366	PERS		23,050	14,885	(8,165)
100.300.200	376	TRS On Behalf		26,589	20,785	(5,804)
100.300.200	377	PERS On Behalf		2,923	1,888	(1,035)
100.300.200	369	Other Benefits		480	320	(160)
100.300.200	390	Travel Allowance	$400 per Cert Teacher & Relocation Reimb	4,700	7,800	3,100
100.300.200	410	Professional & Technical	PT/OT/Speech that is over and beyond what grant can carry	-	36,500	36,500
100.300.200	450	Supplies/Material/Media		700	10,700	10,000
100.300.200	491	Dues & Fees		150	150	-
Total	**200**	**Special Education**		**480,777**	**426,592**	**(54,186)**
Support Services - Students						
100.300.300	322	Non Cert - Specialist	0.00 FTE	-	-	-
100.300.300	329	Substitutes/Temporary	0.00 classified sub days	-	-	-
100.300.300	361	Health/Life Insurance		-	-	-
100.300.300	362	Unemployment Insurance		-	-	-
100.300.300	363	Worker's Compensation	1 FTE Cert Counselor Funded from Title IC Grant; 1 FTE Class Behavior Specialist funded by ESSER2 Grant	-	-	-
100.300.300	364	FICA		-	-	-
100.300.300	366	PERS		-	-	-
100.300.300	377	PERS On Behalf		-	-	-
100.300.300	369	Other Benefits		-	-	-
100.300.300	450	Supplies/Material/Media		-	250	250
Total	**300**	**Support Services - Students**		**-**	**250**	**250**
Support Services - Instruction						
100.300.350	420	Staff Travel		500	500	-
Total	**350**	**Support Services - Instruction**		**500**	**500**	**-**
Improvement of Instructional Services - Technology						
100.300.351	475	Software License	Learning A-Z, Starfall, Math	2,600	2,635	35
Total	**351**	**Improvement of Instructional Services - Tech**		**2,600**	**2,635**	**35**
Library Services						
100.300.352	323	NonCert-Aides	0.50 FTE	39,079	40,138	1,059
100.300.352	361	Health/Life Insurance		20,899	22,659	1,760
100.300.352	362	Unemployment Insurance		78	80	2
100.300.352	363	Worker's Compensation		391	401	11
100.300.352	364	FICA		2,990	3,071	81
100.300.352	366	PERS		8,597	8,830	233
100.300.352	377	PERS On Behalf		1,160	597	(563)
100.300.352	450	Supplies/Material/Media		2,500	2,500	-
100.300.352	475	Tech Supplies - Software Licenses		1,000	1,000	-
Total	**352**	**Support Service - Instruction - Library**		**76,693**	**79,276**	**2,583**

Elementary Account Code		Description	Comments	FY2023 Original Budget	FY2023 Budget Revision #1	Change
Staff Inservice						
100.300.354	450	Supplies/Material/Media		-	1,500	1,500
Total	**354**	**Staff Inservice**		**-**	**1,500**	**1,500**
School Administration						
100.300.400	313	Principal	2.00 FTE	203,646	203,646	-
100.300.400	361	Health/Life Insurance	Positions: 1 Principal & 1	20,999	24,278	3,279
100.300.400	362	Unemployment Insurance	Assistant Principal	407	407	-
100.300.400	363	Worker's Compensation		2,036	2,036	-
100.300.400	364	FICA		2,953	2,953	-
100.300.400	365	TRS		25,578	25,578	-
100.300.400	376	TRS On Behalf		24,560	24,560	-
100.300.400	390	Travel Allowance		3,000	3,000	-
100.300.400	420	Staff Travel		-	-	-
100.300.400	433	Communications		-	-	-
100.300.400	440	Other Purchased Services	Nome Nugget 'Back to School' Advertisement	2,000	2,000	-
100.300.400	450	Supplies/Materials/Media		1,000	1,000	-
100.300.400	490	Other Expenses		2,000	2,000	-
100.300.400	491	Dues & Fees	NAESP Membership x 2	1,300	1,300	-
Total	**400**	**School Administration**		**289,479**	**292,758**	**3,279**
School Administration Support						
100.300.450	324	NonCert-Support	2.00 FTE	79,024	67,014	(12,010)
100.300.450	361	Health/Life Insurance	Positions: Secretary and	38,355	44,959	6,604
100.300.450	362	Unemployment Insurance	Registrar	158	134	(24)
100.300.450	363	Worker's Compensation		790	670	(120)
100.300.450	364	FICA		6,045	5,127	(919)
100.300.450	366	PERS		17,385	14,743	(2,642)
100.300.450	377	PERS On Behalf		2,205	1,870	(335)
100.300.450	440	Other Purchased Services		1,215	1,215	-
100.300.450	450	Supplies/Materials/Media		350	350	-
Total	**450**	**School Administration Support**		**145,527**	**136,081**	**(9,446)**
Operations & Maintenance						
100.300.600	431	Water & Sewer	3% increase over FY22 budgeted	17,510	17,510	-
100.300.600	432	Garbage	3% increase over FY22 budgeted	9,270	9,270	-
100.300.600	435	Fuel-Heating	Increase for drayage	300,000	302,000	2,000
100.300.600	436	Electricity	3% increase over FY22 budgeted	156,045	156,045	-
Total	**600**	**Maintenance & Operations**		**482,825**	**484,825**	**2,000**
Total	**100**	**School Operating Fund**		**$ 3,854,880**	**$ 3,541,972**	**$ (312,908)**
Total	**300**	**Nome Elementary**		**$ 3,854,880**	**$ 3,541,972**	**$ (312,908)**

ANVIL CITY SCIENCE ACADEMY

FY 2023 Budget

Location 025

		FY2023 Original Budget	FY2023 Budget Revision #1	$ Change
Fund 100:	**School Operating**			
Function: 100	Regular Instruction	$ 473,945	$ 478,896	$ 4,951
160	Vocational Education	500	500	-
200	Special Education Instruction	62,797	63,949	1,152
351	Improvement of Instr. Svc.-Tech	470	470	-
400	School Administration	160,540	168,969	8,429
450	School Administration Support	41,045	41,316	271
700	Student Activities	2,000	3,276	1,276
	Fund Total	**741,297**	**757,376**	**16,079**
	TOTAL	**$ 741,297**	**$ 757,376**	**$ 16,079**
	# Students (6-8)	60.00	59.50	(0.50)
	# Teachers	3.50	3.50	0.00
	# Classified	1.50	1.50	0.00
	# Administrators	1.00	1.00	0.00
	Pupil / Teacher Ratio	17.14	17.00	(0.14)
	Average Per Pupil Expenditure	$ 12,355	$ 12,729	$ 374.01

NOME PUBLIC SCHOOLS

FY 2023 Budget

Location 025 Anvil City Science Academy

Anvil City Science Academy Account Code	Description	Comments	FY2023 Original Budget	FY2023 Budget Revision #1	$ Change
Regular Instruction					
100.025.100 315	Cert-Teacher	3.50 FTE	$ 262,398	$ 269,129	$ 6,731
100.025.100 323	Teacher Aide		-	-	-
100.025.100 329	Substitute/Temporary	27.69 cert teacher sub days	7,200	7,200	-
100.025.100 361	Health/Life Insurance		82,315	76,449	(5,866)
100.025.100 362	Unemployment Insurance		539	553	13
100.025.100 363	Worker's Compensation		2,696	2,763	67
100.025.100 364	FICA		4,356	4,453	98
100.025.100 365	TRS		32,957	33,803	845
100.025.100 366	PERS		-	-	-
100.025.100 376	TRS On Behalf		31,645	32,457	812
100.025.100 377	PERS On-Behalf		-	-	-
100.025.100 369	Other Benefits		200	200	-
100.025.100 390	Transportation Allowance	(Up to $400 per teacher)	1,600	1,600	-
100.025.100 420	Staff Travel		3,000	3,000	-
100.025.100 433	Communications		1,000	1,000	-
100.025.100 440	Other Purchased S\	(Meter Rental; copier maintenance; Cognia)	2,700	4,950	2,250
100.025.100 450	Supplies/Material/Media		35,000	34,000	(1,000)
100.025.100 471	Textbooks		-	1,000	1,000
100.025.100 475	Supplies - Tech Related	Software License	6,340	6,340	-
100.025.100 510	Equipment		-	-	-
Total 100	**Regular Instruction**		**473,945**	**478,896**	**4,951**
Vocational Education					
100.025.160 450	Supplies/Material/Media	Voc Ed supplies & Artists in Schools	500	500	-
Total 160	**Vocational Education**		**500**	**500**	**-**
Special Education Instruction					
100.025.200 315	Cert-Teacher	0.00 FTE	-	-	-
100.025.200 324	Paraprofessional	1.00 FTE	36,581	37,571	990
100.025.200 329	Substitute/Temporary	6 cert sub days	1,040	1,040	-
100.025.200 361	Health/Life Insurance		11,851	11,680	(171)
100.025.200 362	Unemployment Insurance		75	77	2
100.025.200 363	Worker's Compensation		376	386	10
100.025.200 364	FICA		3,838	3,914	76
100.025.200 365	TRS		-	-	-
100.025.200 366	PERS		8,048	8,266	218
100.025.200 376	TRS On-Behalf		-	-	-
100.025.200 377	PERS On-Behalf		987	1,015	27
Total 200	**Special Education Instruction**		**62,797**	**63,949**	**1,152**

Anvil City Science Academy Account Code	Description	Comments	FY2023 Original Budget	FY2023 Budget Revision #1	$ Change
Improvement of Instructional Services - Technology					
100.025.351 491	Dues & Fees		470	470	-
Total 351	**Improvement of Instructional Srvcs - Tech**		**470**	**470**	**-**
School Administration					
100.025.400. 313	Principal	1.00 FTE	116,072	116,072	-
100.025.400. 316	Extra Duty Pay	curriculum development/planning	-	6,600	6,600
100.025.400. 361	Health/Life Insurance		11,851	11,680	(171)
100.025.400. 362	Unemployment Insurance		232	232	-
100.025.400. 363	Worker's Compensation		1,161	1,161	-
100.025.400. 364	FICA		1,683	1,683	-
100.025.400. 365	TRS		14,579	14,579	-
100.025.400. 376	TRS On Behalf		13,998	13,998	-
100.025.400. 420	Staff Travel		-	-	-
100.025.400. 440	Other Purchased Services		350	350	-
100.025.400. 475	Supplies - Technology Related		-	-	-
100.025.400. 490	Other Expenses		-	2,000	2,000
100.025.400. 491	Dues & Fees	NAESP Membership	614	614	-
Total 400	**School Administration**		**160,540**	**168,969**	**8,429**
School Administration Support					
100.025.450. 324	Non-Cert Support Staff	0.50 FTE	21,845	21,802	(43)
100.025.450. 361	Health/Life Insurance		11,851	11,680	(171)
100.025.450. 362	Unemployment Insurance		44	44	(0)
100.025.450. 363	Worker's Compensation		218	218	-
100.025.450. 364	FICA		1,671	1,668	(4)
100.025.450. 366	PERS		4,806	4,796	(10)
100.025.450. 377	PERS On Behalf		609	608	(1)
100.025.450. 450	Supplies/Materials/Media		-	500	500
Total 450	**School Administration Support**		**41,045**	**41,316**	**271**
Student Activities					
100.025.700. 316	Extra Duty Pay		-	1,000	1,000
100.025.700. 360	Benefits		-	155	155
100.025.700. 376	TRS On-Behalf		-	121	121
100.025.700. 420	Staff Travel	DC Trip Chaperone	2,000	2,000	-
Total 700	**Student Activities**		**2,000**	**3,276**	**1,276**
Total 100	**School Operating Fund**		**741,297**	**757,376**	**16,079**
Total 025	**Anvil City Science Academy**		**$ 741,297**	**$ 757,376**	**$ 16,079**

Watercolor by Dorothy Callahan, Grade 11

NOME-BELTZ MIDDLE HIGH SCHOOL

FY 2023 Budget

Location 010

		FY2023 Original Budget	FY2023 Budget Revision #1	Change	% Change
Fund 100:	**School Operating**				
Function: 100	Regular Instruction	$ 1,903,516	$ 1,825,886	$ (77,631)	-4.08%
120	Bilingual/Bicultural	-	21,473	21,473	
160	Career Tech Instruction	97,650	133,176	35,525	36.38%
200	Special Education	660,999	530,457	(130,543)	-19.75%
300	Support Services - Students	171,970	205,510	33,541	19.50%
352	Library Services	66,877	68,656	1,779	2.66%
354	Staff Inservice	-	1,500	1,500	
400	School Administration	283,622	234,607	(49,015)	-17.28%
450	School Administration Support	196,733	143,776	(52,956)	-26.92%
600	Operations & Maintenance	1,190,265	1,195,265	5,000	0.42%
700	Student Activities	303,276	303,276	-	0.00%
	Fund Total	**4,874,908**	**4,663,581**	**(211,327)**	**-4.33%**
	TOTAL	**$ 4,874,908**	**$ 4,663,581**	**$ (211,327)**	**-4.33%**
	# Students (6-12)	295.5	296.5	0.9	0.32%
	# Teachers	24.1	23.6	(0.5)	-1.99%
	# Classified	8.5	6.0	(2.5)	-29.41%
	# Administrators	2.0	1.8	(0.3)	-12.50%
	Pupil / Teacher Ratio	12.2	12.6	0.4	2.88%
	Average Per Pupil Expenditure	$ 16,024.43	$ 15,731.43	$ (293.00)	-1.83%

NOME PUBLIC SCHOOLS

FY 2023 Budget

Location 010 Nome-Beltz Middle High School

Middle/High School Account Code		Description	Comments	FY2023 Original Budget	FY2023 Budget Revision #1	Change
Regular Instruction						
100.010.100.	315	Cert-Teacher	17.62 FTE	$ 1,177,428	$ 1,163,067	$ (14,360)
100.010.100.	316	Cert-Extra Duty		-	7,550	7,550
100.010.100.	329	Substitute and Temporary	285 teacher sub days	34,000	42,704	8,704
100.010.100.	361	Health/Life Insurance		219,147	135,380	(83,767)
100.010.100.	362	Unemployment Insurance		2,423	2,427	4
100.010.100.	363	Worker's Compensation		12,114	12,133	19
100.010.100.	364	FICA		19,674	20,131	458
100.010.100.	365	TRS		147,885	147,030	(855)
100.010.100.	369	Other Benefits		900	900	-
100.010.100.	376	TRS On Behalf		141,998	140,266	(1,732)
100.010.100.	390	Travel Allowance	$400 per Teacher; Includes Travel Relocation	21,248	21,048	(200)
100.010.100.	410	Professional & Tec		-	-	-
100.010.100.	420	Staff Travel		-	-	-
100.010.100.	433	Telecommunications		1,200	1,200	-
100.010.100.	440	Other Purchased S	(Meter Rental; copier maintenance contract; Cognia)	18,000	20,250	2,250
100.010.100.	450	Supplies/Material/Media		40,000	44,300	4,300
100.010.100.	471	Textbooks		20,000	20,000	-
100.010.100.	475	Supplies - Tech Re	$8,500 Apex (eLearning) & $8,300 (Read 180)	26,000	26,000	-
100.010.100.	480	Tuition & Stipends	Dual-Credit Courses through UAF NW Campus	18,000	18,000	-
100.010.100.	490	Other Expenses	EOY activities (i.e. bowling alley rental, pool rental)	3,000	3,000	-
100.010.100.	491	Dues & Fees		500	500	-
100.010.100.	510	Equipment		-	-	-
Total	**100**	**Regular Instruction**		**1,903,516**	**1,825,886**	**(77,631)**
Bilingual/Bicultural						
100.010.120.	315	Cert-Teacher	0.12 FTE	-	14,969	14,969
100.010.120.	329	Substitute/Temporary	2.5 teacher sub days	-	375	375
100.010.120.	361	Health/Life Insurance		-	2,719	2,719
100.010.120.	362	Unemployment Insurance		-	31	31
100.010.120.	363	Worker's Compensation		-	153	153
100.010.120.	364	FICA		-	246	246
100.010.120.	365	TRS		-	1,880	1,880
100.010.120.	376	TRS On Behalf		-	766	766
100.010.120.	390	Travel Allowance		-	48	48
100.010.120.	450	Supplies/Material/Media		-	265	265

Middle/High School Account Code		Description	Comments	FY2023 Original Budget	FY2023 Budget Revision #1	Change
100.010.120.	490	Other Expenses		-	20	20
Total	**120**	**Bilingual/Bicultural**		**-**	**21,473**	**21,473**
Career and Technical						
100.010.160.	315	Cert-Teacher	1.00 FTE	69,378	69,378	-
100.010.160.	329	Substitute/Temporary	Positions: 1 Career & Tech Teacher	4,000	4,000	-
100.010.160.	361	Health/Life Insurance		99	35,624	35,525
100.010.160.	362	Unemployment Insurance		147	147	-
100.010.160.	363	Worker's Compensation		734	734	-
100.010.160.	364	FICA		1,312	1,312	-
100.010.160.	365	TRS		8,714	8,714	-
100.010.160.	376	TRS On Behalf		8,367	8,367	-
100.010.160.	390	Travel Allowance		400	400	-
100.010.160.	450	Supplies/Material/Media		4,500	4,500	-
100.010.160.	490	Other Expenses		-	-	-
Total	**160**	**Career and Technical**		**97,650**	**133,176**	**35,525**
Special Education						
100.010.200.	315	Cert-Teacher	3.00 FTE	193,441	203,511	10,070
100.010.200.	316	Extra Duty Pay		-	-	-
100.010.200.	323	NonCert-Aides	3.00 FTE	210,780	117,463	(93,317)
100.010.200.	329	Substitute/Temporary	Positions: 3 Sped Teachers, 5.5 Sped Para's	8,000	8,000	-
100.010.200.	361	Health/Life Insurance		115,513	70,264	(45,249)
100.010.200.	362	Unemployment Insurance		824	658	(166)
100.010.200.	363	Worker's Compensation		4,122	3,290	(832)
100.010.200.	364	FICA		19,542	12,549	(6,993)
100.010.200.	365	TRS		24,296	25,561	1,265
100.010.200.	366	PERS		46,372	25,842	(20,530)
100.010.200.	369	Other Benefits		600	600	(0)
100.010.200.	376	TRS On Behalf		23,329	24,543	1,214
100.010.200.	377	PERS On Behalf		5,680	3,177	(2,503)
100.010.200.	390	Travel Allowance	$400 per Teacher & Relocation Reimb	6,450	6,450	-
100.010.200.	410	Professional & Technical		-	16,500	16,500
100.010.200.	420	Staff Travel	Mileage reimb	400	400	-
100.010.200.	450	Supplies/Material/Media		1,500	11,500	10,000
100.010.200.	491	Dues & Fees		150	150	-
Total	**200**	**Special Education**		**660,999**	**530,457**	**(130,543)**
Support Services - Students						
100.010.300.	318	Cert-Specialist (Counselor)	2.00 FTE	133,366	120,587	(12,779)
100.010.300.	322	NonCert-Specialist	0.00 FTE	-	-	-
100.010.300.	329	Substitute/Temporary		-	-	-
100.010.300.	361	Health/Life Insurance		-	47,304	47,304
100.010.300.	362	Unemployment Insurance		267	241	(26)
100.010.300.	363	Worker's Compensation		1,334	1,206	(128)
100.010.300.	364	FICA		1,934	1,749	(185)
100.010.300.	365	TRS		16,751	15,146	(1,605)

Middle/High School Account Code		Description	Comments	FY2023 Original Budget	FY2023 Budget Revision #1	Change
100.010.300.	366	PERS		-	-	-
100.010.300.	376	TRS On Behalf		16,084	14,543	(1,541)
100.010.300.	377	PERS On Behalf		-	-	-
100.010.300.	390	Travel Allowance	$400 per Teacher	800	800	-
100.010.300.	440	Other Purchased Services	copier usage	10	10	-
100.010.300.	450	Supplies/Materials/Media		1,000	3,500	2,500
100.010.300.	490	Other Expenses	Nat'l Clearinghouse - student tracker	425	425	-
Total	**300**	**Support Services - Students**		**171,970**	**205,510**	**33,541**
Library Services						
100.010.352.	323	NonCert-Aides	1.00 FTE	36,581	37,571	990
100.010.352.	329	Substitute/Temporary	10.00 sub days	1,602	1,602	-
100.010.352.	361	Health/Life Insurance		11,225	11,680	455
100.010.352.	362	Unemployment Insurance		76	78	2
100.010.352.	363	Worker's Compensation		382	392	10
100.010.352.	364	FICA		2,921	2,997	76
100.010.352.	366	PERS		8,048	8,266	218
100.010.352.	377	PERS On Behalf		987	1,015	28
100.010.352.	440	Other Purchased Services		55	55	-
100.010.352.	450	Supplies/Material/Media		4,500	4,500	-
100.010.352.	475	Software License	Companion Corporation Subscription	500	500	-
Total	**352**	**Support Services - Instruction - Library**		**66,877**	**68,656**	**1,779**
Staff Inservice						
100.010.354.	450	Supplies/Material/Media		-	1,500	1,500
Total	**354**	**Staff Inservice**		**-**	**1,500**	**1,500**
School Administration						
100.010.400.	313	Principal	1.75 FTE	196,754	150,089	(46,665)
100.010.400.	321	Director/Coord/Manager		-	10,151	10,151
100.010.400.	361	Health/Life Insurance		22,449	20,440	(2,009)
100.010.400.	362	Unemployment Insurance		394	300	(93)
100.010.400.	363	Worker's Compensation		1,968	1,501	(467)
100.010.400.	364	FICA		2,853	2,176	(677)
100.010.400.	365	TRS		24,712	18,851	(5,861)
100.010.400.	366	PERS		-	2,234	2,234
100.010.400.	367	TRS On Behalf		23,729	18,101	(5,628)
100.010.400.	390	Relocation Reimbursement		3,000	3,000	-
100.010.400.	420	Staff Travel		-	-	-
100.010.400.	440	Other Purchased Services	Nome Nugget 'Back to School' Advertisement	1,537	1,537	-
100.010.400.	450	Supplies/Materials/Media		3,000	3,000	-
100.010.400.	475	Supplies - Technology Related		-	-	-
100.010.400.	490	Other Expenses		2,000	2,000	-
100.010.400.	491	Dues & Fees	NASSP Registration x 2	1,227	1,227	-
Total	**400**	**School Administration**		**283,622**	**234,607**	**(49,015)**
School Administration Support						
100.010.450.	324	NonCert-Support	2.00 FTE	99,991	77,735	(22,256)
100.010.450.	329	Substitutes/Temporary		500	500	-
100.010.450.	361	Health/Life Insurance		58,937	35,724	(23,213)
100.010.450.	362	Unemployment Insurance		201	156	(45)

Middle/High School Account Code		Description	Comments	FY2023 Original Budget	FY2023 Budget Revision #1	Change
100.010.450.	363	Worker's Compensation		1,005	782	(223)
100.010.450.	364	FICA		7,688	5,985	(1,703)
100.010.450.	366	PERS		21,998	17,102	(4,896)
100.010.450.	377	PERS On Behalf		2,723	2,102	(621)
100.010.450.	433	Telecommunications		2,100	2,100	-
100.010.450.	440	Other Purchased Services		90	90	-
100.010.450.	450	Supplies/Materials/Media		1,500	1,500	-
Total	**450**	**School Administration Support**		**196,733**	**143,776**	**(52,956)**
Operations & Maintenance						
100.010.600.	431	Water & Sewer	3% increase over FY22 budgeted	27,810	27,810	-
100.010.600.	432	Garbage	3% increase over FY22 budgeted	23,690	23,690	-
100.010.600.	435	Fuel-Heating	Increase for drayage	740,489	745,489	5,000
100.010.600.	436	Electricity	3% increase over FY22 budgeted	390,113	390,113	-
100.010.600.	440	Other Purchased Services		-	-	-
100.010.600.	452	General Maintenance Supplies		500	500	-
100.010.600.	458	Gas & Oil	3% increase over FY22 budgeted	7,663	7,663	-
100.010.600.	490	Other Expenses		-	-	-
Total	**600**	**Maintenance & Operations**		**1,190,265**	**1,195,265**	**5,000**
Student Activity						
100.010.700.	316	Extra Duty Pay	Coaches and Club Advisors	86,940	86,940	-
100.010.700.	329	Substitutes and Temporary	Referees	16,000	16,000	-
100.010.700.	360	Benefits: (SS, Med, ESC, WC, TRS-PERS)		12,790	12,790	-
100.010.700.	367	TRS On Behalf		14,206	14,206	-
100.010.700.	368	PERS On Behalf		-	-	-
100.010.700.	410	Professional & Technical	Referee Association	8,000	8,000	-
100.010.700.	420	Staff Travel		5,190	5,190	-
100.010.700.	425	Student Travel	Student groups to pickup remainder of travel costs	120,000	120,000	-
100.010.700.	440	Other Purchased Services	NMS Athletic Meals Outside of regular meal	20,000	20,000	-
100.010.700.	450	Supplies	Balls, nets, jerseys, bibs, flags, whistles, mats, etc.	13,550	13,550	-
100.010.700.	458	Gas & Oil		600	600	-
100.010.700.	490	Other Expenses, Dues & Fee	ASAA Due	6,000	6,000	-
Total	**700**	**Student Activity**		**303,276**	**303,276**	**-**
Total	**100**	**School Operating Fund**		**4,874,908**	**4,663,581**	**(211,327)**
Total	**010**	**Middle/High School**		**$ 4,874,908**	**$ 4,663,581**	**$ (211,327)**

DISTRICT WIDE

FY 2023 Budget

Location 500

			FY2023 Original Budget	FY2023 Budget Revision #1	$ Change
Fund 100:		**School Operating**			
Location	500	District-Wide			
Function	100	Regular Instruction - Extension	$ 104,438	$ 112,021	$ 7,583
Function	220	Special Education - Support Services	264,452	304,902	40,450
Function	350	Support Services - Instruction	70,880	68,854	(2,025)
Function	351	Support Services -Technology	2,088,856	2,149,736	60,880
Function	354	In-service Training	3,500	8,500	5,000
Function	510	Office of Superintendent	279,821	279,773	(48)
Function	511	Board of Education	38,552	47,312	8,760
Function	550	District Admin Support Services	642,996	584,197	(58,799)
Function	553	Human Resources	205,876	200,018	(5,858)
Function	600	Operations & Maintenance	1,761,164	1,852,459	91,295
Function	900	Other Financing Uses	315,000	315,000	-
		Fund Total	**$ 5,775,535**	**$ 5,922,773**	**$ 147,238**
		TOTAL	**$ 5,775,535**	**$ 5,922,773**	**$ 147,238**

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NOME PUBLIC SCHOOLS

FY 2023 Budget

Location 500 - Districtwide

Districtwide Dept. Account Code		Description			Comments	FY2023 Original Budget	FY2023 Budget Revision #1	$ Change
Regular Instruction - Extensions								
100.500.140..	315	Cert Teacher	0.50	FTE	Teacher on Assignment	37,942	43,310	5,368
100.500.140..	361	Health/Life Insurance				100	50	(50)
100.500.140..	362	Unemployment Insurance				76	87	11
100.500.140..	363	Worker's Compensation				379	433	54
100.500.140..	364	FICA				550	628	78
100.500.140..	365	TRS				4,765	5,440	674
100.500.140..	376	TRS On Behalf				4,576	5,223	647
100.500.140..	390	Relocation Reimbursement				-	200	200
100.500.140..	433	Communications	Postage			1,200	1,200	-
100.500.140..	440	Other Purchased Services	Cognia Advanced Ed Accreditation Svc			1,650	2,250	600
100.500.140..	450	Supplies/Material/Media	Contains $2300 allotment x 20 students; $6,000 addtl			52,000	52,000	-
100.500.140..	475	Supplies - Tech Related	MAP License Renewal			1,200	1,200	-
Total	**140**	**Regular Instruction - Extensions**				**104,438**	**112,021**	**7,583**
Special Education Instruction - Support Srvs								
100.500.220..	314	Cert - Director/Coordinator	1.00	FTE		113,303	138,303	25,000
100.500.220..	316	Extra Duty	Trainer stipend - sped teachers training para's			-	10,000	10,000
100.500.220..	324	Support Staff	1.00	FTE		49,295	43,730	(5,565)
100.500.220..	361	Health/Life Insurance				33,390	34,339	950
100.500.220..	362	Unemployment Insurance				325	384	59
100.500.220..	363	Worker's Compensation				1,626	1,920	294
100.500.220..	364	FICA				5,414	5,351	(63)
100.500.220..	365	TRS				14,231	17,371	3,140
100.500.220..	366	PERS				10,845	9,621	(1,224)
100.500.220..	369	Other Benefits				250	250	(0)
100.500.220..	376	TRS On Behalf				13,664	16,679	3,015
100.500.220..	377	PERS On Behalf				1,409	1,254	(155)
100.500.220.	390	Relocation Reimbursement				3,000	3,000	-
100.500.220..	420	Staff Travel				200	200	-
100.500.220..	440	Other Purchased Services				4,030	4,030	-
100.500.220..	450	Supplies	test forms, curriculum			3,000	8,000	5,000
100.500.220.	475	Supplies - Tech Related				9,970	9,970	-
100.500.220.	491	Dues & Fees				500	500	-
100.500.220.	510	Equipment	Powerschool License & Subscript.			-	-	-
Total	**220**	**Special Education Instruction - Support Srvs**				**264,452**	**304,902**	**40,450**
Support Services-Instruction								
100.500.350..	314	Cert - Director	0.29	FTE		26,968	26,968	-
100.500.350..	316	Extra Duty	DW Professional Development			30,000	30,000	-
100.500.350..	361	Health/Life Insurance	Position: 1 Dir of Fed Programs (71% sal/ben funded by CAP)			1,758	982	(775)
100.500.350..	362	Unemployment Insurance				54	54	-

Districtwide Dept. Account Code		Description	Comments	FY2023 Original Budget	FY2023 Budget Revision #1	$ Change
100.500.350..	363	Worker's Compensation		270	270	-
100.500.350..	364	FICA		391	391	-
100.500.350..	365	TRS		3,387	3,387	-
100.500.350..	376	TRS On Behalf		3,252	3,252	-
100.500.350..	390	Travel Allowance		-	-	-
100.500.350.	420	Staff Travel	District Test Coordinatory training	-	750	750
100.500.350..	440	Other Purchased Services	UAA Alaska Statewide Mentor Project	2,000	-	(2,000)
100.500.350..	450	Supplies/Material/Media		300	300	-
100.500.350.	475	Supplies - Tech Related		500	500	-
100.500.350..	490	Other Expenses		1,500	1,500	-
100.500.350..	491	Dues & Fees		500	500	-
Total	**350**	**Support Services - Instruction**		**70,880**	**68,854**	**(2,025)**
Support Services - Technology						
100.500.351..	318	Cert - Specialist	0.5 FTE	39,186	39,186	-
100.500.351.	321	Non-Cert - Director/Coordin	1.0 FTE	95,474	95,474	-
100.500.351..	322	Non-Cert - Specialist	1.0 FTE	62,558	63,938	1,380
100.500.351..	361	Health/Life Insurance	Positions: 1 Tech Director, 1 Systems	29,628	35,449	5,821
100.500.351..	362	Unemployment Insurance	Administrator & 1 50% Tech Specialist	394	397	3
100.500.351..	363	Worker's Compensation		1,972	1,986	14
100.500.351..	364	FICA		12,658	12,763	106
100.500.351..	365	TRS		4,922	4,922	-
100.500.351..	366	PERS		34,767	35,071	304
100.500.351..	376	TRS On Behalf		4,726	4,726	-
100.500.351..	377	PERS On Behalf		4,443	4,481	38
100.500.351..	390	Relocation Reimbursement		-	-	-
100.500.351..	420	Staff Travel	ASTE	7,900	7,900	-
100.500.351..	433	Communications	Offset by E-Rate Revenue (90% Reimb Internet) 75Mbps increased to 150 Mbps	1,520,779	1,520,779	-
100.500.351..	440	Other Purchased Services		200	200	-
100.500.351..	450	Supplies/Material/Media	Increase due to FY22 Purchases not arriving until FY23	11,150	17,086	5,936
100.500.351..	475	Supplies - Tech Related	School Mgmt & Content Software; Staff & Student Devices; Increase due to FY22 Purchases not arriving until FY23; Powerschool 504 also included here	224,400	271,679	47,279
100.500.351..	491	Dues & Fees		-	-	-
100.500.351.	510	Equipment		33,700	33,700	-
Total	**351**	**Support Services - Technology**		**2,088,856**	**2,149,736**	**60,880**
In-service Training						
100.500.354..	410	Professional Services		2,500	2,500	-
100.500.354..	450	Supplies		1,000	6,000	5,000
Total	**354**	**Staff Inservice**		**3,500**	**8,500**	**5,000**
Office of Superintendent						
100.500.510..	311	Cert-Superintendent	1.00 FTE	138,995	138,995	-
100.500.510..	361	Health/Life Insurance		35,672	35,624	(48)
100.500.510..	362	Unemployment Insurance		278	278	-

Districtwide Dept. Account Code		Description	Comments	FY2023 Original Budget	FY2023 Budget Revision #1	$ Change
100.500.510..	363	Worker's Compensation		1,390	1,390	-
100.500.510..	364	FICA		2,015	2,015	-
100.500.510..	365	TRS		17,458	17,458	-
100.500.510..	376	TRS On Behalf		16,763	16,763	-
100.500.510..	390	Transportation Allowance		-	-	-
100.500.510..	410	Professional & Technical Services		4,000	4,000	-
100.500.510..	414	Legal Services		20,000	20,000	-
100.500.510..	420	Staff Travel		20,000	20,000	-
100.500.510..	450	Supplies/Material/Media		500	500	-
100.500.510..	490	Other		5,750	5,750	-
100.500.510..	491	Dues & Fees	CEERenewal $14K, AK Staff Dev Network, AASA	17,000	17,000	-
Total	**510**	**Office of Superintendent**		**279,821**	**279,773**	**(48)**
Board of Education						
100.500.511..	410	Professional & Technical Ser	AASB Board Development	4,000	4,000	-
100.500.511..	420	Staff Travel	Nov AASB Annual Conf (3); Dec Winter Boardsmanship (2); Feb Leg Fly-In (2)	15,000	15,000	-
100.500.511.	445	Insurance & Bond Premiums		225	225	-
100.500.511..	450	Supplies/Material/Media	Boardbook & supplies	3,500	3,500	-
100.500.511..	490	Other Expenses		800	800	-
100.500.511..	491	Dues & Fees	AASB Annual Dues $10,177; AASB Online $4,850; Facilitated workshops	15,027	23,787	8,760
100.500.511..	510	Equipment		-	-	-
Total	**511**	**Board of Education**		**38,552**	**47,312**	**8,760**
District Admin Support Service						
100.500.550..	324	Non-Cert - Support Staff	2.00 FTE	189,416	120,356	(69,061)
100.500.550..	361	Health/Life Insurance	Positions: 1 AP/Receiving/Purchasing, 1 Admin. Asst	64,374	28,360	(36,014)
100.500.550..	362	Unemployment Insurance		379	241	(138)
100.500.550..	363	Worker's Compensation		1,894	1,204	(690)
100.500.550..	364	FICA		14,490	9,207	(5,283)
100.500.550..	366	PERS	$112,057 salary floor from FY2008 not met	151,671	138,535	(13,136)
100.500.550..	369	Other Benefits		735	735	-
100.500.550..	377	PERS On Behalf		5,285	3,358	(1,927)
100.500.550..	410	Professional & Technical Ser	Black Mtn and Frontline Education Software Support	23,202	25,442	2,240
100.500.550..	412	Auditing & Accounting Svcs	AKEBS (BM & Payroll & AP @ Start of Year) & Annual Audit Services	182,000	257,210	75,210
100.500.550..	420	Staff Travel		1,500	1,500	-
100.500.550..	433	Communications	Postage	1,200	1,200	-
100.500.550..	440	Other Purchased Services	AS400 Hosting/Storage	6,500	6,500	-
100.500.550..	441	Rentals	Pitney Bowes machine	3,000	3,000	-
100.500.550..	445	Insurance - Liability	5% increase over FY22 budgeted	64,050	64,050	-
100.500.550..	450	Supplies/Material/Media		12,000	12,000	-
100.500.550..	475	Supplies - Tech Related		600	600	-
100.500.550..	490	Other Expenses		500	500	-
100.500.550..	491	Dues & Fees		200	200	-
100.500.550..	495	Indirect Recovery	FY21 Actual: -$91,709; FY22 Actual: -$106,590	(80,000)	(90,000)	(10,000)
Total	**550**	**District Admin Support Service**		**642,996**	**584,197**	**(58,799)**

Districtwide Dept. Account Code		Description	Comments	FY2023 Original Budget	FY2023 Budget Revision #1	$ Change
Human Resources						
100.500.553.. 321		Non-Cert - Director	1.00 FTE	100,497	100,497	-
100.500.553.. 361		Health/Life Insurance		21,538	11,680	(9,858)
100.500.553.. 362		Unemployment Insurance		201	201	-
100.500.553.. 363		Worker's Compensation		1,005	1,005	-
100.500.553.. 364		FICA		7,688	7,688	-
100.500.553.. 366		PERS		22,109	22,109	-
100.500.553.. 377		PERS On Behalf		2,837	2,837	-
100.500.553. 410		Professional & Technical Ser	Digital Insurance Services	22,800	22,800	-
100.500.553.. 420		Staff Travel	2-4 Job Fairs, DEED Training	12,000	12,000	-
100.500.553.. 440		Other Purchased Services	Background Checks	2,000	3,500	1,500
100.500.553.. 450		Supplies/Material/Media		5,000	5,000	-
100.500.553.. 475		Supplies-Technology Related		-	2,500	2,500
100.500.553.. 490		Other Expenses	Job Fair Registration Fees	2,000	2,000	-
100.500.553.. 491		Dues & Fees	ATP; RISQ EaseCentral	6,200	6,200	-
Total	**553**	**Human Resources**		**205,876**	**200,018**	**(5,858)**
Operations & Maintenance						
100.500.600.. 325		NonCert-Maint/Custodial	2.00 FTE	122,707	122,707	-
100.500.600.. 329		Substitutes	Temp workers	2,500	25,000	22,500
100.500.600.. 361		Health/Life Insurance		33,009	34,339	1,330
100.500.600.. 362		Unemployment Insurance		250	295	45
100.500.600.. 363		Worker's Compensation		1,252	1,477	225
100.500.600.. 364		FICA		9,578	11,300	1,721
100.500.600.. 366		PERS		27,546	32,496	4,950
100.500.600.. 377		PERS On Behalf		3,145	3,145	-
100.500.600.. 369		Other Benefits		2,070	2,070	-
100.500.600.. 410		Professional & Technical Services		5,000	5,000	-
100.500.600.. 420		Staff Travel	Schooldude training, Asbestos Training, AASB Conference	10,530	10,530	-
100.500.600.. 431		Water & Sewage	3% increase over FY22 budgeted	14,935	14,935	-
100.500.600. 432		Garbage	3% increase over FY22 budgeted	10,300	10,300	-
100.500.600.. 433		Communications	3% increase over FY22 budgeted	6,180	6,180	-
100.500.600.. 435		Fuel for Heat	Budgeted at sites	-	-	-
100.500.600.. 436		Electricity	3% increase over FY22 budgeted	50,470	50,470	-
100.500.600.. 440		Other Purchased Services	NMS Maint Svcs ($990,000 Labor/Benefits + $225,000 Non-Personnel Costs) ; Increased based on prev year budget submitted by NMS under their cost+ contract, less $105k due to budget constraints	1,215,000	1,215,000	-
100.500.600.. 443		Purchase Vehicle Maint		1,000	1,000	-
100.500.600.. 446		Property Insurance	5% increase over FY22 budgeted; Need to increase by another $60k	193,586	253,610	60,024
100.500.600.. 450		Supplies/Material/Media		20,000	20,000	-
100.500.600.. 453		Custodial Supplies		1,000	1,000	-
100.500.600.. 458		Gas & Oil	3% increase over FY22 budgeted	31,106	31,106	-
100.500.600.. 490		Other Expenses		-	500	500
Total	**600**	**Operations & Maintenance**		**1,761,164**	**1,852,459**	**91,295**
Transfer of Funds						
100.000.900.. 552		Food Service		75,000	75,000	-

Districtwide Dept. Account Code		Description	Comments	FY2023 Original Budget	FY2023 Budget Revision #1	$ Change
100.000.900.	553	Pupil Transportation		40,000	40,000	-
100.000.900..	554	CIP Fund	CIP major maintenance	200,000	200,000	-
100.000.900..	555	Nome-Beltz Apartments		-	-	-
Total	**900**	**Transfer of Funds**		**315,000**	**315,000**	**-**
Total	**100**	**General Operating Fund**		**$ 5,775,535**	**$ 5,922,773**	**$ 147,238**
Total		**District Wide**		**$ 5,775,535**	**$ 5,922,773**	**$ 147,238**