

# CURRICULUM CONNECTION

Information and Resources for  
Parents and Guardians on  
the Chicago Public Schools  
Sexual Health Education Curriculum



The Curriculum Connection is the companion guide to the Chicago Public Schools (CPS) Sexual Health Education Curriculum, and it provides parents/guardians with useful information and resources about what students will learn during sexual health education at every grade level. If you have questions, contact your child(ren)'s instructor about the sexual health education lessons that will be taught this year. For additional information, please feel free to contact the Office of Student Health and Wellness at [SexualHealthEd@cps.edu](mailto:SexualHealthEd@cps.edu) or 773.553.3560.

## ACKNOWLEDGEMENTS

The Office of Student Health and Wellness would like to thank and acknowledge the following parents, as well as those not listed, for their contributions to the development of the CPS Curriculum Connection. We appreciate their time and dedication to creating a guide that they find useful and informative.

Alejandra Lopez  
 Andrea Tolzmann  
 Angela Schlater  
 Beth Urquhart  
 Carie Lovstad  
 Carin Tarvin  
 Carol Ann Rojz  
 Carolyn Ou  
 Cindy Carey  
 Diana Ruiz  
 Dominika Miller  
 Dr. Kay Murthy  
 Eva Rodriguez  
 Hanna Dworkin  
 Jason Coulter  
 Juanita Hernandez  
 Maria Martinez  
 Mark Hopkins  
 Mary Kay Devine-Coulter  
 Megan Wade  
 Molly Buren  
 Rebecca Atwood  
 Sharon Waller  
 Stacia Smith  
 Tanya Zenuk

Parents who reviewed the Curriculum Connection represent students from the following schools:

Abraham **Lincoln** Elementary School  
 Albert G. **Lane Technical** High School  
**Edgebrook** Elementary School  
 Eric **Solorio** Academy High School  
 John H. **Hamline** Elementary School  
 John **Hancock** College Preparatory High School  
 Jonathan **Burr** Elementary School  
 Lionel **Hampton** Fine & Performing Arts Elementary School  
 Lous A. **Agassiz** Elementary School  
**Northwest** Middle School  
 Oscar F. **Mayer** Elementary School  
**Pulaski** International School of Chicago  
 Rufus M. **Hitch** Elementary School  
 Stephen **Decatur** Classical Elementary School  
 Thomas J. **Waters** Elementary School  
 Walt **Disney** Magnet Elementary School  
 William H. **Prescott** Elementary School  
 Jean Baptiste **Beaubien** Elementary School

This publication (journal, article, etc.) was supported by the Grant or Cooperative Agreement Number, NU87PS004162, funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services.

# Welcome to the Curriculum Connection

your guide to sexual health education



sexual health education **starts at home** with parents as the primary educators of their children



what children learn at home is supported at **school** through sexual health education



instructors complete a 7 hour **training** to prepare them to teach sexual health education



**abstinence**, choosing not to have sex, is taught as a part of healthy decision-making, the norm for students and the only 100% effective protection against pregnancy and sexually transmitted infections.



in the **classroom** students learn facts about how bodies develop, sex, relationships and personal safety, and they practice skills for healthy decision-making



the school **notifies** parents 3 times before lessons start so that parents can see the lessons, ask questions and choose to opt out their child if they wish



**the learning continues at home**, and we support parents/guardians discussing all sexual health topics with their kids in respect to their personal beliefs and family values



**resources**, including the curriculum and approved community partners, are available to instructors to enhance education



sexual health education is taught at every **grade** and builds on the facts students learn in previous years

# In this guide you'll find...



Helpful books and websites with information and activities on sexual health topics

WHAT IS MY CHILD LEARNING?



Vocabulary and images of the inside and outside parts of the body that students learn about during guided lessons

A CLOSER LOOK



Questions for parents about what your child has learned and that they may ask you

TEST YOUR KNOWLEDGE



Ideas for starting a chat with your child to reinforce learning and to provide your beliefs and views

CONTINUE THE LEARNING AT HOME



Want to learn more about how the *Sexual Health Education Curriculum* was created? Detailed information can be found in appendix B.



Lesson names, descriptions, goals, and key facts that students learn

RESOURCES

# LET'S GET STARTED!



# Click on your child's grade below

<b>KINDERGARTEN</b> .....	<b>6</b>
<b>1<sup>ST</sup> GRADE</b> .....	<b>14</b>
<b>2<sup>ND</sup> GRADE</b> .....	<b>22</b>
<b>3<sup>RD</sup> GRADE</b> .....	<b>30</b>
<b>4<sup>TH</sup> GRADE</b> .....	<b>38</b>
<b>5<sup>TH</sup> GRADE</b> .....	<b>47</b>
<b>6<sup>TH</sup> GRADE</b> .....	<b>62</b>
<b>7<sup>TH</sup> GRADE</b> .....	<b>74</b>
<b>8<sup>TH</sup> GRADE (RELATIONSHIP TRACK)</b> .....	<b>84</b>
<b>8<sup>TH</sup> GRADE (STI/PREGNANCY PREVENTION TRACK)</b> .....	<b>95</b>
<b>9<sup>TH</sup> GRADE</b> .....	<b>108</b>
<b>10<sup>TH</sup> GRADE</b> .....	<b>120</b>
<b>11<sup>TH</sup> GRADE</b> .....	<b>131</b>
<b>12<sup>TH</sup> GRADE</b> .....	<b>142</b>
<b>APPENDIX A: FREQUENTLY ASKED QUESTIONS</b> .....	<b>154</b>
<b>APPENDIX B: BACKGROUND</b> .....	<b>159</b>
<b>APPENDIX C: CPS SEXUAL HEALTH EDUCATION POLICY</b> .....	<b>167</b>
<b>APPENDIX D: EDUCATIONAL STANDARDS</b> .....	<b>169</b>
<b>APPENDIX E: LESSONS BY GRADE LEVEL</b> .....	<b>179</b>
<b>APPENDIX F: 2014 ILLINOIS STATUTES</b> .....	<b>185</b>
<b>APPENDIX G: SAFE AND SUPPORTIVE ENVIRONMENTS LIBRARY</b> .....	<b>188</b>



# KINDERGARTEN



# KINDERGARTEN

## WHAT IS MY CHILD LEARNING?

In kindergarten, students learn about their bodies, secrets and strangers. Lessons focus on:

- the correct names for their body parts
- how to keep themselves safe from strangers
- the difference between good and bad touches
- public versus private parts of their bodies

Sexual health education in kindergarten lays the groundwork for what students learn in higher grades.

IF YOU WOULD LIKE SEE A LIST OF LESSONS AT EACH GRADE LEVEL, SEE [APPENDIX E LESSONS BY GRADE LEVEL](#) TO SEE THE CURRICULUM CONNECTION FOR OTHER GRADE LEVELS, PLEASE CONTACT YOUR SCHOOL FOR A COPY OF THE ENTIRE K-12 CURRICULUM CONNECTION.

## EDUCATIONAL STANDARDS

Educational standards help students, teachers and parents/guardians understand the basic knowledge and skills that students are expected to learn. Sexual health education lessons meet the requirements under the

1. Illinois Learning Standards for Physical Development and Health
2. Illinois Standards for Social/Emotional Learning
3. National Sexuality Education Standards

To see the specific standards met through kindergarten lessons, please see [appendix D](#).

The next section, *A Closer Look*, provides the names of the lessons, their goals and key content that students will learn. Lessons are taught using a variety of tools including:

- physical movement
- class discussions
- coloring worksheets
- drawing
- sharing with the class

## A CLOSER LOOK

## LESSONS ♦ GOALS ♦ KEY CONTENT

### *Private vs. Public* -

Students identify public and private body parts using medically correct vocabulary

#### **Students will:**

- Demonstrate how bodies are similar or different through physical movement
- Learn and identify the parts of their bodies that are private versus public

### *Good Touch, Bad Touch-*

Students learn that no one is allowed to touch their private parts without permission

#### **Students will:**

- Identify what makes someone your friend
- Identify friendly touches (e.g., high five, fist-bump, etc.)
- Understand what a bad touch is and practice how to respond to bad touches

### *Good Secrets, Bad*

*Secrets* - Students learn how to tell a trusted adult about a secret that makes them scared or uncomfortable

#### **Students will:**

- Identify safe strangers and trusted adults who they can tell if someone has made them feel uncomfortable
- Identify trusted adults in their lives (e.g., parents, caregivers, teachers, etc.)
- Practice how to leave an uncomfortable situation
- Describe how good and bad secrets make them feel
- Understand that someone giving them a bad touch is never their fault

### *Smart About*

*Strangers* - Students learn tips for staying safe online and in the real world

#### **Students will:**

- Identify strangers and safe strangers, understand tricks that strangers may use and be able to communicate tips for staying safe

- Students are unique individuals who have bodies that are different than anyone else's body, are their own and do not belong to anyone else
- There are private parts of the body that should be kept covered in public places
- Friendly touches are polite and respectful between friends (e.g. high-five or fist-bump)
- Friends are not allowed to touch your private parts and you should never touch anyone else's private parts
- A bad touch is any touch that makes you uncomfortable and should never be kept secret – tell an adult
- A good secret is something that cannot hurt you, and a bad secret makes you feel scared, uncomfortable or upset and is never your fault
- Telling a trusted adult about a bad secret is always a good thing to do
- A stranger is anyone the student does not know and/or their parent/ guardian has not introduced them to
- Students should never tell anyone on the internet their name, location, or age



A CLOSER  
LOOK

## A CLOSER LOOK

It is important for children to learn the correct names for their body parts and other common terms used in sexual health education. This helps children to be able to speak clearly about their bodies and for adults to understand what they are saying, especially in a medical situation or during reports of abuse.

### VOCABULARY

**Bad secret** – A secret that makes you feel scared or yucky and could be hurtful to you or someone else.

**Not OK or bad touch** – Any touch that makes you uncomfortable (e.g., someone touching your private body parts).

**Friendly touch** - A touch between friends such as a high five, handshake or side hug.

**Good secret** – A secret that is special and makes you feel happy.

**OK touch** – A helping touch by a trusted adult such as parent or teacher.

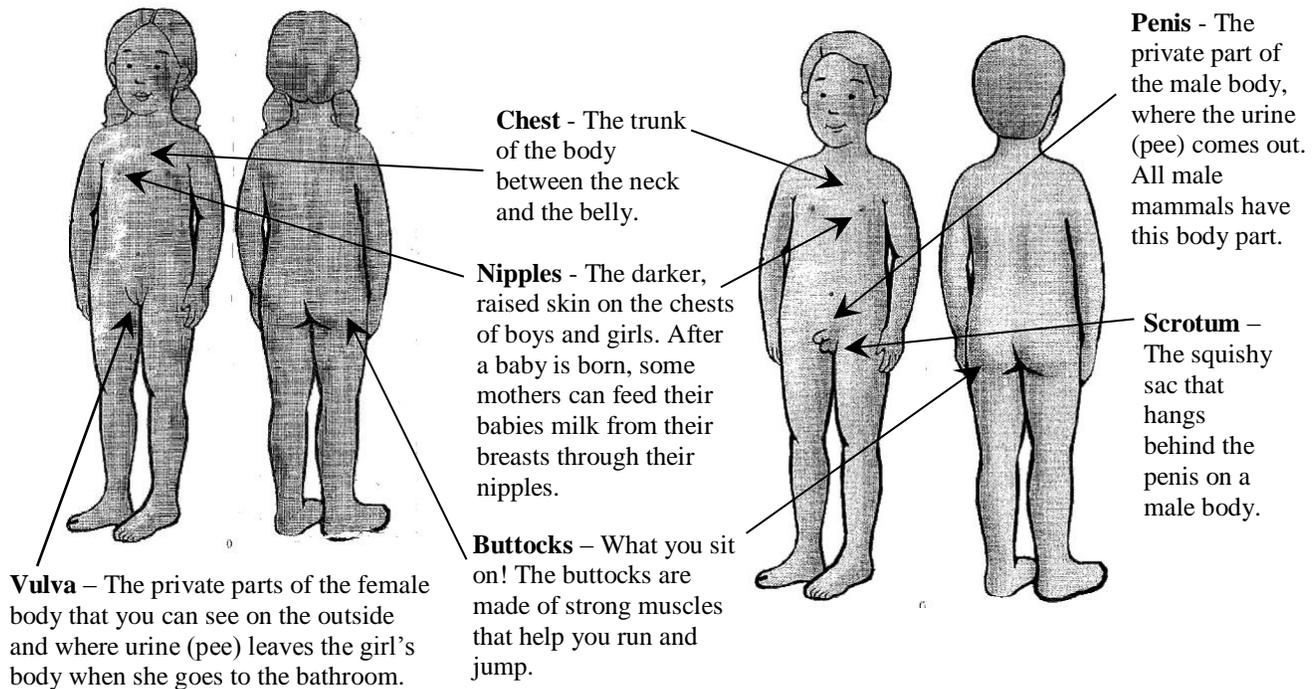
**Private** – All of the things (including body parts!) that are only for you to see. Sometimes an adult you trust (like a mommy, grandma or daddy) will see these parts when they help you take a bath or get dressed.

**Public** – All of the things (including body parts!) that can be shown to other people.

**Safe stranger** – An adult who you can tell if you feel unsafe or uncomfortable. For example, a police officer, nurse, doctor, teacher, counselor, fireman.

**Secret** – Something you know about yourself or a friend that is just between you and yourself or you and your friend.

**Stranger** – Someone you have not been introduced to by a trusted adult.



## CONTINUE THE LEARNING AT HOME

Parents/guardians are the primary sexual health educators for their child(ren) and have the biggest impact on their sexual health decision-making. Whether you set aside a specific time to talk about sexual health, read books, do online activities or something else, parents educate their child(ren) every day by teaching them to respect others in their classes that are different from them, close the door when they use the restroom, avoid strangers, tell someone they trust if anyone hurts them, the names for their body parts and countless other lessons that are also reinforced in lessons at school. Below are some ideas you can use to help start a chat with your child(ren).

### LET'S TALK! ABOUT SEXUAL HEALTH EDUCATION

#### ASK

Who do you trust and feel comfortable talking to at school and home about your body? If someone touches your private parts who should you tell at school, home (or other places where your child spends time)? Who do you talk to when something is bothering you? Let's think of at least 3 trusted and safe adults you can turn to if you need help. Have you ever been in a situation where you felt uncomfortable or is there is anything that you want to talk to me about?

#### SAY

You can talk to me about anything at any time. If you ever experience a bad touch or uncomfortable situation you should tell me right away because it's not your fault and you won't be in trouble for telling me.

#### DO

Have your child draw a picture of the 3 trusted adults in their life who they would tell about an uncomfortable situation. Draw or color in the picture together and place it on the fridge or in your child's room.

## TEST YOUR KNOWLEDGE

The questions below are based on topics presented in *A Closer Look* and can help prepare you for questions your child(ren) may have. These questions do not represent all of the information that students learn but highlight a few key points.

### DO YOU KNOW THE ANSWERS TO THESE QUESTIONS?

**Q1:** Why is it important for children to know the correct names for their body parts?

---

---

---

**Q2:** What are the names of the private and public body parts that you can see when looking in a mirror?

---

---

---

**Q3:** Who is more likely to sexually abuse a child, a stranger or someone who the child knows?

---

---

---

**Q4:** Who is the primary person that teaches a child about sexual health education?

---

---

---

## ANSWERS

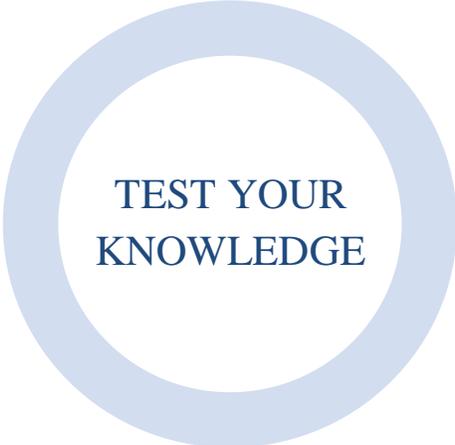
**A1:** Children should be able to speak clearly about their bodies and for adults to understand what they are saying, especially in a medical situation or during reports of abuse.

**A2:** Examples of public body parts include the head, neck, hands, legs, arms, etc. Examples of private body parts include the nipples, buttocks (butt), penis and vulva.

**A3:** According to the U.S. Department of Justice, only about 10% of people who sexually abuse a child are strangers. Examples of the other 90% of people who sexually abuse children include family members, parent's boyfriend or girlfriend, family friends, babysitters, child care providers or neighbors.

<http://www.nsopw.gov/en/Education/FactsStatistics?AspxAutoDetectCookieSupport=1#sexualabuse>

**A4:** Parents and guardians are the primary educators of sexual health for their child(ren).



TEST YOUR  
KNOWLEDGE

## RESOURCES

For more information and activities that you can do with your child(ren) at home to reinforce what they have learned at school, you can access the following information and resources on the internet or at your local Chicago Public Library branch.

### BOOKS

*Some Secrets Should Never Be Kept* by Jayneen Sanders – available on Youtube:  
<http://www.youtube.com/watch?v=4YjJ1MreZqs>

*Who Has What: All about Girl's Bodies and Boy's Bodies* by Robie H. Harris - Describes differences in girls' and boys' bodies

*It's Not the Stork!* By Robie H. Harris (available in Spanish) – A book for younger children about their bodies -- a resource that parents, teachers, librarians, health care providers, and clergy can use with ease and confidence.

*Amazing You* by Gail Saltz - Presents clear and age-appropriate information about reproduction, birth, and the difference between boys' and girls' bodies

For age-appropriate books regarding gender and sexual diversity, please refer to the [Appendix G: "Safe and Supportive Environments Library."](#)

### ONLINE

#### Sexual Abuse

The resource "[Keeping My Family Safe Workbook](#)" from *Chicago Children's Advocacy Center* offers ways to prevent, recognize and respond to sexual abuse. <https://www.chicagocac.org/wp-content/uploads/2015/08/ChicagoCAC-Keeping-My-Family-Safe-FINAL.pdf>

#### Private vs. Public

Downloadable children's coloring pages to start the conversation with children:  
<http://themamabeareffect.org/coloring-pages.html>

#### Internet Safety

LearnWithClicky to reinforce internet safety concepts - <http://www.netsmartzkids.org/>

#### General Sexual Health

A guide to age appropriate sexual behaviors and knowledge -  
[http://www.stopitnow.org/age\\_appropriate\\_sexual\\_behavior](http://www.stopitnow.org/age_appropriate_sexual_behavior)

[Back to Start](#)



# FIRST GRADE



# 1<sup>st</sup> Grade

## WHAT IS MY CHILD LEARNING?

In 1<sup>st</sup> grade, students learn about respect, families and bullying  
Lessons focus on:

- different types of family structures
- respecting our differences
- celebrating how we are all unique
- how to recognize bullying

1<sup>st</sup> grade lessons help build the foundation for what students learn in later grades.

IF YOU WOULD LIKE SEE A LIST OF LESSONS AT EACH GRADE LEVEL, SEE [APPENDIX E LESSONS BY GRADE LEVEL](#) TO SEE THE CURRICULUM CONNECTION FOR OTHER GRADE LEVELS, PLEASE CONTACT YOUR SCHOOL FOR A COPY OF THE ENTIRE K-12 CURRICULUM CONNECTION.

## EDUCATIONAL STANDARDS

Educational standards help students, teachers and parents/guardians understand the basic knowledge and skills that students are expected to learn. Sexual health education lessons meet the requirements under the

1. Illinois Learning Standards for Physical Development and Health
2. Illinois Standards for Social/Emotional Learning
3. National Sexuality Education Standards

To see the specific standards met through 1<sup>st</sup> grade lessons, please see [appendix D](#).

The next section, *A Closer Look*, provides the names of the lessons, their goals and key content that students will learn. Lessons are taught using a variety of tools including:

- worksheets
- class discussions
- role play
- share with the class
- creative drawing

## A CLOSER LOOK

**LESSONS ♦ GOALS ♦ KEY CONTENT**

**Respecting Individuals** – Students use creative drawing to show that everyone is a unique individual who deserves respect

- Students will:**
- Identify what is the same and different between themselves and their classmates and understand that everyone is unique
  - Define respect, describe who is a friend, practice respectful ways for friends to talk and resolve problems

**Families** – Students identify diverse family structures and think of ways to treat all families with respect

- Students will:**
- Define key family terms and identify the different roles in a family
  - Show ways to be respectful of families that are different from their own and describe their own family to the class

**Families Change** – Students explore ways a family can change and how to handle feelings that come with a changing family

- Students will:**
- Be able to explain that it’s natural for families to change
  - Identify people they can turn to when they need help with changes in their family

**Bullying** – Students identify forms of bullying and what to do if they or a classmate is being bullied

- Students will:**
- Recognize bullying and the ways bullying makes people feel bad
  - Define and identify the different forms of bullying
  - Show what they should do if they or others are being bullied

- All individuals should be shown respect and our unique “I” statements can be used to resolve problems (*See Let’s Talk!*).
- Families are a loving community no matter who is in that family.
- Different families have different family members with different roles, and all family types are normal and should be respected.
- Families change and grow and it can be scary or exciting.
- It is important to talk to a trusted adult about changes in family structure.
- Bullying can include hitting, hand gestures, teasing, name calling or leaving someone out.
- Bullying is not respectful and makes friends and classmates feel sad, mad, scared and nervous.
- It is important to tell a trusted adult if you are being bullied or you see someone being bullied.



A CLOSER  
LOOK

## A CLOSER LOOK

It is important for children to learn the correct terms used in sexual health education. This helps children to be able to speak clearly about what they may be feeling and for adults to understand what they are saying, especially when their family may be changing or during reports of bullying.

### VOCABULARY

**Adopt** – To raise a child you did not give birth to.

**Bullying** – Unwanted aggressive behavior intended to hurt, threaten, intimidate or embarrass someone many times.

**Divorce** – When married parents separate. The child may live with one or both parents at different times.

**Extended family** – All of the relatives or people making up a family, whether or not they live together (grandparents, aunts, uncles, cousins).

**Family**– A group of people going through the world together, often children and the people who care for them.

**Foster Family** – The family who cares for a child who is not their biological child.

**Friend** – Someone who you care for and who cares for you.

**Guardian**– Someone who is caring for children and who is not the birth mother or father.

**Individual** – Yourself, as someone who has skills, traits and ideas that are different from anyone else.

**Blended-Family** – When a single parent marries or remarries. In this family there may be a step-father or step-mother, and step-brothers and step-sisters.

**Mixed-Race family** – A family consisting of people from different races or ethnicities.

**Respect** – Treating others as special and unique human beings.

**Same-Sex Family** – A family in which both parents are men or both parents are women.

**Single-Parent Family** – A family where one parent lives with and cares for children.

**Teasing** - When someone uses words to put someone down or make them feel bad. Teasing is a form of bullying.

**Unique** – To be special and distinctive from anyone else.

## CONTINUE THE LEARNING AT HOME

Parents/guardians are the primary sexual health educators for their child(ren) and have the biggest impact on their sexual health decision-making. Whether you set aside a specific time to talk about sexual health, read books, do online activities or something else, parents educate their child(ren) every day by teaching them to respect others in their classes that are different from them, close the door when they use the restroom, avoid strangers, tell someone they trust if anyone hurts them, the names for their body parts and countless other lessons that are also reinforced in lessons at school. Below are some ideas you can use to help start a chat with your child(ren).

### ASK

How are your friends' families like our family? How are they different?

### ASK

Has a friend ever done or said something to make you feel bad? How did you react or what did you say to your friend? What else do you think you could say to your friend who hurt your feelings? (Use "I" statements like "When you (fill in the blank) I feel (fill in the blank) because (fill in the blank), I would like (fill in the blank)")

### SAY

You can talk to me about anything at any time. If you ever feel like you are being bullied, you can tell me/us, a teacher or another grown-up you trust. (Help them name at least three trusted adults in their lives.)

### DO

Suggest that your child draw a picture of your family and/or write about what makes your family unique and special. Draw or color in the picture together and place it on the fridge or in your child's room.

Read the book *The Family Book* by Todd Parr with your child, available at the Chicago Public Library.

## TEST YOUR KNOWLEDGE

The questions below are based on topics presented in *A Closer Look* and can help prepare you for questions your child(ren) may have. These questions do not represent all of the information that students learn but highlight a few key points.

### DO YOU KNOW THE ANSWERS TO THESE QUESTIONS?

Q1: What are the different types of families at your child's school?

---

---

---

Q2: What is the definition of respect?

---

---

---

Q3: What is bullying?

---

---

---

Q4: What should you do if you think your child is being bullied or is bullying another student at school?

---

---

---

## ANSWERS

**A1:** Some examples of a variety of families may include those who have adopted children, mixed-race, single-parent, guardian, same-sex couples and divorced families. Some children’s primary guardian may be an aunt, uncle, grandmother, grandfather, another relative or foster parent.

**A2:** Treating others as special and unique human beings. (1<sup>st</sup> grade definition)

: to feel admiration for (someone or something) : to regard (someone or something) as being worthy of admiration because of good qualities

: to act in a way which shows that you are aware of (someone's rights, wishes, etc.)

: to treat or deal with (something that is good or valuable) in a proper way

\*Definition taken from: <http://www.merriam-webster.com/dictionary/respect> on 1/15/2015.

**A3:** “Bullying” means any severe or repeated physical or verbal act or conduct, including contact made in writing or electronically, to a student or students, that has or can be seen to have one or more of the following effects:

- (1) placing the student in fear of harm to the student's person or property;
- (2) causing a harmful effect on the student's physical or mental health;
- (3) greatly interfering with the student's academic performance (e.g., grades, tests, homework, etc. ); or
- (4) greatly interfering with the student's ability to participate in or benefit from the services, activities or privileges provided by a school.

**A4:** Any parent or guardian who sees or is told about bullying must tell the Principal at their school as quickly as they are able to. Reports can be made to any CPS employee or contractor in person, or by calling the CPS Student Safety Center at 773-553-3335, emailing [BullyingReport@cps.edu](mailto:BullyingReport@cps.edu) or calling the CPS/CPD Violence Prevention Hotline (“Hotline”) at 1-888-881-0606. Reports made by someone who does not reveal who they are will be accepted by the Principal/Designee and Hotline. No disciplinary action will be taken on the sole basis of a report made by someone who does not reveal who they are.

TEST YOUR  
KNOWLEDGE

## RESOURCES

For more information and activities that you can do with your child(ren) at home to reinforce what they have learned at school, you can access the following information and resources on the internet or at your local Chicago Public Library branch.

### BOOKS

*The Forgiveness Garden* by Auren Thompson - This story of revenge and forgiveness is a useful tool in classrooms and communities where a culture of grudges and violence creates barriers to healthy relationships.

*It's Not the Stork!* By Robie H. Harris (available in Spanish) – A book for younger children about their bodies -- a resource that parents, teachers, librarians, health care providers, and clergy can use with ease and confidence.

For age-appropriate books regarding gender and sexual diversity, please refer to the [Appendix G: “Safe and Supportive Environments Library.”](#)

### ONLINE

#### **Bullying**

StopBullying.org provides information about bullying and cyberbullying and how to prevent it. -

<http://www.stopbullying.gov/>

Stopbullying.org provides more information on how to recognize, the warning signs and impact of bullying -

<https://www.stopbullying.gov/at-risk/effects/index.html>

Cyberbullying Family Tip Sheet (Elementary School) -

[https://www.common sense media.org/sites/default/files/uploads/classroom\\_curriculum/k-5-familytip-cyberbullying.pdf](https://www.common sense media.org/sites/default/files/uploads/classroom_curriculum/k-5-familytip-cyberbullying.pdf)

[Back to Start](#)



# SECOND GRADE



## 2<sup>nd</sup> Grade

### WHAT IS MY CHILD LEARNING?

In 2<sup>nd</sup> grade, students learn more detail about their bodies, the difference between living and nonliving things, gender and identity and how to keep their bodies healthy.

Lessons focus on:

the male and female private parts that are the same and different for both sexes

living things can make new life (i.e., babies)

what to do in response to bullying

In preparation for lessons taught in 3<sup>rd</sup> - 5<sup>th</sup> grade, students are introduced to the concept of how germs are spread and can make you sick.

IF YOU WOULD LIKE SEE A LIST OF LESSONS AT EACH GRADE LEVEL, SEE [APPENDIX E LESSONS BY GRADE LEVEL](#). TO SEE THE CURRICULUM CONNECTION FOR OTHER GRADE LEVELS, PLEASE CONTACT YOUR SCHOOL FOR A COPY OF THE ENTIRE K-12 CURRICULUM CONNECTION.

### EDUCATIONAL STANDARDS

Educational standards help students, teachers and parents/guardians understand the basic knowledge and skills that students are expected to learn. Sexual health education lessons meet the requirements under the

1. Illinois Learning Standards for Physical Development and Health
2. Illinois Standards for Social/Emotional Learning
3. National Sexuality Education Standards

To see the specific standards met through 2<sup>nd</sup> grade lessons, please see [appendix D](#).

The next section, *A Closer Look*, provides the names of the lessons, their goals and key content that students will learn. Lessons are taught using a variety of tools including:

worksheets  
class discussions  
role play  
collages  
drawing

### A CLOSER LOOK

**LESSONS ♦ GOALS ♦ KEY CONTENT**

**My Body** - Students learn about the body including the male and female private parts

**Students will:**

- Be able to define parts of the body, including male and female private parts using medical terms
- Identify ways that males and females differ

**All Living Things Reproduce** - Students identify characteristics of all living things and study the life cycle

**Students will:**

- Compare and contrast living and non-living things
- Identify traits of all living things, including that all living things can make new life

**Gender and Identity** - Students role play how to break down gender stereotypes and learn to treat all people with respect

**Students will:**

- Learn the difference between male/female and boy/girl
- Identify things that impact the way we think boys/girls should think or act
- Describe a situation where a person was treated unfairly or bullied because they are a boy/girl and learn how to respond in a respectful way

**Keeping My Body Healthy** - Students practice ways to not pass germs and stay healthy

**Students will:**

- Identify ways that germs that cause diseases can be spread and how to prevent spreading them from one person to another

- It is respectful to use the medically correct terms for male and female body parts.
- Non-living things cannot reproduce.
- Media, family and friends influence the way people think they should act
- Activities (physical, educational and social) are not gender (i.e. boy or girl) specific.
- Sexism (i.e. treating people unfairly based on being male/female, boy/girl or somewhere in between) and gender bullying are harmful to a community.
- Students can influence gender bullying and sexism in their communities.
- Proper handwashing is important in protecting against infection causing germs.



**A CLOSER LOOK**

## A CLOSER LOOK

It is important for children to learn the correct names for their body parts and other common terms used in sexual health education. This helps children to be able to speak clearly about their bodies and for adults to understand what they are saying, especially in a medical situation or during reports of abuse.

### VOCABULARY

**Biological Sex** – The way we classify people as male or female based on having either a penis or a vagina. A person can also be intersex, which means having some combination of male and female parts.

**Cells** - Tiny pieces of living material which make up every part of a living thing.

**Gender Bullying** - Not allowing someone to do an activity or making fun of someone because of their gender.

**Gender Expression** – How a person shows their gender to the world, through the ways they act or dress.

**Gender Identity** – How a person, in their mind, thinks about themselves as a boy or as a girl or somewhere in between.

**Germs** – Tiny organisms that invade a person’s body and make them sick.

**Infection** – When germs have invaded a person’s body making them sick.

**Reproduce** - To make new life (animals and humans have babies).

**Sexism** – Believing one sex or gender (males or females, boy or girls) is better than the other.

**Stereotyping** – Believing that someone will act a certain way based on their gender, sex, race, ethnicity, age or the way they dress.

**Transmission** – Passing germs from one person to another.

**Female** – A word for a person with a vagina, uterus and vulva.

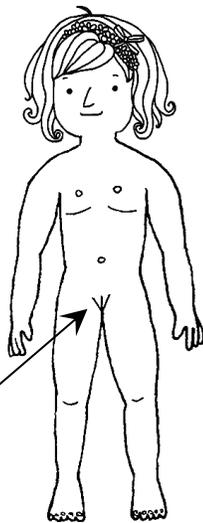
**Inside:**

**Vagina** – The inside part of the female body (only the opening can be seen from the outside) that a baby passes through from the uterus to outside the body.

**Uterus** – The inside part of the female body where a baby grows.

**Outside**

**Vulva** – A part of the female body that is covered by your underwear and can be seen from the outside.



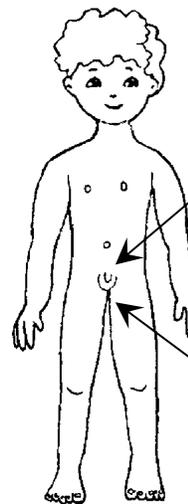
**Both Male & Female**

**Outside:**

**Anus** – The opening in the body that allow feces (poop) to come out.

**Inside:**

**Urethra** – A tube on the inside of boys and girls bodies that carries urine from the bladder to the outside of the body.



**Male** – A word for a person with a penis and scrotum.

**Outside:**

**Penis** – A part of the male body that can be seen from the outside and hangs between the legs.

**Scrotum** – A part of the male body that is the squishy sac that hangs behind the penis.

## CONTINUE THE LEARNING AT HOME

Parents/guardians are the primary sexual health educators for their child(ren) and have the biggest impact on their sexual health decision-making. Whether you set aside a specific time to talk about sexual health, read books, do online activities or something else, parents educate their child(ren) every day by teaching them to respect others in their classes that are different from them, close the door when they use the restroom, avoid strangers, tell someone they trust if anyone hurts them, the names for their body parts and countless other lessons that are also reinforced in lessons at school. Below are some ideas you can use to help start a chat with your child(ren).

### LET'S TALK! ABOUT SEXUAL HEALTH EDUCATION

#### ASK

What did you learn about your body at school? Can you name your body parts (using medically-accurate vocabulary)?

Have you or a friend ever been left out or excluded from an activity because you are a boy/girl? How did you react or what did you say? (Help your child think of other things to say if a classmate or friend excludes them based on gender.)

#### SAY

You can talk with me/us about anything at any time. It is natural to have many questions about your body as you grow.

#### DO

Have your child draw a picture of what they would like to be when they grow up. Talk about a variety of options based on your child's interests and how gender doesn't limit these choices. Draw or color the picture together and place it on the fridge or in your child's room.

Read the book *Roland Humphrey is Wearing WHAT?* by Eileen Kiernan-Johnson with your child, available at the Chicago Public Library.

## TEST YOUR KNOWLEDGE

The questions below are based on topics presented in *A Closer Look* and can help prepare you for questions your child(ren) may have. These questions do not represent all of the information that students learn but highlight a few key points.

### DO YOU KNOW THE ANSWERS TO THESE QUESTIONS?

**Q1:** Why is it important for children to know the correct names for their body parts?

---

---

---

**Q2:** How do you answer the "where do babies come from" question?

---

---

---

**Q3:** What are gender stereotypes?

---

---

---

**Q4:** Who is the primary person that teaches a child about sexual health education?

---

---

---

## ANSWERS

**A1:** Children should be able to speak clearly about their bodies and for adults to understand what they are saying, especially in a medical situation or during reports of abuse.

**A2:** Babies grow in the uterus which is located inside a woman's body down low between the hip bones. When a baby is born it leaves the uterus, travels through the vagina and is born through the opening to the vagina. The opening to the vagina is located between a woman's legs and can be seen from the outside.

**A3:** A view of an entire group of people being the same based on their gender (male, female or somewhere in between). For example, girls like to play with dolls and boys like to play with trucks. The reality is that we all have our own “likes” and “dislikes” and should be seen as unique individuals. Students should not be looked down upon because they do not follow gender stereotypes or what someone may think is typical for their gender.

**A4:** Parents and guardians are the primary educators of sexual health for their child(ren).

TEST YOUR  
KNOWLEDGE

## RESOURCES

For more information and activities that you can do with your child(ren) at home to reinforce what they have learned at school, you can access the following information and resources on the internet or at your local Chicago Public Library branch.

### BOOKS

*It's Not the Stork!* By Robie H. Harris (available in Spanish) – A book for younger children about their bodies -- a resource that parents, teachers, librarians, health care providers, and clergy can use with ease and confidence.

*What Makes A Baby: A Book for Every Kind of Family and Every Kind of Kid* by Cory Silverberg – This guide to babies and birth is as notable for what isn't in it as what is: sperm, eggs, midwives, and cesareans are mentioned, but references to mothers, fathers, boys, or girls are absent, allowing the book to be used by families with a variety of configurations and circumstances.

For age-appropriate books regarding gender and sexual diversity, please refer to the [Appendix G: “Safe and Supportive Environments Library.”](#)

### ONLINE

#### The Body

How the body works! Includes quizzes, articles, movies, activities and word finds on every part of the body including the immune system <http://kidshealth.org/kid/htbw/>

#### Living Things

Characteristics of Living Things - What is Life? -

[http://www.kidsbiology.com/biology\\_basics/characteristics\\_life/characteristics\\_of\\_life\\_what\\_is\\_life\\_1.php](http://www.kidsbiology.com/biology_basics/characteristics_life/characteristics_of_life_what_is_life_1.php)

Explore the needs of living things -

[http://www.kidsbiology.com/biology\\_basics/needs\\_living\\_things/living\\_things\\_have\\_needs1.php](http://www.kidsbiology.com/biology_basics/needs_living_things/living_things_have_needs1.php)

#### Gender

*Gender Doesn't Limit You:* A researched-based anti-bullying program for the early grades -

[http://www.tolerance.org/sites/default/files/general/tt\\_gender\\_doesnt\\_limit-2.pdf](http://www.tolerance.org/sites/default/files/general/tt_gender_doesnt_limit-2.pdf)

A guide to age appropriate sexual behaviors and knowledge -

[http://www.stopitnow.org/age\\_appropriate\\_sexual\\_behavior](http://www.stopitnow.org/age_appropriate_sexual_behavior)

[Back to Start](#)



# THIRD GRADE



## 3<sup>rd</sup> Grade

### WHAT IS MY CHILD LEARNING?

In 3<sup>rd</sup> grade, students learn about respect, relationships and bullying.

Lessons focus on:

- the role respect plays in healthy and unhealthy relationships
- defining bullying
- making their classroom a “bully-free zone”

Instructors are able to provide an optional lesson if they choose. In the optional lesson, students look at their role in their communities and how communities work together.

IF YOU WOULD LIKE SEE A LIST OF LESSONS AT EACH GRADE LEVEL, SEE [APPENDIX E LESSONS BY GRADE LEVEL](#). TO SEE THE CURRICULUM CONNECTION FOR OTHER GRADE LEVELS, PLEASE CONTACT YOUR SCHOOL FOR A COPY OF THE ENTIRE K-12 CURRICULUM CONNECTION.

### EDUCATIONAL STANDARDS

Educational standards help students, teachers and parents/guardians understand the basic knowledge and skills that students are expected to learn. Sexual health education lessons meet the requirements under the

1. Illinois Learning Standards for Physical Development and Health
2. Illinois Standards for Social/Emotional Learning
3. National Sexuality Education Standards

To see the specific standards met through 3<sup>rd</sup> grade lessons, please see [appendix D](#).

The next section, *A Closer Look*, provides the names of the lessons, their goals and key content that students will learn. Lessons are taught using a variety of tools including:

- activity sheets
- class discussions (including scenario review)
- role play
- small group work
- journaling

### A CLOSER LOOK

**LESSONS ♦ GOALS ♦ KEY CONTENT**

**Respecting Myself and Others** – Students learn about respecting others, self-respect and practice respectful communication

**Students will:**

- Practice ways to show respect to others and self-respect
- Identify when someone acts disrespectful
- Describe how they handle respectful and disrespectful situations in their own lives

**Building Relationships** – Students examine traits of healthy and unhealthy relationships

**Students will:**

- Identify different types of relationships and the role that respect plays
- Describe how healthy and unhealthy relationships make them feel
- Identify trusted adults they can tell about unhealthy relationships

**Building Communities - Strengths and Struggles (optional)** – Students look at their strengths and struggles and how they can use

**Students will:**

- Discuss the ways that they can use their strengths to help others with their struggles and accept help with their own struggles

**Bullying** – Students learn how they can be leaders against bullying in their classroom

**Students will:**

- Define bullying and describe ways that people are bullied
- Identify reasons for bullying and who they can tell if they're bullied
- Develop rules to create a no bullying zone in their classroom
- Practice ways to address bullying and what to say if they are being bullied

- Respect is an important part of healthy communities.
- Self-respect is the way you care for yourself physically, emotionally, mentally and spiritually.
- Healthy relationships are respectful and do not use hurtful words, actions or touches.
- Bullying can come in many forms (physical, verbal, cyber, theft, lies or exclusion).
- Bullying hurts individuals and communities.
- Communities can work together to stop bullying.

Optional lesson key content:

- Everyone has strengths and struggles.
- Accepting help with your struggles makes both people feel good.
- Using your strengths to help classmates can build a healthy classroom community.



**A CLOSER  
LOOK**

## A CLOSER LOOK

It is important for children to learn the correct vocabulary used in sexual health education. This helps children to be able to speak clearly about their relationships and feelings and for adults to understand what they are saying, especially during reports of bullying or abuse.

### VOCABULARY

**Bullying** – Unwanted aggressive behavior intended to hurt, intimidate or embarrass someone many times.

**Community** – A group of people that live, learn or work together.

**Dignity** – Respecting people as human beings and members of the community.

**Empathy** – Treating others the way they want to be treated (i.e., putting yourself in their shoes).

**Harassment** – Unwanted comments or acts that make a person feel uncomfortable.

**Healthy relationship** – A relationship that is respectful and helps both people feel safe and valued.

**Leader** – Someone who uses words and actions to help their classmates and their community.

**Relationship** - The connections we have with other people. This can be people we love, like family and friends, people we work with, go to school with or people in our community.

**Respect** – Treating yourself, others and your environment as something that is valuable and special.

**Self-Respect** – Valuing yourself physically, mentally, emotionally and spiritually.

**Teasing** – Using words to hurt someone.

**Unhealthy Relationship** – A relationship that is not respectful and makes one or both people feel unsafe, unimportant or scared.

Optional:

**Strength** – The things that you are good at.

**Struggle** – The things that you have difficulty with



## CONTINUE THE LEARNING AT HOME

Parents/guardians are the primary sexual health educators for their child(ren) and have the biggest impact on their sexual health decision-making. Whether you set aside a specific time to talk about sexual health, read books, do online activities or something else, parents educate their child(ren) every day by teaching them to respect others in their classes that are different from them, close the door when they use the restroom, avoid strangers, tell someone they trust if anyone hurts them, the names for their body parts and countless other lessons that are also reinforced in lessons at school. Below are some ideas you can use to help start a chat with your child(ren).

### LET'S TALK! ABOUT SEXUAL HEALTH EDUCATION

#### ASK

Can you please share with me some ways that you can show respect towards yourself and others? What are some examples of ways that someone could be disrespectful to you and others?

What do you think are your strengths and how can you use them to help others? What struggles do you have and who do you feel you can ask for help with them?

#### SAY

Healthy relationships are respectful and don't use hurtful words, actions or touches. Everyone deserves to be treated with respect.

You can talk with me about anything at any time. If you ever feel like you are being bullied or are in an unhealthy relationship you should tell me, a teacher or another grown-up you trust. (Review who they feel is a trusted adult. For example, father/mother, grandparent, school counselor, aunt/uncle or teacher.)

#### DO

Share stories of healthy relationships that make you feel good and encourage your child to share similar stories with you. Identify what it is about those relationships that make you or your child feel good.

Read the book *The Forgiveness Garden* by Lauren Thompson with your child, available at Chicago Public Library.

## TEST YOUR KNOWLEDGE

The questions below are based on topics presented in *A Closer Look* and can help prepare you for questions your child(ren) may have. These questions do not represent all of the information that students learn but highlight a few key points.

### DO YOU KNOW THE ANSWERS TO THESE QUESTIONS?

**Q1:** What is bullying?

---

---

---

**Q2:** What are some of the ways that students can be bullied?

---

---

---

**Q3:** What should you do if you think your child is being bullied or is bullying another student at school?

---

---

---

**Q4:** What is a healthy relationship and why do students need to learn about healthy relationships?

---

---

---

## ANSWERS

**A1:** “Bullying” means any severe or repeated physical or verbal act or conduct, including contact made in writing or electronically, to a student or students, that has or can be seen to have one or more of the following effects:

- (1) placing the student in fear of harm to the student's person or property;
- (2) causing a harmful effect on the student's physical or mental health;
- (3) greatly interfering with the student's academic performance (e.g., grades, tests, homework, etc. ); or
- (4) greatly interfering with the student's ability to participate in or benefit from the services, activities or privileges provided by a school.

**A2:** Verbal (teasing)

Physical (hitting or pushing)

Lies and rumors

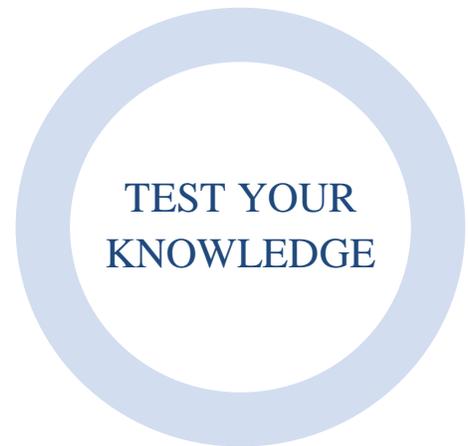
Taking someone’s things

Forcing someone to do something they don’t want to

Excluding someone from the group (students may be excluded based on gender, race, or things they can’t control – clothes, shoes, hair, or where they are from)

**A3:** Any parent or guardian who sees or is told about bullying must tell the Principal at their school as quickly as they are able to. Reports can be made to any CPS employee or contractor in person, or by calling the CPS Student Safety Center at 773-553-3335, emailing [BullyingReport@cps.edu](mailto:BullyingReport@cps.edu) or calling the CPS/CPD Violence Prevention Hotline (“Hotline”) at 1-888-881-0606. Reports made by someone who does not reveal who they are will be accepted by the Principal/Designee and Hotline. No disciplinary action will be taken on the sole basis of a report made by someone who does not reveal who they are.

**A4:** A healthy relationship is respectful and helps both people feel safe and valued. It is important to recognize what are healthy behaviors and ensure your children are treated with respect, kindness and feel like their ideas matter, which will influence and help them to know what to look for in healthy relationships as they grow older. Talking about what a good relationship looks like is important, but the greatest learning comes from knowing what it feels like.



## RESOURCES

For more information and activities that you can do with your child(ren) at home to reinforce what they have learned at school, you can access the following information and resources on the internet or at your local Chicago Public Library branch.

### BOOKS

*The Forgiveness Garden* by Auren Thompson - This story of revenge and forgiveness is a useful tool in classrooms and communities where a culture of grudges and violence creates barriers to healthy relationships.

*It's So Amazing!: A Book about Eggs, Sperm, Birth, Babies, and Families (The Family Library)* by Robie H. Harris (available in Spanish) – A book for children ages 7-10 about their bodies -- a resource that parents, teachers, librarians, health care providers, and clergy can use with ease and confidence.

For age-appropriate books regarding gender and sexual diversity, please refer to the [Appendix G: “Safe and Supportive Environments Library.”](#)

### ONLINE

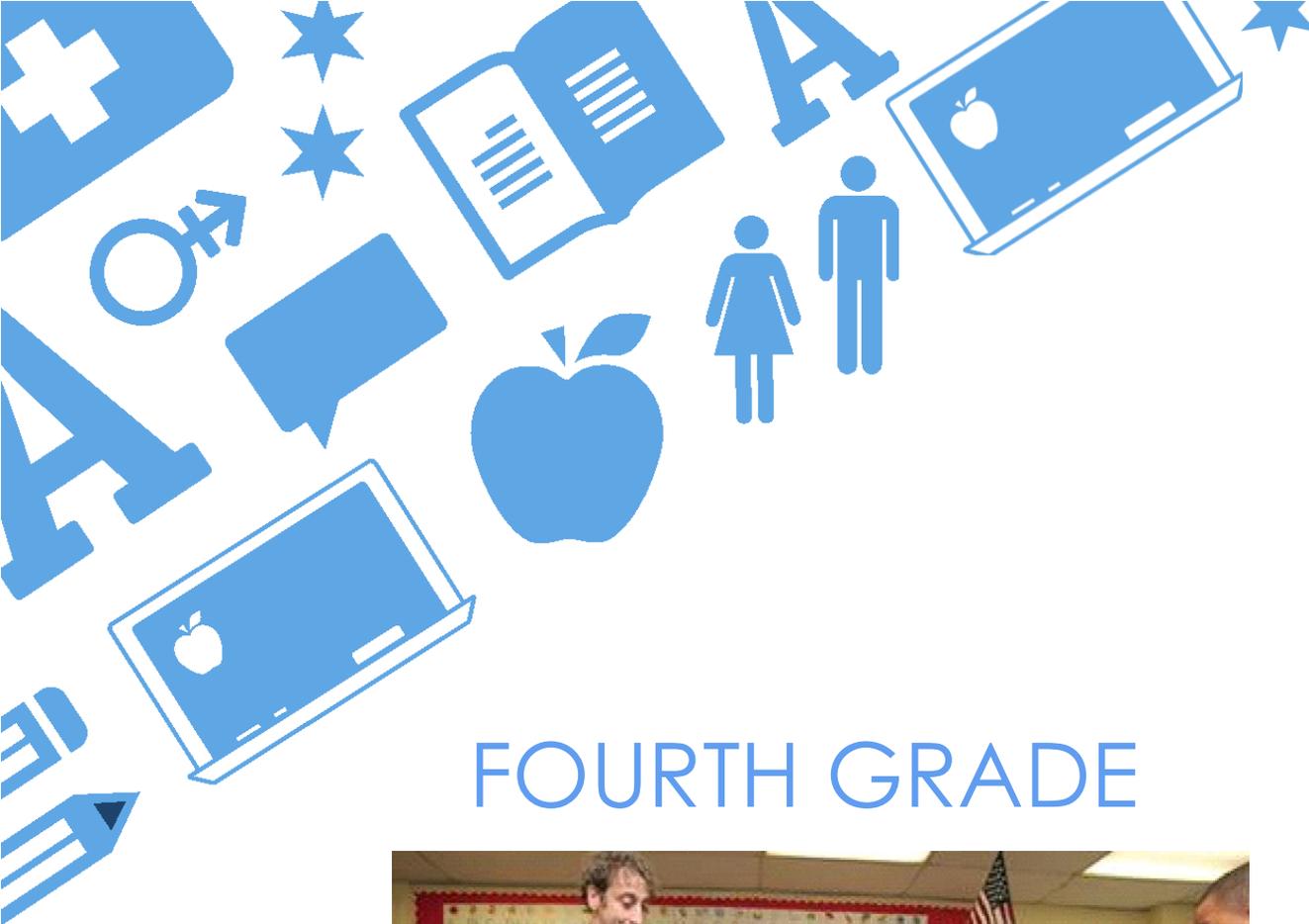
#### **Bullying**

StopBullying.org provides information about bullying and cyberbullying and how to prevent it. - <http://www.stopbullying.gov/>

Stopbullying.gov provides more information on how to recognize, the warning signs and impact of bullying – <https://www.stopbullying.gov/at-risk/effects/index.html>

Cyberbullying Family Tip Sheet (Elementary School) - [https://www.common sense media.org/sites/default/files/uploads/classroom\\_curriculum/k-5-familytip-cyberbullying.pdf](https://www.common sense media.org/sites/default/files/uploads/classroom_curriculum/k-5-familytip-cyberbullying.pdf)

[Back to Start](#)



# FOURTH GRADE



## 4<sup>TH</sup> Grade

### WHAT IS MY CHILD LEARNING?

In 4<sup>th</sup> grade, students learn about puberty, stress management and the immune system.

Lessons focus on:

the physical and emotional changes that occur during puberty

self-care

identifying trusted adults (e.g., family members) who can answer their questions and help them during puberty

germs and how our bodies fight them off

Information learned about the immune system helps build the base knowledge for lessons on sexually transmitted infections in later grades. If the instructor feels students are ready to learn about HIV, they are able to present an optional lesson about HIV and how to protect themselves by avoiding contact with someone else's blood.

IF YOU WOULD LIKE SEE A LIST OF LESSONS AT EACH GRADE LEVEL, SEE [APPENDIX E LESSONS BY GRADE LEVEL](#). TO SEE THE CURRICULUM CONNECTION FOR OTHER GRADE LEVELS, PLEASE CONTACT YOUR SCHOOL FOR A COPY OF THE ENTIRE K-12 CURRICULUM CONNECTION.

### EDUCATIONAL STANDARDS

Educational standards help students, teachers and parents/guardians understand the basic knowledge and skills that students are expected to learn. Sexual health education lessons meet the requirements under the

1. Illinois Learning Standards for Physical Development and Health
2. Illinois Standards for Social/Emotional Learning
3. National Sexuality Education Standards

To see the specific standards met through 4<sup>th</sup> grade lessons, please see [appendix D](#).

The next section, *A Closer Look*, provides the names of the lessons, their goals and key content that students will learn. Lessons are taught using a variety of tools including:

worksheets  
class discussions  
small group activities  
physical activities  
PowerPoint presentations

### A CLOSER LOOK

**LESSONS ♦ GOALS ♦ KEY CONTENT**

**What is Puberty –**  
Students are introduced to the physical, social and emotional changes of puberty

**Students will:**

- Recognize that puberty is different for everyone and that is normal
- Learn how hormones create the physical and emotional changes of puberty

**Puberty Boy, Puberty Girl –**  
Students learn about the physical changes of puberty

**Students will:**

- Learn about the physical changes of puberty in the male and female bodies
- Identify health and hygiene practices

(Note: it is suggested that students are split into male/female groups for this lesson)

**Puberty Stress Management and Goal Setting–**  
Students learn skills to manage the stress of puberty and set goals

**Students will:**

- Think of ways to support each other through puberty and practice deep breathing to manage stress
- Write goals for the next year and identify how the changes of puberty will help them meet their goals

**Germ and Your Immune System –**  
Students identify the difference between bacteria and viruses and learn how the immune system protects the body

**Students will:**

- Learn how viruses and bacteria cause infections and how to prevent spreading them
- Describe the role of the immune system and how it defends the body against germs

**What is HIV? (optional) –**  
Students learn that HIV lives in the blood of an infected person and how to prevent its spread through blood contact

**Students will:**

- Define terms related to HIV
- Identify ways HIV can and cannot be spread
- Practice how to respond when someone is hurt and bleeding

- Specific hormones, estrogen in females and testosterone in males, start the changes of puberty .
- It is important to maintain good health and hygiene practices during puberty.
- Puberty prepares students to take on more responsibility and gives them mental and physical tools to meet their goals.
- Puberty starts between ages 9 - 15 for boys and ages 8 - 13 for girls, it takes about 5 years and ends when full adult height is reached.
- Students can protect themselves from bacteria and viruses by using basic skills like handwashing.
- The body has natural barriers to infection, including, skin, hair, mucus membranes and the immune system.
- The immune system is made up of cells that work together to identify and destroy viruses, bacteria and other foreign invaders.
- Optional:
- HIV is a bloodborne virus (i.e., a disease carried in the blood) that attacks the body’s immune system and can be spread through blood contact.
- HIV cannot be transmitted through hugging, kissing or sharing cups and plates.



**Puberty**

A CLOSER  
LOOK

## A CLOSER LOOK

It is important for children to learn the correct names for their body parts and other common terms used in sexual health education. This helps children to be able to speak clearly about their bodies and for adults to understand what they are saying, especially in a medical situation or during reports of abuse.

### VOCABULARY

**Adolescence** – The time when social and emotional changes happen, not a defined time period.

**Antibody** – Small cells that find and identify invading bacteria and viruses.

**Bacteria** – A small microbe that can be good or bad. Good bacteria are all over our bodies, helping to digest our food or keep out bad bacteria. Bad bacteria invade our bodies and cause infection.

**Clitoris** – A small sensitive and erectile part of the genitals at the anterior of the vulva

**Ejaculation** - When semen leaves the body through the opening of the urethra.

**Endocrine System** –The body system responsible for releasing the hormones that begin puberty.

**Erection** – When the vessels of the penis fill up with blood making it grow larger and harder. All males get erections. Erections can happen in the morning, at other times and often for no reason at all.

**Estrogen** – The main hormone in female puberty.

**Hormone** - Chemical messengers in the body that create physical and emotional changes.

**Hygiene** – Keeping your body clean.

**Immune System** – Tissues, organs and cells that defend the body against invading bacteria and viruses.

**Menstrual “Period”** – The time when hormones are released from different parts of the body to help control and prepare the body for pregnancy. During the menstrual cycle the uterine lining breaks down and is shed — this bleeding is what’s known as a period.

**Nocturnal Emission** – When semen and sperm is released through the penis by ejaculation during sleep. It is also known as a “wet dream.”

**Pituitary gland** - The master gland of puberty that tells the ovaries and testicles to begin producing estrogen and testosterone.

**Puberty** - The time between childhood and adulthood when biological (physical) changes happen within a defined time period.

**Sanitary Napkin** –Rectangles of absorbent material that you stick to the inside of your underwear to absorb menstrual blood. Sometimes called pads or sanitary pads.

**Semen** - A white/clear sticky fluid of sperm and seminal fluid that comes out of the penis during ejaculation.

**Tampon** – A plug of cotton that is inserted into the vagina to absorb menstrual blood. It’s made of soft material with a string for easy removal.

**Testosterone** – The main hormone in male puberty.

**Toxic Shock Syndrome** – TSS is a rare but serious bacterial infection that can be associated with tampon use. It can almost always be prevented by changing tampons regularly and using the smallest absorbency needed.

**Vaccine** – A shot that causes an immune response in the body that helps protect it from certain viruses.

**Virus** – A small microbe that gets into the body and attaches to good immune system cells. The virus takes over the good cell and creates copies of itself to continue the invasion.

Optional:

**AIDS** - Acquired Immune Deficiency Syndrome. When a HIV infection overwhelms the body’s immune system, allowing other germs to invade and make the body very sick.

**Bloodborne Illness** – A disease carried in the blood.

**HIV** - Human Immunodeficiency Virus. A virus found in an infected person’s blood that attacks the body’s immune system, making it unable to fight off infections.

**Transmission** – Passing a virus or bacteria from person to person.

**Vulva** – A part of the female body that is covered by your underwear and can be seen from the outside (i.e. the female external reproductive organ).

**The Female Reproductive System (External View)**

**Ovaries** – Two small, round organs that are inside the female in her pelvic area and produce estrogen.

**Labia** – Protective folds of skin that surround the opening of the vagina that are part of the vulva.

**Vagina** – Muscular, hollow, tube-shaped organ that extends from the vaginal opening to the uterus.

**Opening to the urethra** – Usually located just below the clitoris. This is where urine (pee) comes out.

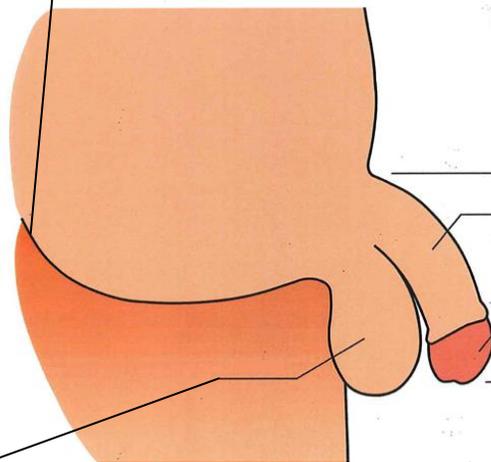
**Clitoris** – A small, sensitive area of the female anatomy.

**Vaginal Opening** – An opening to the vagina (the inside of the female anatomy) where menstrual blood comes out.

**Anus** – Part of the digestive system where feces (poop) comes out.

**The Male Reproductive System (External View)**

**Shaft** - The cylindrical part of the penis between the scrotum and head (or glans).

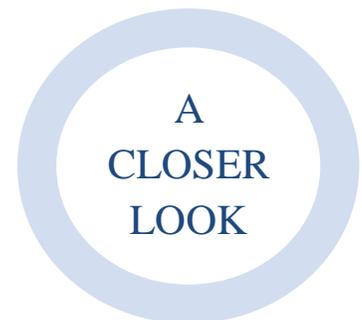


**Penis** - The male organ that hangs between the legs. The penis is made of spongy tissues and lots of blood vessels that fill with blood when a male gets an erection. Urine and semen pass through the penis out of the opening of the urethra.

**Glans** - The sensitive tip of the penis.

**Scrotum** - The loose bag of skin behind the penis that holds the testicles.

**Testicles** – The male organs that are inside the scrotum and produce testosterone.



## CONTINUE THE LEARNING AT HOME

Parents/guardians are the primary sexual health educators for their child(ren) and have the biggest impact on their sexual health decision-making. Whether you set aside a specific time to talk about sexual health, read books, do online activities or something else, parents educate their child(ren) every day by teaching them to respect others in their classes that are different from them, close the door when they use the restroom, avoid strangers, tell someone they trust if anyone hurts them, the names for their body parts and countless other lessons that are also reinforced in lessons at school. Below are some ideas you can use to help start a chat with your child(ren).

### LET'S TALK! ABOUT SEXUAL HEALTH EDUCATION

#### ASK

What can you do to make yourself feel better when you are stressed or having bad feelings like sadness, anger or frustration?

Name three people that you can trust to talk to about changes to your body, feelings or relationships. Remember, you can also talk to me/us about anything at any time.

#### SAY

The changes of puberty happen to different people at different times and these changes are normal. If you ever have questions about the changes you're experiencing, you can talk to me/us.

It's important to take care of yourself as you go through changes in your body and feelings. Staying healthy and practicing good hygiene can help you feel better during these changes.

It is important to keep yourself safe from illness. Some ways that you can do this are to eat healthy foods, get plenty of rest, wash your hands with soap and water and stay active. If you ever find someone that is hurt and bleeding, do not touch their blood, and find a teacher, nurse or other adult that can help.

#### DO

Share stories of the changes you went through during puberty and encourage your child to talk about the changes that he or she is experiencing or wonders about.

Consider reading and discussing pages 20-25 of *It's Perfectly Normal* by Robie H. Harris (available through the Chicago Public library). Have your child read the same pages before you discuss. This book provides accurate and up-to-date answers to nearly every imaginable question, from conception and puberty to birth control and AIDS, and offers young people the information they need to make responsible decisions and stay healthy.

# TEST YOUR KNOWLEDGE

The questions below are based on topics presented in *A Closer Look* and can help prepare you for questions your child(ren) may have. These questions do not represent all of the information that students learn but highlight a few key points.

## DO YOU KNOW THE ANSWERS TO THESE QUESTIONS?

**Q1:** When does puberty start?

---

---

**Q2:** What is the typical order of changes that you see in puberty?

---

---

**Q3:** What is one of the most effective ways to prevent spreading germs?

---

---

---

**Q4:** What does HIV stand for?

---

---

**Q5:** Which four bodily fluids can transmit HIV?

---

---

**Q6:** How can you get HIV?

---

---

---

## ANSWERS

**A1:** Puberty starts between ages 9 – 15 for boys and can begin as early as age 8 – 13 in girls. It takes about 5 years. Puberty ends when children reach their full adult height. Of course these are only average ages and the beginning and end of puberty is different for everyone.

**A2:**

For Boys

1. Growth of testicles
2. Pubic hair appears
3. Growth of penis, scrotum
4. Axillary hair
5. First ejaculations
6. Growth spurt
7. Facial hair
8. Adult height

For Girls

1. Breast buds appear
2. Pubic hair appears
3. Growth spurt
4. Axillary hair
5. Breasts mature
6. Periods begin (menarche)
7. Adult height

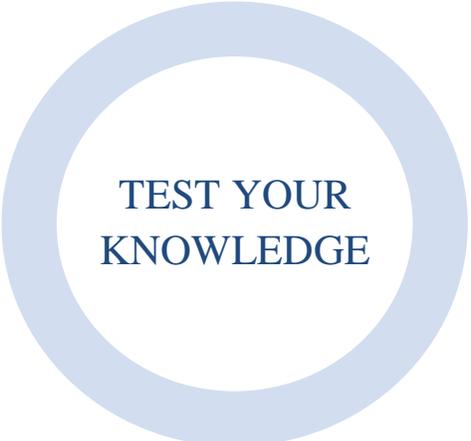
**A3:** Washing your hands! Handwashing with soap and water for 20 seconds (the time it takes to hum the Happy Birthday song) removes germs which keeps us from spreading them and getting sick. For more information on handwashing, please visit <http://www.cdc.gov/handwashing/index.html>.

**A4:** Human Immunodeficiency Virus

**A5:** HIV is found in blood, semen, vaginal fluids, and breast milk. The virus is NOT found in urine, saliva, sweat, stool and vomit, and the virus does NOT live outside the body (i.e., on surfaces like a toilet seat).

**A6:** HIV can be spread by unprotected oral, vaginal and anal sex as well as from mother-to-child during pregnancy, birth or breastfeeding. (When identifying ways that HIV is spread sexually, it is important to list all three types of sexual activity because many youth do not think that oral sex is sex and that there is no risk for STIs, including HIV.)

Sharing needles, including tattooing and piercings, with an infected person can transmit HIV. Licensed facilities with sterile/clean equipment and new ink (for a tattoo) are safe. People who are not licensed may not follow standard procedures by always using new and/or sterile equipment which puts their clients at risk



TEST YOUR  
KNOWLEDGE

## RESOURCES

For more information and activities that you can do with your child(ren) at home to reinforce what they have learned at school, you can access the following information and resources on the internet or at your local Chicago Public Library branch.

### BOOKS

*It's Perfectly Normal* by Robie H. Harris (available in Spanish) - Provides accurate and up-to-date answers to nearly every imaginable question, from conception and puberty to birth control and AIDS, and offers young people ages 10 and up the information they need -- now more than ever -- to make responsible decisions and stay healthy.

*Germ Zappers* by Fran Balkwill. - Explains how the body defends itself against disease, including the roles of bacteria, viruses, and other germs, and the cells that work to protect the body against them.

*It's So Amazing!: A Book about Eggs, Sperm, Birth, Babies, and Families (The Family Library)* By Robie H. Harris (available in Spanish) – A book for children ages 7-10 about their bodies -- a resource that parents, teachers, librarians, health care providers, and clergy can use with ease and confidence.

For age-appropriate books regarding gender and sexual diversity, please refer to the [Appendix G: “Safe and Supportive Environments Library.”](#)

### ONLINE

#### Hygiene

CDC Health Promotion Materials – Hand-washing: Clean Hands save lives  
<http://www.cdc.gov/handwashing/resources.html>

#### Immune System

KidsHealth.org “Your Immune System” video -  
[http://kidshealth.org/kid/htbw/ISmovie.html?tracking=K\\_RelatedArticle](http://kidshealth.org/kid/htbw/ISmovie.html?tracking=K_RelatedArticle)

Video about viruses and bacteria - [http://makemegenius.com/video\\_play.php?id=126&type=0](http://makemegenius.com/video_play.php?id=126&type=0)

#### Puberty

All About Puberty - [http://kidshealth.org/kid/grow/body\\_stuff/puberty.html#cat20183](http://kidshealth.org/kid/grow/body_stuff/puberty.html#cat20183)

#### Resources for optional lesson on HIV:

HIV and AIDS - [http://kidshealth.org/kid/health\\_problems/infection/hiv.html](http://kidshealth.org/kid/health_problems/infection/hiv.html)

*Talking to Young People about HIV and AIDS*, a guide for parents and caregivers -  
<http://www.health.ny.gov/publications/0243.pdf>

*Hablar con los jóvenes acerca del VIH y del SIDA*, manual para padres y personas que cuidan de los jóvenes -  
<http://www.health.ny.gov/publications/0246.pdf>

*Animals to the Rescue: Teaching Kids About HIV*, an activity book for kids -  
<http://www.health.ny.gov/publications/9535.pdf>

*Animales al Rescate!*, enseñan a los niños sobre el VIH y el SIDA, libro de actividades para niño  
<http://www.health.ny.gov/publications/9535.pdf>

[Back to Start](#)



# FIFTH GRADE



**HEALTHY CPS**

— OFFICE OF STUDENT HEALTH & WELLNESS —

# 5<sup>TH</sup> Grade

## WHAT IS MY CHILD LEARNING?

In 5<sup>th</sup> grade, students learn about puberty, hygiene, identity, birth control, abstinence, STI prevention and personal safety.

Lessons focus on:

- the changes that occur during puberty
- how to keep both their bodies and minds healthy
- the male and female sex organs and how humans make babies
- how to prevent pregnancy and infections spread through sex, including HIV
- the strength of diversity
- the difference between biological sex, gender identity and gender expression
- the different types of romantic relationships
- identifying sexual harassment and abuse and what to do if they or someone they know is harassed or abused

CPS stresses that choosing to not have sex is the norm for 5<sup>th</sup> graders. Parents/guardians should be notified by their school if a condom demonstration will be provided

IF YOU WOULD LIKE SEE A LIST OF LESSONS AT EACH GRADE LEVEL, SEE [APPENDIX E LESSONS BY GRADE LEVEL](#). TO SEE THE CURRICULUM CONNECTION FOR OTHER GRADE LEVELS, PLEASE CONTACT YOUR SCHOOL FOR A COPY OF THE ENTIRE K-12 CURRICULUM CONNECTION.

## EDUCATIONAL STANDARDS

Educational standards help students, teachers and parents/guardians understand the basic knowledge and skills that students are expected to learn. Sexual health education lessons meet the requirements under the

1. Illinois Learning Standards for Physical Development and Health
2. Illinois Standards for Social/Emotional Learning
3. National Sexuality Education Standards

To see the specific standards met through 5<sup>th</sup> grade lessons, please see [appendix D](#).

The next section, *A Closer Look*, provides the names of the lessons, their goals and key content that students will learn. Lessons are taught using a variety of tools including:

- activity sheets
- class discussions (including scenario review)
- role play
- PowerPoint presentation
- journaling
- researching resources

## A CLOSER LOOK

**LESSONS ♦ GOALS ♦ KEY CONTENT**

**Puberty** – Students learn about the physical, social and emotional changes of puberty

**Students will:**

- Identify the physical, mental, social and emotional changes of puberty that are the same and different for males and females

**Adolescent Health and Hygiene** – Students learn proper hygiene practices to keep their growing bodies healthy

**Students will:**

- Discover ways to care for themselves during puberty including deep breathing, good sleep practices and when to seek help for negative feelings
- Set goals for physical and mental health

**Gender and Identity** – Students learn the difference between sexual attraction and how a person shows their gender through the way they dress and act

**Students will:**

- Define different types of romantic relationships
- Understand the difference between biological sex, sexual orientation, gender expression and gender identity
- Identify ways people are treated unfairly based on their sexual orientation or gender expression and think of ways to support them

**Human Reproduction** – Students are introduced to pregnancy and explore how puberty prepares the body for reproduction

**Students will:**

- Identify the different parts of the male and female reproductive systems and define how they work
- Describe the process of how the egg and sperm join and attach to the lining of the uterus
- Identify when a female can become pregnant

- Although there are physical changes specific to the male and female bodies during puberty, many of the physical, social, emotional and mental changes including increased responsibility for self and others, are the same for both sexes.
- Good hygiene, eating healthy foods, sleep and positive mental health help support your body during puberty.
- Seek help when stress or negative feelings are overwhelming.
- Everyone has a sexual orientation, gender expression and identity that is unique to them and all people should be treated with dignity, respect and not treated unfairly based on those traits.
- It is important to have a trusted adult to talk to about sexual orientation and gender expression
- Humans make babies through vaginal sex.
- Pregnancy requires an egg from the female and a sperm from the male to join together to make a zygote and stick to the lining of the uterus.
- A female can become pregnant as soon as she begins ovulating (i.e., releases eggs from the ovary).
- The ability to produce sperm or the ability to release an egg from the ovary does not make an individual ready to become a parent.



**A CLOSER LOOK**

## LESSONS ♦ GOALS ♦ KEY CONTENT

**Abstinence and Contraceptives** – Birth control, and choosing not to have sex, is introduced as a way to prevent pregnancy and sexually transmitted infections (STIs)

**Students will:**

- Identify not having sex (abstinence) as the norm for 5th graders and identify people who can help support this choice
- Compare and contrast birth control methods

**HIV/AIDS** – Students learn ways to protect themselves from getting HIV and other STIs

**Students will:**

- Understand how the immune system works and how HIV disrupts the body's ability to fight infection
- Understand the causes of HIV and AIDS and how HIV is spread

**Self-esteem and Body Image** – Students explore the effects of media and culture on body image

**Students will:**

- Define self-esteem
- Identify how peers, family and media can affect self-esteem and learn three keys to good self-esteem
- Create collages that show a healthy body image

**Personal Safety and Abuse** – Students learn to recognize sexual abuse and harassment and skills to protect themselves

**Students will:**

- Define and identify sexual abuse and sexual harassment
- Learn their rights, practice refusal skills and how to tell a trusted adult about sexual abuse

**Identifying Resources and Review** – Students review key concepts from the unit and identify resources with medically correct information

**Students will:**

- Identify sources of medically correct information and identify a trusted adult they can talk to about puberty and health concerns

- Self-esteem is how you feel about yourself and having a healthy body image is an important part of having good self-esteem.
- Abstinence is most effective (100%) in protecting against STIs and pregnancy when it includes not having vaginal, anal (i.e., butt) and oral (i.e., mouth) sex or genital contact.
- For those who choose to have sex, combining condoms and hormonal methods of birth control (e.g., the pill) can help reduce the risk of unplanned pregnancy and STIs.
- Our immune system is a complex system of organs (including our skin) that protects us from diseases.
- HIV is a virus that attacks the immune system making it harder to fight off infections.
- HIV is spread through four bodily fluids: blood, semen, breast milk and vaginal fluid.
- Children can be sexually abused by adults or other children and it is never their fault.
- When a child is used for sexual acts by an adult it is always sexual abuse.
- Children have the right to say who touches their body, even if the person is a trusted adult or figure of authority, like a doctor.
- Children can help each other tell a trusted adult about sexual abuse.



**A CLOSER  
LOOK**

## A CLOSER LOOK

It is important for children to learn the correct names for their body parts and other common terms used in sexual health education. This helps children to be able to speak clearly about their bodies and for adults to understand what they are saying, especially in a medical situation or during reports of abuse. Below are the terms students learn in 5<sup>th</sup> grade.

### VOCABULARY

**Abstinence** – Choosing not to have sex.

**Acne** – When the sebaceous glands become infected and form pimples.

**Adolescence** – The time when social and emotional changes happen with no distinct time frame.

**AIDS** - Acquired Immune Deficiency Syndrome. This is caused by an infection with the HIV virus that has worsened over time. AIDS makes a person unable to fight infections and more likely to get sick from opportunistic infections like certain types of cancer and pneumonia.

**Antibodies** – A substance produced by the immune system in response to an antigen (germ) that enters the body. Antibodies protect us from getting sick.

**Antigen** – A foreign substance like germs, such as a virus or bacteria that enter the body and cause the production of antibodies.

**Body image** – How one thinks about their own body or how one thinks other people view their body.

**Confidentiality** – Keeping something that someone has told you private from people who do not need to know. Telling an adult about sexual exploitation is NOT breaking confidentiality.

**Discrimination** – Unfair treatment of a person or group of people based on differences (e.g., sex, gender, sexual orientation, race, ethnicity, socioeconomic status or religion).

**Diverse** – Different, showing different points of view or coming from different backgrounds.

**Ejaculation** – When a male’s body releases sperm and semen from the body through the penis.

**Emotional Change** – Changes in mood, increased intensity of feelings and romantic attraction.

**Endocrine System** – The body system responsible for releasing the hormones that begin puberty.

**Erection** – When the blood vessels of the penis or the clitoris fill with blood, making them stand up.

**Estrogen** – The main hormone in female puberty.

**Exploitation** – One person using another person to make themselves feel good or to get something they want, no matter how the other person feels about it.

**Expression** – How you present yourself to others.

**Fertilization** – When the egg and sperm join together.

**Genitals** – The male or female external sex organs (i.e., penis and vulva – labia, clitoris).

**Hormone** – Chemical messengers in the body that create physical and emotional changes.

**Hygiene** – Keeping your body clean and controlling infection.

**Identity** – How you think of yourself.

**Immune System** – The body system made up of organs (like the skin) and cells that protect us from foreign substances (i.e., germs including bacteria and viruses). Our immune system will react to anything that the body recognizes as “foreign” or different than itself.

**Immunity** – The body’s ability to resist disease. Immunity can be made stronger by exposure to germs and by receiving vaccines.

**Immunization** – A way to produce resistance to a certain disease, usually given as a shot called a vaccination. When small amounts of a certain antigen (i.e., germ – bacteria or virus) are placed in our bodies, we build up a resistance to that germ so that it cannot make us sick later.

**Implantation** – When a fertilized egg attaches to the lining of the uterus.

**Media** –A way of communicating that reaches and affects a lot of people, including television, magazines, advertisements, movies, music videos and video games.

**Menstruation** –When the uterus sheds the thick tissue lining and blood is release through the vagina. It can also be called a “period.”

**Mental Change** – Increased awareness of self, peers and community.

**Mental Health** –The health of your mind and emotions.

**Nocturnal Emission** – When semen and sperm is released through the penis by ejaculation during sleep. It is also known as a “wet dream.”

**Nutrition** –The food and drink you put into your body.

**Opportunistic Infection** – This type of infection (or illness) is not normally a threat to a healthy immune system, but makes a person very sick if they have a weakened immune system.

**Organism** – Any living thing, including germs like viruses and bacteria.

**Physical Change** – Change in the body or reproductive organs that occurs during puberty.

**Pituitary Gland** – The master gland of puberty that tells the ovaries and testicles to begin producing estrogen and testosterone.

**Puberty** - The time between childhood and adulthood when biological (physical) changes happen with a definite beginning and ending.

**Sebaceous Glands** – Oil producing glands in your skin. Infection of these glands causes pimples.

**Self-Esteem** – How you feel about yourself.

**Sexual Abuse** - Forced sexual conduct with a victim who does not understand the act and/or cannot give consent. Non-contact sexual abuse involves voyeurism (e.g., secretly watching someone undress)), exposure (i.e., showing their genitals to someone) and child pornography (i.e., sexual pictures, images, videos or other media of children).

**Sexual Exploitation** – When someone uses another child or adult for sexual acts, even though the child or adult does not want to participate.

**Sexual Intercourse** – Sexual contact that may include when a penis is inserted into the vagina (vaginal intercourse), anus (anal sex), or mouth (oral sex).

**Sexual Harassment** – Exposing someone to sexual words or actions they do not want to be a part of.

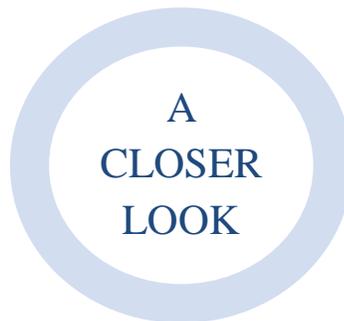
**Sleep Hygiene** – The environment and practices you use to fall asleep.

**Social Change** – Changes in friendships and groups of friends.

**Testosterone** – The main hormone in male puberty.

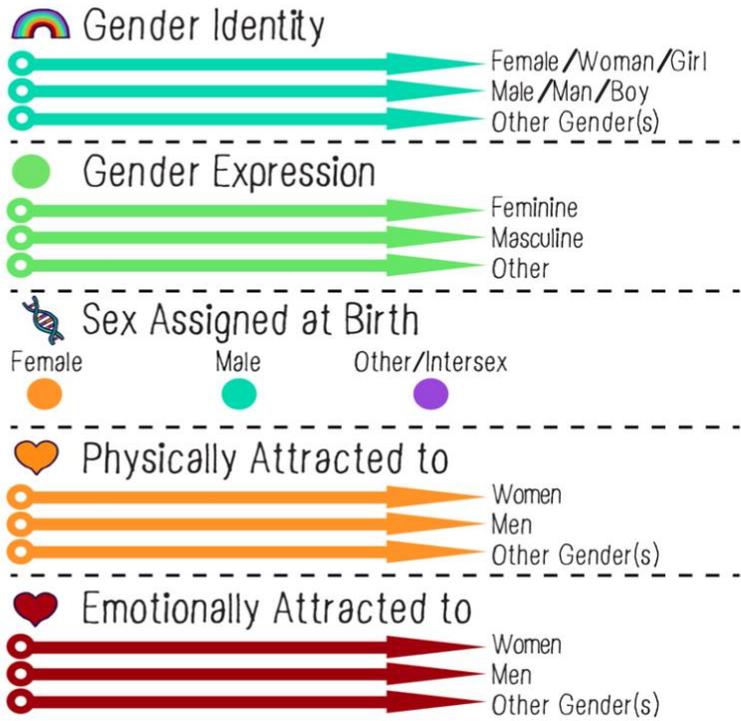
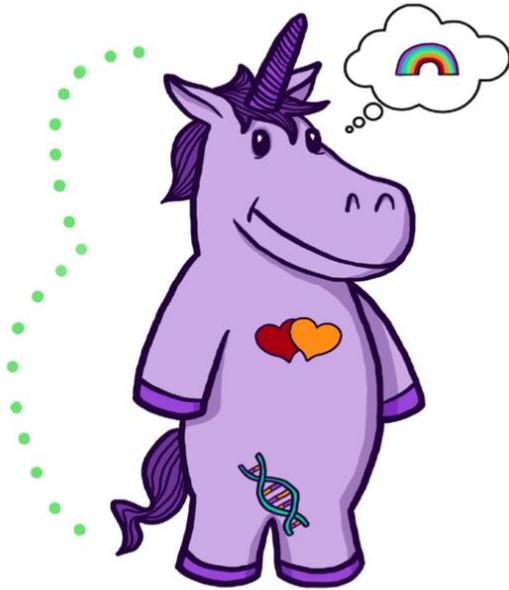
**Toxic Shock Syndrome** –TSS is a rare but serious bacterial infection that can be associated with tampon use. It can almost always be prevented by changing tampons regularly and by using the smallest absorbency needed.

**Vaginal intercourse** –Sexual contact when the male’s penis enters the female’s vagina.



# The Gender Unicorn

Graphic by:  
**TSER**  
Trans Student Educational Resources



To learn more, go to:  
[www.transstudent.org/gender](http://www.transstudent.org/gender)

Design by Landyn Pan and Anna Moore

**Gender Identity:** One's internal sense of being male, female, neither of these, both, or another gender(s). Everyone has a gender identity, including you. For transgender people, their sex assigned at birth and their own internal sense of gender identity are not the same. Female, woman, and girl and male, man, and boy are also NOT necessarily linked to each other but are just six common gender identities.

**Gender Expression/Presentation:** The physical manifestation of one's gender identity through clothing, hairstyle, voice, body shape, etc. Most transgender people seek to make their gender expression (how they look) match their gender identity (who they are), rather than their sex assigned at birth.

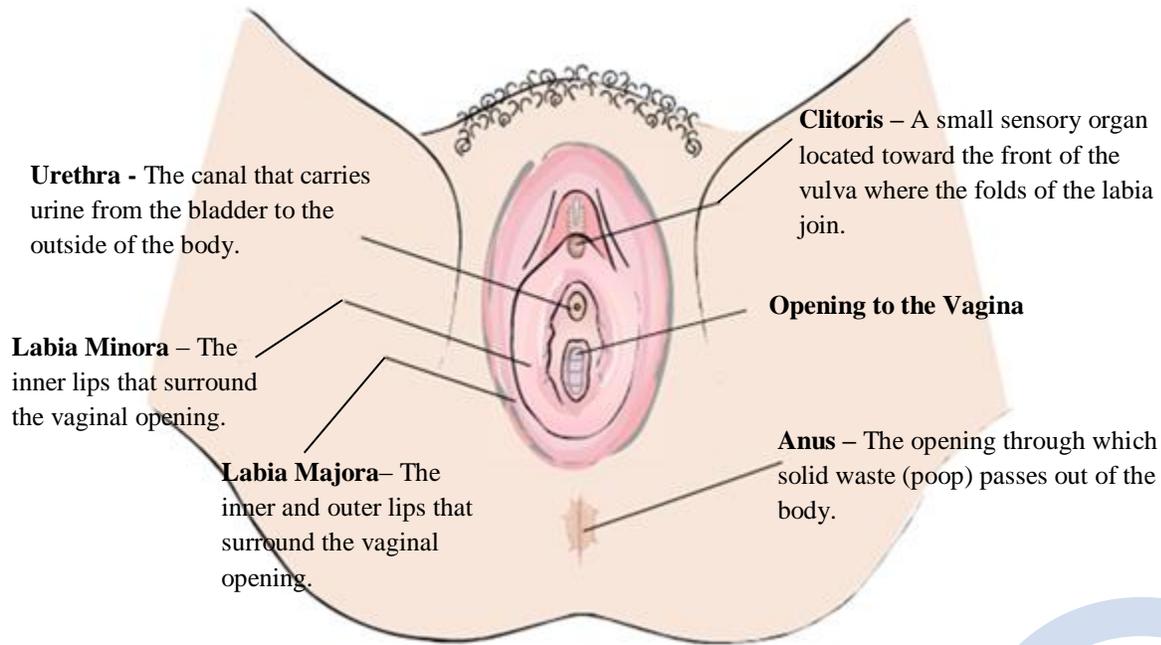
**Sex Assigned at Birth:** The assignment and classification of people as male, female, intersex, or another sex based on a combination of anatomy, hormones, chromosomes. It is important we don't simply use "sex" because of the vagueness of the definition of sex and its place in transphobia. Chromosomes are frequently used to determine sex from prenatal karyotyping (although not as often as genitalia). Chromosomes do not determine genitalia.

**Sexually Attracted To: Sexual Orientation.** It is important to note that sexual and romantic/emotional attraction can be from a variety of factors including but not limited to gender identity, gender expression/presentation, and sex assigned at birth.

**Romantically/Emotionally Attracted To:** Romantic/emotional orientation. It is important to note that sexual and romantic/emotional attraction can be from a variety of factors including but not limited to gender identity, gender expression/presentation, and sex assigned at birth.

\*Definitions are from TSER at <http://www.transstudent.org/gender>

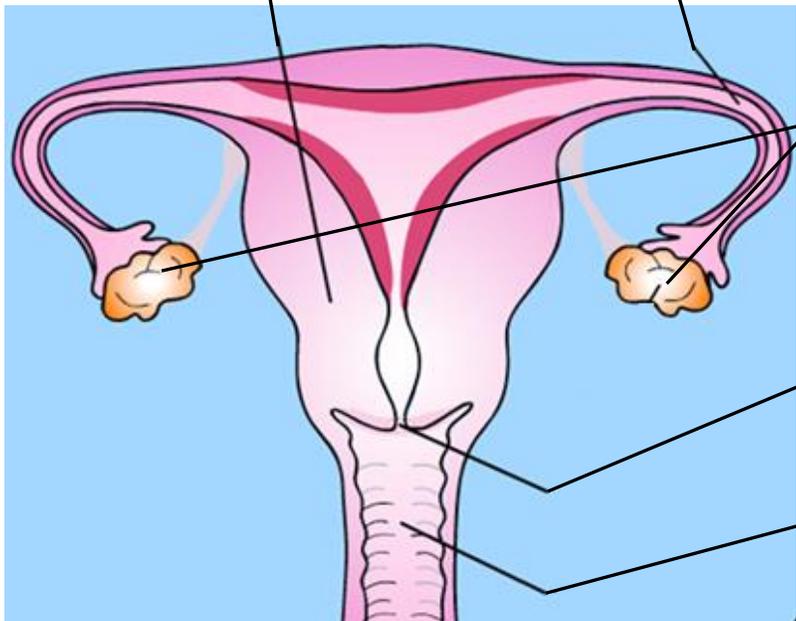
## THE FEMALE REPRODUCTIVE SYSTEM



### A CLOSER LOOK

**Uterus** - Part of the female internal reproductive organs. Lined with thick muscular walls, this organ is where the fetus grows during pregnancy.

**Fallopian tubes** - Connects the uterus to the ovaries.



**Ovum (egg cell)** - A female reproductive cell that is stored in the ovaries.

**Ovulation** - When the ovaries release an egg into the fallopian tubes.

**Ovaries** - Two small, round organs inside the female pelvic area that produce estrogen and produce, store and release eggs into the fallopian tubes.

**Cervix** - The part of the uterus that opens into the upper part of the vagina.

**Vagina** - Muscular, hollow, tube-shaped organ that extends from the vaginal opening to the uterus.

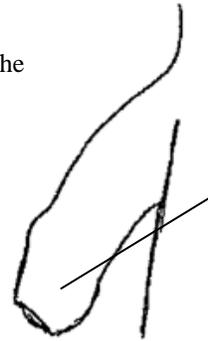
## THE MALE REPRODUCTIVE SYSTEM

**Shaft** – The cylindrical part of the penis between the scrotum and head (or glans).

**Glans** – The sensitive head of the penis.



**Circumcision** – When the foreskin is removed from the penis by a simple surgical procedure.



**Foreskin** – A fold of skin at the end of the penis covering the glans.

### Circumcised penis

### Uncircumcised penis

A  
CLOSER  
LOOK

**Sperm** – A male reproductive cell that is made in the testicles.

**Semen** – A thick white fluid that contains sperm and is released through the penis.

**Seminal vesicles** – Sac-like structures attached to the vas deferens, to the side of the bladder.

**Vas deferens** - A muscular tube that passes upward alongside the testicles.

**Epididymis** – A set of coiled tubes (one for each testicle) that connects to the vas deferens.

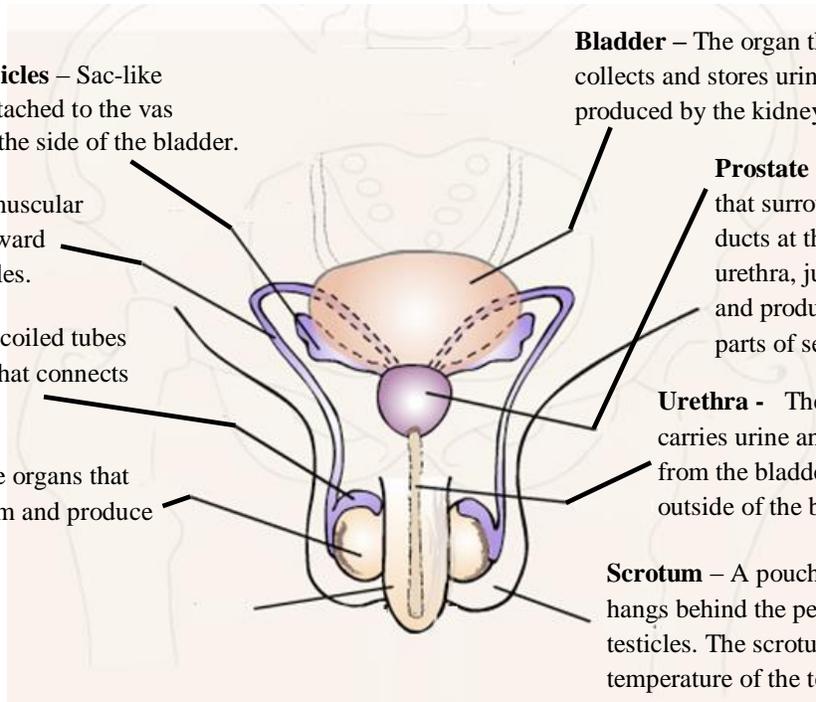
**Testicles** – The male organs that are inside the scrotum and produce testosterone.

**Bladder** – The organ that collects and stores urine produced by the kidneys.

**Prostate gland** – An organ that surrounds the ejaculatory ducts at the base of the urethra, just below the bladder and produces some of the parts of semen.

**Urethra** - The canal that carries urine and semen from the bladder to the outside of the body.

**Scrotum** – A pouch-like structure that hangs behind the penis and houses the testicles. The scrotum controls the temperature of the testicles for sperm production.



## CONTINUE THE LEARNING AT HOME

Parents/guardians are the primary sexual health educators for their child(ren) and have the biggest impact on their sexual health decision-making. Whether you set aside a specific time to talk about sexual health, read books, do online activities or something else, parents educate their child(ren) every day by teaching them to respect others in their classes that are different from them, close the door when they use the restroom, avoid strangers, tell someone they trust if anyone hurts them, the names for their body parts and countless other lessons that are also reinforced in lessons at school. Below are some ideas you can use to help start a chat with your child(ren).

### LET'S TALK! ABOUT SEXUAL HEALTH EDUCATION

#### ASK

What have you learned about sexual health so far? Do you have any questions about your body, puberty or any other topic? (If your child doesn't want to talk about it, keep trying and don't give up. Send the message that their opinions and questions about sexual health are important to you.) You can talk to me/us about anything at any time.

#### SAY

Abstinence (i.e., not having sex) is appropriate behavior for 5th graders. (Talk about your own views regarding sexual activity with your child. Remember that it takes only one experience of unprotected sex for a pregnancy to start or get STIs, like HIV.)

#### DO

Talk about images in the media with your child. Watch their favorite TV shows with them, look at the magazines they are reading and monitor what they are viewing online. Use this information to start conversations about how the images they see every day impact body image and self-esteem.

Read the book *It's Not the Stork or It's Perfectly Normal* by Robie Harris, available at the Chicago Public Library. It presents topics such as puberty and human reproduction (i.e., pregnancy) through child-friendly words and pictures. It can help start conversations with your child about sex and reproduction.

# TEST YOUR KNOWLEDGE

The questions below are based on topics presented in *A Closer Look* and can help prepare you for questions your child(ren) may have. These questions do not represent all of the information that students learn but highlight a few key points.

## DO YOU KNOW THE ANSWERS TO THESE QUESTIONS?

**Q1:** When does puberty begin for boys and girls?

---

---

**Q2:** How many hours of sleep does your 5th grader need per night?

---

---

**Q3:** What does LGBTQ stand for?

---

---

**Q4:** What does HIV stand for and which 4 bodily fluids can carry the virus?

---

---

**Q5:** How can HIV be passed from one person to another?

---

---

**Q6:** Who is more likely to sexually abuse a child, a stranger or someone who the child knows?

---

---

**Q7:** Name as many contraceptive methods (i.e., ways to prevent pregnancy or birth control) that you can think of. What are some of the pros and cons of these methods?

---

---

## ANSWERS

**A1:** Puberty starts between ages 9 – 15 for boys and can begin as early as age 8 – 13 in girls. It takes about 5 years. Puberty ends when children reach their full adult height. Of course these are only average ages and the beginning and end of puberty is different for everyone.

**A2:** 10 hours. School age children need about 10 hours of sleep per night, teenagers need 9-10 hours per night and adults need 7-8 hours per night according to the National Heart, Lung and Blood Institute.

**A3:** Lesbian, gay, bisexual, transgender and questioning.

**A4:** Human Immunodeficiency Virus. HIV is found in blood, semen, vaginal fluids and breast milk. The virus is NOT found in urine, saliva, sweat, stool or vomit, and the virus does NOT live outside the body (i.e., on surfaces, like a toilet seat).

**A5:** HIV can be spread by unprotected oral, vaginal and anal sex as well as from mother-to-child during pregnancy, birth or breastfeeding. (When identifying ways that HIV is spread sexually, it is important to list all three types of sexual activity because many youth do not think that oral sex is sex and therefore there is no risk for STIs, including HIV.)

Sharing needles, including tattooing and piercings, with an infected person can transmit HIV. Licensed facilities with sterile/clean equipment and new ink (for a tattoo) are safe. People who are not licensed may not follow standard procedures by always using new and/or sterile equipment which puts their clients at risk.

**A6:** According to the U.S. Department of Justice, only about 10% of people who sexually abuse a child are strangers. Examples of the other 90% of people who sexually abuse children include family members, parent’s boyfriend or girlfriend, family friends, babysitters, child care providers and neighbors.

(<http://www.nsopw.gov/en/Education/FactsStatistics?AspxAutoDetectCookieSupport=1#sexualabuse>)

Of those who committed sexual abuse, less than 3 percent (2.5%) were parents, 28.9% were other relatives, 19.3% were daycare providers, 16.4% were residential facility staff and 11.2% were unmarried partners of parents. More than one-third (36.9%) of perpetrators were in “other” types of relationships the child victims — including camp counselors, school employees and hospital staff. (Child Maltreatment Report 2002. National Clearinghouse on Child Abuse and Neglect.)

**A7:**

**Abstinence** - Choosing not to have sex.

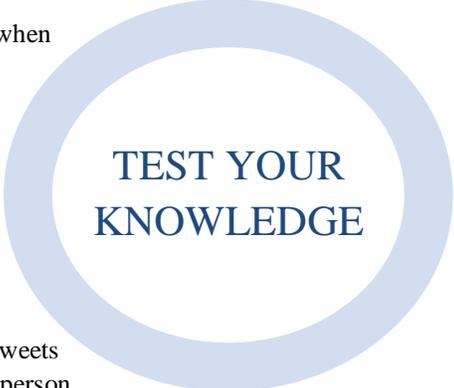
How well does it work? This method is 100% effective against STIs and pregnancy when all sexual contact is avoided.

**PROS:** No chance of getting pregnant, although some types of sexual contact can result in contracting STIs. Abstinence allows youth to have time to explore their sexuality without pressure.

**CONS:** It may be difficult to abstain. Youth may be unprepared to have safe, protected, sex when abstinence ends if contraceptives (i.e. birth control) have not been discussed.

**Note:** People choose to abstain for many different reasons, such as health (avoiding sweets or fat), personal religious beliefs (avoiding meat, alcohol), commitment to a cause or person (abstaining from voting), fear (of punishment or negative consequences) and disinterest.

**CPS defines abstinence as the decision to avoid all forms of sexual intercourse and genital contact. This includes not engaging in vaginal, oral and/or anal sex.**



TEST YOUR  
KNOWLEDGE

**Withdrawal** (also known as pulling out) - A male partner pulls out his penis from the vagina before ejaculation.

How well does it work? About 30% of couples who use this method will become pregnant.

PROS: It's always available and free.

CONS: This method requires self-control on the part of the male and there is no protection from HIV or other STIs.

**Male condom** – A thin cover (usually made of latex) placed over the erect penis that prevents sperm from reaching the egg.

How well does it work? It prevents pregnancy 85-98% of the time.

PROS: Condoms are readily available, easy to get and protect against pregnancy and STIs including HIV.

CONS: A person needs to know how to use it correctly and must use one every time they have sex. There is a small chance that the condom can slip off or break. Some people have latex allergies. Natural male condoms (e.g., sheep skin) do not protect against HIV/STIs.

**Female condom** - A pouch inserted into the vagina prior to intercourse that prevents sperm from reaching the egg.

How well does it work? It prevents pregnancy 75-95% of the time.

PROS: Female condoms are made from Nitrile which can be used if you are allergic to latex, and they provide protection from STIs including HIV.

CONS: A person needs to know how to use it correctly and must use one every time they have sex. There is a small chance that the condom can slip off or break. Many people are unfamiliar with female condoms and they are more expensive than male condoms.

**Diaphragm** - A latex or silicone dome-shaped barrier inserted into the vagina prior to sex that covers the cervix and prevents sperm from getting into the uterus.

How well does it work? It prevents pregnancy about 88% of the time.

PROS: A diaphragm has no effect on a woman's natural hormones and can be inserted hours ahead of vaginal intercourse.

CONS: Diaphragms do not provide protection from STIs, including HIV, and requires a doctor's visit to get one.

**Hormonal Contraceptives** - The pill, patch, ring, Depo Provera shot and Implanon release hormones into the body to stop ovulation (i.e., when the ovaries release an egg into the fallopian tubes) to prevent pregnancy.

How well does it work? It prevents pregnancy about 98% of the time when used correctly.

PROS: Each hormonal method has different advantages which may include decreased cramps, privacy, frequency of dose, cancer prevention and others.

CONS: Hormonal methods do not provide protection against STIs, including HIV, and require a visit to a doctor to get one of them.

**Intrauterine Device (IUD)** – T shaped device inserted into the uterus by a health care provider that prevents pregnancy.

How well does it work? It prevents pregnancy about 99% of the time.

PROS: There are 2 options; Paragard may be left in place for up to 12 years; and Mirena may be left in place up to 5 years.

CONS: IUDs do not provide protection against STIs and there is a small risk of damage to the uterus when it is placed. An IUD can cause spotting between periods.

TEST YOUR  
KNOWLEDGE

## RESOURCES

For more information and activities that you can do with your child(ren) at home to reinforce what they have learned at school, you can access the following information and resources on the internet or at your local Chicago Public Library branch.

### BOOKS

*It's Not the Stork!* by Robie H. Harris (available in Spanish) – A book for younger children about their bodies -- a resource that parents, teachers, librarians, health care providers, and clergy can use with ease and confidence.

*It's So Amazing!: A Book about Eggs, Sperm, Birth, Babies, and Families (The Family Library)* By Robie H. Harris (available in Spanish) – A book for children ages 7-10 about their bodies -- a resource that parents, teachers, librarians, health care providers, and clergy can use with ease and confidence.

*It's Perfectly Normal* by Robie H. Harris (available in Spanish) - Provides accurate and up-to-date answers to nearly every imaginable question, from conception and puberty to birth control and AIDS, and offers young people ages 10 and up the information they need -- now more than ever -- to make responsible decisions and stay healthy.

*What Makes A Baby: A Book for Every Kind of Family and Every Kind of Kid* by Cory Silverberg – This guide to babies and birth is as notable for what isn't in it as what is: sperm, eggs, midwives and cesareans are mentioned, but references to mothers, fathers, boys or girls are absent, allowing the book to be used by families with a variety of configurations and circumstances.

For age-appropriate books regarding gender and sexual diversity, please refer to the [Appendix G: “Safe and Supportive Environments Library.”](#)

### ONLINE

#### Puberty

All about puberty (Nemours Children’s Health System) -

[http://kidshealth.org/kid/grow/body\\_stuff/puberty.html#cat20183](http://kidshealth.org/kid/grow/body_stuff/puberty.html#cat20183)

Sleep Hygiene (National sleep foundation) - <http://www.sleepfoundation.org/article/ask-the-expert/sleep-hygiene>

#### Sexual Health Care Services

Clinic Finder (Chicago Department of Public Health) - <http://www.chataboutit.org/clinics>

#### Self-Esteem and Body Image

*The Best Part of Me*: Positive Self-Image Poetry. In this lesson plan, students write poems to illustrate pictures of the best parts of themselves (Scholastic) - <https://www.scholastic.com/teachers/lesson-plans/teaching-content/best-part-me/>

#### General Sexual Health

Sexual Health (Nemours Children’s Health System) - [http://kidshealth.org/teen/sexual\\_health/](http://kidshealth.org/teen/sexual_health/)

Female Reproductive System Interactive diagram (Nemours Children’s Health System) -

[http://kidshealth.org/teen/sexual\\_health/changing\\_body/female\\_repro.html](http://kidshealth.org/teen/sexual_health/changing_body/female_repro.html)

Male Reproductive System Interactive diagram (Nemours Children’s Health System) -

[http://kidshealth.org/teen/sexual\\_health/changing\\_body/male\\_repro.html](http://kidshealth.org/teen/sexual_health/changing_body/male_repro.html)

Reproductive Health (US Health and Human Services, Office of Adolescent Health) - <http://www.hhs.gov/ash/oah/adolescent-health-topics/reproductive-health/>

### **Birth Control**

Chicago Department of Public Health- Chicago Healthy Adolescents and Teens (CHAT): <http://www.chataboutit.org/en/pregnancy/>

Birth Control Explorer (Stayteen.org) - <http://www.stayteen.org/birth-control-101>

Birth Control (Planned Parenthood) - <http://www.plannedparenthood.org/health-info/birth-control>

Birth Control Methods Fact Sheet (Woman’sHealth.gov) - <http://www.womenshealth.gov/publications/our-publications/fact-sheet/birth-control-methods.html>

Contraception and Birth Control: Condition Information (Eunice Kennedy Shriver National Institute of Child Health and Human Development) - <http://www.nichd.nih.gov/health/topics/contraception/conditioninfo/Pages/default.aspx>

Method Explorer (Bedsider.org) - <http://bedsider.org/methods>

### **Sexually Transmitted Infections and HIV**

“What is HIV/AIDS?” <https://www.plannedparenthood.org/learn/stds-hiv-safer-sex/hiv-aids>

### **Lesbian, Gay, Bisexual, Transgender and Questioning Support**

LGBTQ Resources (Illinois Safe Schools Alliance) - <http://www.illinoissafeschools.org/resources>

Sexual Orientation – Parent Resource (Nemours Children’s Health System) - [http://kidshealth.org/parent/emotions/feelings/sexual\\_orientation.html](http://kidshealth.org/parent/emotions/feelings/sexual_orientation.html)

### **Sexual Abuse and Violence**

The resource “[Keeping My Family Safe Workbook](https://www.chicagocac.org/wp-content/uploads/2015/08/ChicagoCAC-Keeping-My-Family-Safe-FINAL.pdf)” from *Chicago Children’s Advocacy Center* offers ways to prevent, recognize and respond to sexual abuse. <https://www.chicagocac.org/wp-content/uploads/2015/08/ChicagoCAC-Keeping-My-Family-Safe-FINAL.pdf>

Children & Sexual Violence (Rape Victim Advocates) - <https://www.rapevictimadvocates.org/what-you-need-to-know/prevent-child-sexual-abuse/>

About Domestic Violence (Between Friends) - <http://www.betweenfriendschicago.org/domesticviolence.html>

Crisis Hotlines (Mental Health Association of Greater Chicago) - <https://www.mhagcusa.org/>

Understanding Child Sexual Abuse (American Psychological Association) - <http://www.apa.org/pi/families/resources/understanding-child-abuse.aspx>

Child Sexual Abuse (Rape, Abuse, and Incest National Network) - <http://www.rainn.org/get-information/types-of-sexual-assault/child-sexual-abuse>

Incest Information Sheet (Wisconsin Coalition Against Sexual Assault) - [http://www.wcasa.org/pages/Resources-Info\\_Sheets-Incest-2004.php](http://www.wcasa.org/pages/Resources-Info_Sheets-Incest-2004.php)

[Back to Start](#)



# SIXTH GRADE



## 6<sup>TH</sup> Grade

### WHAT IS MY CHILD LEARNING?

In 6<sup>th</sup> grade, students learn about their bodies, pregnancy, abstinence and birth control, STI prevention, healthy decision making, and they practice skills to help them in sexual situations.

Lessons focus on:

- the male and female reproductive systems
- sexual contact
- how humans make new life (i.e., pregnancy)
- the responsibilities of pregnancy and childbirth
- birth control options
- how to correctly use male and female condoms
- where to get factual information on sexual health

The lessons stress that sexual contact is a normal way of expressing sexual relations for adults, that abstinence is the norm for 6<sup>th</sup> grade students and how to support the choice not to have sex. Parents/guardians should be notified by their school if a condom demonstration will be provided.

IF YOU WOULD LIKE SEE A LIST OF LESSONS AT EACH GRADE LEVEL, SEE [APPENDIX E LESSONS BY GRADE LEVEL](#). TO SEE THE CURRICULUM CONNECTION FOR OTHER GRADE LEVELS, PLEASE CONTACT YOUR SCHOOL FOR A COPY OF THE ENTIRE K-12 CURRICULUM CONNECTION.

### EDUCATIONAL STANDARDS

Educational standards help students, teachers and parents/guardians understand the basic knowledge and skills that students are expected to learn. Sexual health education lessons meet the requirements under the

1. Illinois Learning Standards for Physical Development and Health
2. Illinois Standards for Social/Emotional Learning
3. National Sexuality Education Standards

To see the specific standards met through 6<sup>th</sup> grade lessons, please see [appendix D](#).

The next section, *A Closer Look*, provides the names of the lessons, their goals and key content that students will learn. Lessons are taught using a variety of tools including:

- self-reflection activity sheets
- class discussions (including scenario review)
- role play
- PowerPoint presentation
- video
- homework (journaling)
- research of facts and statistics

### A CLOSER LOOK

## LESSONS ♦ GOALS ♦ KEY CONTENT

**Human Anatomy and Reproduction** – Students describe male and female sexual organs, their functions, vaginal sex and its relationship to pregnancy

**Students will:**

- Learn how the male and female organs prepare to create new life (i.e., babies)
- Identify the types of sexual contact that can result in pregnancy

**Pregnancy and Birth** – Students identify signs and symptoms of pregnancy and learn practices that contribute to a healthy pregnancy

**Students will:**

- Identify sexual contact that can result in pregnancy
- List that a sperm and egg joining together and sticking to the lining of the uterus is required for pregnancy
- Learn the stages of fetal growth
- Compare vaginal and cesarean births
- Research prenatal health and identify resources

**Exploring Abstinence** – Students identify abstinence (i.e., not having sex or genital contact) as the only 100% sure way to prevent pregnancy and sexually transmitted infections (STIs) and develop a plan to practice abstinence

**Students will:**

- Define abstinence as the choice not to have sex, including genital contact
- Think of the reasons to practice abstinence, identify barriers and practice skills

**Contraceptives** – Students learn the benefits, risks and how well different birth control methods work

**Students will:**

- Compare and contrast abstinence (i.e., not having sex), withdrawal, barrier methods (e.g., condoms), hormonal methods (e.g., the pill), and emergency birth control
- Learn the steps for using male and female condoms
- Identify places where youth can get health care

- There are many forms of sexual contact, but vaginal sex and contact between a penis and vagina can result in pregnancy.
- Pregnancy is confirmed by a medical professional.
- A pregnant woman can maintain a healthy pregnancy by seeing a doctor regularly, having good nutrition, exercising, resting, taking prenatal vitamins with folic acid and avoiding cigarettes, drugs and alcohol.
- Choosing abstinence (i.e., not having sex) positively influences a student's personal, academic, emotional and social well-being.
- Someone who is abstinent respects themselves and others, is goal focused, able to explore their sexuality and can love and be loved.
- The ability to share your choice not to have sex is important in supporting your ability to maintain your choice.
- 6th graders should seek support to help them practice abstinence.
- For individuals who choose to start to have sex, condoms and birth control can help prevent pregnancy and STIs.
- Emergency birth control should only be used as a back-up method of birth control, when normal methods fail – not as a first choice to prevent pregnancy



**A CLOSER  
LOOK**

## LESSONS ♦ GOALS ♦ KEY CONTENT

***STIs and HIV Prevention*** – Students learn medically correct information about STIs and HIV

***Students will:***

- Learn about STIs, how they are spread, the common signs and symptoms, myths and facts and long term effects of having STIs
- Determine the risk of spreading HIV and STIs through sexual contact
- Plan how to avoid high risk activities or make them safer

***Decision Making*** – Students apply a decision-making model to sexual health situations they may face

***Students will:***

- Identify the steps in making a decision and apply and practice those steps using common sexual health decisions made by youth

***Delay Tactics and Refusal Skills*** – Students practice sharing their sexual health decisions in a way that supports their decisions

***Students will:***

- Observe and practice non-verbal refusal skills
- Practice delay tactics (verbal and nonverbal) using role play
- Observe and practice refusals skills that work well

***Sexual Health Resources*** – Students identify medically correct sources of information about sexual health

***Students will:***

- Identify places where youth can get sexual health care
- Review an adolescent's rights to sexual health care
- Think of important questions youth may have about sexual health care

- STIs and HIV are spread through vaginal, anal (i.e., butt) and oral (i.e., mouth) sex and genital contact.
- The most common symptom of an STI is no symptom at all.
- Regular STI testing is a healthy practice for couples who choose to have sex.
- Some sexual activities (e.g., sex while under the influence of drugs or alcohol) are higher risk than others and should be avoided.
- Using a decision making model allows students to examine their choices and possible consequences.
- Students should use input from trusted adults in their decision making process.
- Sometimes adolescents are in situations, including sexual situations, that they may not have a planned for.
- Refusal behaviors provide students with a method for saying NO to unsafe sexual situations.
- Youth are able to access sexual health care through community and school based clinics, which are a safe and credible resource for students.
- Under Illinois state law, youth 12 years of age or older can access most sexual health care services without parental consent.

## A CLOSER LOOK

## A CLOSER LOOK

It is important for children to learn the correct names for their body parts and other common terms used in sexual health education. This helps children to be able to speak clearly about their bodies and for adults to understand what they are saying, especially in a medical situation or during reports of abuse. Using the correct terms helps students to fully understand how pregnancy occurs and how to reduce their risk and prevent spreading STIs. Below are the terms students learn in 6<sup>th</sup> grade.

### VOCABULARY

**Abstinence** – The choice not to engage in any form of sexual contact that can result in pregnancy or STI transmission (i.e., passing from one person to another) and therefore is 100% effective.

**Anal sex** – Sexual contact in which the penis is placed in the anus for sexual pleasure.

**Body Language**- way to communicate, both verbal and nonverbal. This may include tone of voice, gestures, the look on your face, the way you sit or stand.

**Challenge** – Testing someone’s abilities or resources.

**Condom** – A device placed over the penis or in the vagina to reduce the risk of pregnancy and or STIs, including HIV.

**Confidentiality** – Legal and ethical requirements that mean a medical professional may not reveal any information about a patient to anyone else.

**Consequence** – Something that is produced by a set of actions.

**Contraceptive** – A method used to reduce the risk of pregnancy and or STIs, including HIV.

**Delay Tactics** - Behavior, both verbal and nonverbal, that can be used to avoid difficult and uncomfortable situations.

**Fraternal Twins** - When two separate eggs are fertilized by two separate sperm. Fraternal twins do not share the exact same genes — they are no more alike than they are to their siblings from different pregnancies. Fraternal twins tend to run in some families.

**Genital Contact** – Sexual contact between two external reproductive organs (e.g., penis and vulva) without penetration.

**Genitalia** – External male and female reproductive organs.

**Hormone** – Chemical messengers in the human body.

**Identical twins** - occur when a single fertilized egg splits in two. Identical twins have the same genetic material and look exactly the same. Identical twins happen by chance.

**Manual sex** – Stimulating a partner’s genitals with the hands.

**Masturbation** – Touching your own genitals for sexual pleasure.

**Oral sex** – Sexual contact in which the mouth of one partner sexually stimulates the penis, vulva, or anus of the other partner.

**Sexual Intercourse** – Sexual contact that may include when a penis is inserted into the vagina (vaginal intercourse), anus (anal sex), or mouth (oral sex).

**Sexually Transmitted Infection (STI)** – A viral or bacterial infection that is spread by sexual intercourse or other sexual contact.

**Sonogram** – An image of a fetus produced by an ultrasound exam.

**Sterility** – The inability to father a child

**Symptom** – A sign of disease.

**Trimester** – Any of three periods of approximately three months each into which a human pregnancy is divided.

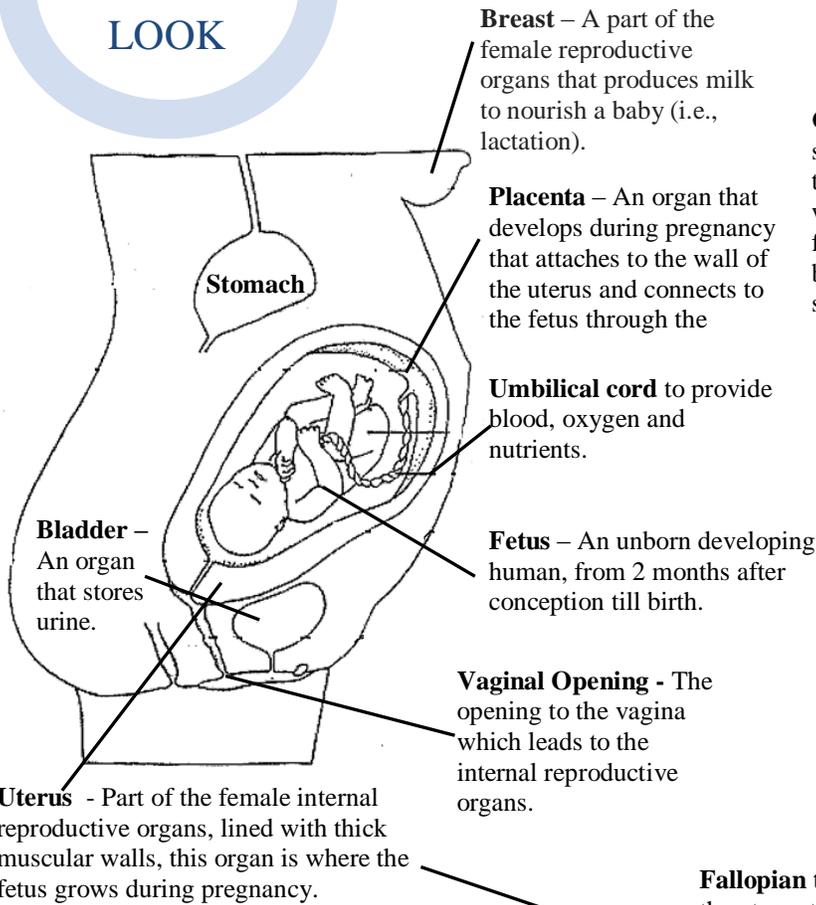
**Vaginal Birth** – The process of giving birth to a child by way of the vaginal canal.

**Vaginal Intercourse** –Sexual contact when the male’s penis enters the female’s vagina.

**Virgin** – Someone who has not engaged in any form of sexual contact.

A  
CLOSER  
LOOK

THE FEMALE REPRODUCTIVE SYSTEM



**Conception** – Becoming pregnant.

**Infertility** – The inability to become pregnant.

**Embryo** – The developing human from implantation (i.e., when the egg/sperm attaches to the lining of the uterus) through the second month of pregnancy.

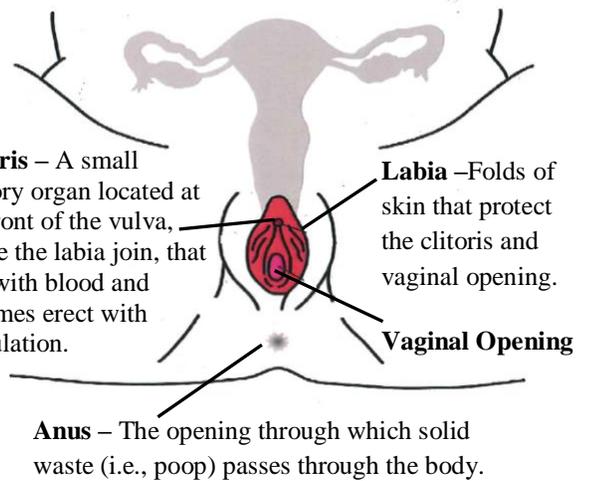
**Cesarean Birth** – A surgical procedure in which the baby is born through a cut in the belly and uterus (also called cecarean section or C-section).

**Fertilization** – When the egg and the sperm join together.

**Implantation** – When the zygote (i.e. joined egg and sperm) sticks to the wall of the uterus.

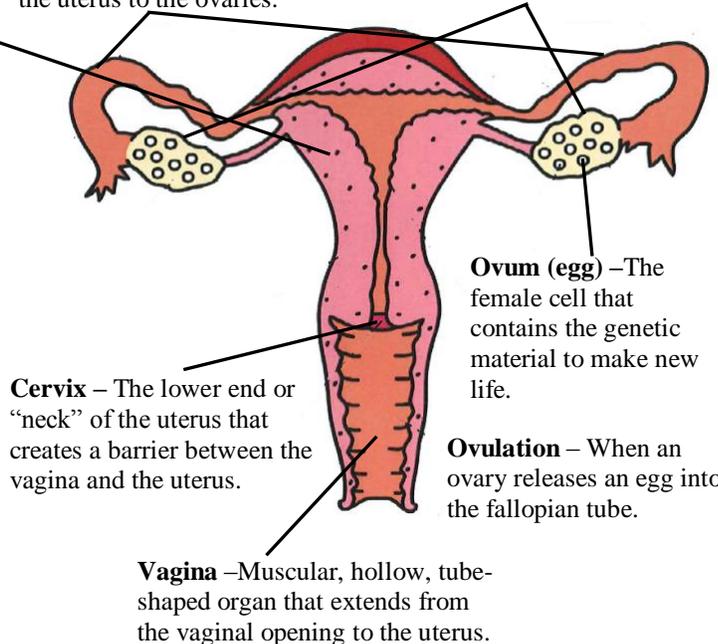
**Prenatal** – Before birth.

**Menstrual “Period” or Menstruation** – The time when hormones are released from different parts of the body to help control and prepare the body for pregnancy. During the menstrual cycle, the uterine lining breaks down and is shed – this bleeding is what’s known as a period.



**Fallopian tubes** – Connects the uterus to the ovaries.

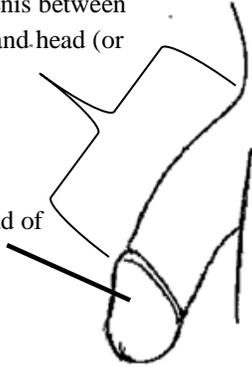
**Ovaries** – Two small, round organs inside the female pelvic area that produce estrogen and produce, store and release eggs into the fallopian tubes.



## THE MALE REPRODUCTIVE SYSTEM

**Shaft** – The cylindrical part of the penis between the scrotum and head (or glans).

**Glans** – The sensitive head of the penis.



**Circumcised penis**

**Circumcision** – Cutting off the foreskin (i.e., a fold of skin at the tip of the penis).



**Uncircumcised penis**

**Foreskin** – A fold of skin at the end of the penis covering the glans.



**Sperm** – A male reproductive cell that is made in the testicles.

**Semen** - A white or clear sticky fluid made up of sperm and seminal fluid that comes out of the penis during ejaculation.

**Ejaculation** – When a male’s body releases sperm and semen from the body through the penis.

**Bladder** – The organ that collects and stores urine produced by the kidneys.

**Seminal vesicles** – Sac-like structures attached to the vas deferens, to the side of the bladder.

**Prostate gland** – Surrounds the ejaculatory ducts at the base of the urethra, just below the bladder and produces some of the parts of semen.

**Cowper’s gland** – A gland located below the prostate that produces a liquid that clears the urethra of sperm harming

**Scrotum** – A pouch like structure that hangs behind the penis that holds the testicles and controls the temperature of the testicles for sperm production.

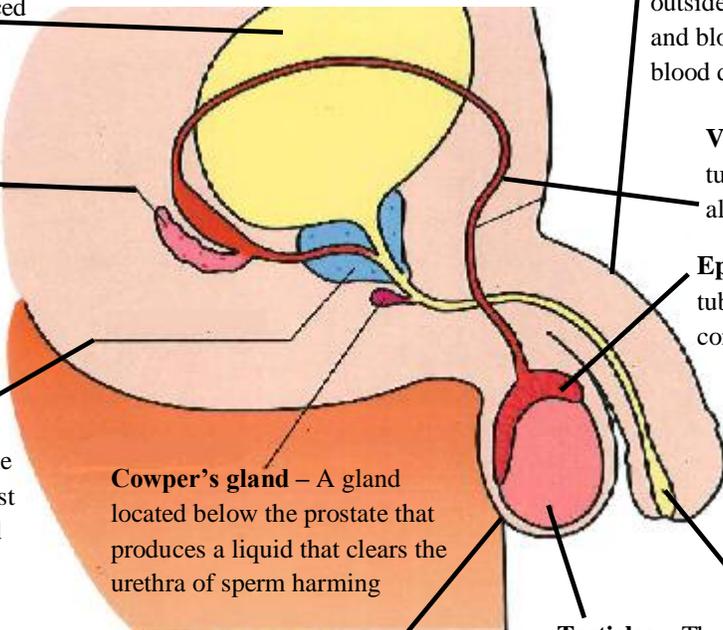
**Penis**– The male organ sex organ that is made of the urethra (through which urine and semen are passed outside of the body), spongy tissues and blood vessels that can fill with blood during an erection.

**Vas deferens** - A muscular tube that passes upward alongside the testicles.

**Epididymis** – A set of coiled tubes (one for each testicle) that connects to the vas deferens.

**Urethra** - The canal that carries urine and semen from the bladder to the outside of the body.

**Testicles** – The male organs that are inside the scrotum and produce the hormone testosterone.



## CONTINUE THE LEARNING AT HOME

Parents/guardians are the primary sexual health educators for their child(ren) and have the biggest impact on their sexual health decision-making. Whether you set aside a specific time to talk about sexual health, read books, do online activities or something else, parents educate their child(ren) every day by teaching them to respect others in their classes that are different from them, close the door when they use the restroom, avoid strangers, tell someone they trust if anyone hurts them, the names for their body parts and countless other lessons that are also reinforced in lessons at school. Below are some ideas you can use to help start a chat with your child(ren).

### LET'S TALK! ABOUT SEXUAL HEALTH EDUCATION

#### ASK

What have you learned about sexual health so far this year? Do you have any questions about your body, sexual health or any other topic? (If your child doesn't want to talk about it, keep trying and don't give up. Send the message that their opinions and questions about sexual health are important.) You can talk to me/us or ask questions about anything at any time.

#### SAY

Abstinence (i.e., not having sex) is the right choice for 6th graders. (Talk about your own views, beliefs and values about sex with your child. Adolescents rely on their parents for guidance and information, even though they may not always want to talk. This is the most powerful tool that delays youth from having sex.)

#### DO

Talk about the websites your child visits on the internet. Ask questions about the websites they visit, the shows they watch on TV and the books they are reading. Use this information to start conversations about how the images they see, hear or read, that are related to sex, effect what kids their age think about sex.

Read the book *It's Not the Stork or It's Perfectly Normal: Changing bodies, growing up, sex and sexual health* by Robie Harris, available at the Chicago Public Library. Both of these books present topics such as puberty and human reproduction (i.e., pregnancy) through child-friendly words and pictures. It can help begin conversations with your child about sex and reproduction.

## TEST YOUR KNOWLEDGE

The questions below are based on topics presented in *A Closer Look* and can help prepare you for questions your child(ren) may have. These questions do not represent all of the information that students learn but highlight a few key points.

### DO YOU KNOW THE ANSWERS TO THESE QUESTIONS?

**Q1:** What terms are used to describe the development of a human being in the womb?

---

---

**Q2:** Is your school allowed to provide students with condom demonstrations?

---

---

**Q3:** If you choose to opt your child(ren) out of sexual health education lessons, do they have to miss all of the lessons?

---

---

**Q4:** Is it possible to get an STI from genital contact?

---

---

**Q5:** What is the only method that is 100% effective against pregnancy and STIs, including HIV?

---

---

**Q6:** Why is it important to students to practice healthy decision making, refusal skills and delay tactics?

---

---

**Q7:** Are emergency contraceptives (i.e. birth control), also known as the Morning After Pill or Plan B, an “abortion pill?”

---

---

## ANSWERS

### A1:

Zygote - A combination of sperm and egg cells.

Embryo - When the zygote attaches to the wall of the uterus.

Fetus – A developing human from two months of pregnancy until birth (referred to as a baby after birth).

**A2:** Birth control methods are introduced beginning in 5<sup>th</sup> grade and more in-depth information is provided in 6<sup>th</sup> grade. Students learn that STIs, including HIV, can be passed from one person to another through oral, anal and vaginal sex. Spreading STIs can be greatly reduced if a male or female condom (latex or polyurethane) is used correctly each and every time a person has sex. Correct condom use can be demonstrated by a person who has completed the CPS Sexual Health Education Training or by an approved community provider. Condom demonstrations are allowed in 5<sup>th</sup> through 12<sup>th</sup> grade. Principals must be notified by the instructor if condom demonstration will be provided and condom demonstration information should be included in all notifications to parents/guardians.

**A3:** No. If there is only a specific part of the sexual health education lessons that you do not want your child(ren) to take part in, you can say that they are only to be excluded from that part of instruction. Please keep in mind that the CPS Sexual Health Education Curriculum builds upon the knowledge gained by students in every grade level. We recommend that you review the missed information with your child(ren) to ensure they understand and have the knowledge they need as lessons progress.

**A4:** Yes. Some STIs can be passed through skin to skin contact like herpes or genital warts.

**A5:** Abstinence (i.e., not having sex), when there is zero sexual contact.

**A6:** When students have a chance to practice these skills and think about their choices and consequences, before they are in a challenging situation, they are more likely to make a healthy choice and are prepared to handle the pressure of the situation and know how to respond.

**A7:** No. Emergency Contraception (i.e. birth control), also known as the Morning after pill or Plan B, is a high dose combination of hormones taken within (5 days) after vaginal intercourse. It can stop or delay ovulation (i.e., when the ovaries release an egg into the fallopian tubes), prevent fertilization (i.e., when the sperm enters the egg) or implantation (i.e., when the egg/sperm attaches to the lining of the uterus) to prevent pregnancy. It does not affect an existing pregnancy. When taken correctly, it can reduce the chance of pregnancy from 8% to 1%.

TEST YOUR  
KNOWLEDGE

## RESOURCES

For more information and activities that you can do with your child(ren) at home to reinforce what they have learned at school, you can access the following information and resources on the internet or at your local Chicago Public Library branch.

### BOOKS

The American Medical Association's *Girl's Guide to Becoming a Teen* and *Boy's Guide to Becoming a Teen* – reviews the important milestones in every girl's and boy's life with answers and advice to the most common health issues girls and boys face.

*What Makes A Baby: A Book for Every Kind of Family and Every Kind of Kid* by Cory Silverberg – This guide to babies and birth is as notable for what isn't in it as what is: sperm, eggs, midwives, and cesareans are mentioned, but references to mothers, fathers, boys, or girls are absent, allowing the book to be used by families with a variety of configurations and circumstances.

*It's Perfectly Normal* by Robie H. Harris (available in Spanish) - Provides accurate and up-to-date answers to nearly every imaginable question, from conception and puberty to birth control and AIDS, and offers young people ages 10 and up the information they need -- now more than ever -- to make responsible decisions and stay healthy.

For age-appropriate books regarding gender and sexual diversity, please refer to the [Appendix G: "Safe and Supportive Environments Library."](#)

### ONLINE

#### General Sexual Health/Abstinence

Knowledge and advice about adolescent sexual health: <http://kidshealth.org/>

Tools for Parents that can help you talk about sexual health and help to build a strong relationship with your adolescent - <http://www.plannedparenthood.org/parents>

Information for teens on sexual health - <http://www.chataboutit.org>

Female Reproductive System (Interactive diagram) - [http://kidshealth.org/teen/sexual\\_health/changing\\_body/female\\_repro.html](http://kidshealth.org/teen/sexual_health/changing_body/female_repro.html)

Male Reproductive System (Interactive diagram) - [http://kidshealth.org/teen/sexual\\_health/changing\\_body/male\\_repro.html](http://kidshealth.org/teen/sexual_health/changing_body/male_repro.html)

Adolescent reproductive health - <http://www.hhs.gov/ash/oah/adolescent-health-topics/reproductive-health/>

Tips for talking to your child(ren) about sex and sexuality - <http://www.plannedparenthood.org/parents/talking-to-kids-about-sex-and-sexuality>

About abstinence - <http://www.plannedparenthood.org/health-info/birth-control/abstinence>

Abstinence for teens - [http://kidshealth.org/teen/sexual\\_health/contraception/abstinence.html](http://kidshealth.org/teen/sexual_health/contraception/abstinence.html)

Waiting - . <http://www.stayteen.org/waiting>

Resource Center for Adolescent Pregnancy Prevention, Skills for Youth - <http://recapp.etr.org/Recapp/index.cfm?fuseaction=pages.youthskillshome>

### **Birth Control**

Chicago Department of Public Health- Chicago Healthy Adolescents and Teens (CHAT):

[www.chataboutit.org/pregnancy](http://www.chataboutit.org/pregnancy)

Birth Control Explorer - <http://www.stayteen.org/birth-control-101>

Planned Parenthood information on birth control methods - <http://www.plannedparenthood.org/health-info/birth-control>

Birth Control Methods Fact Sheet - <http://www.womenshealth.gov/publications/our-publications/fact-sheet/birth-control-methods.html>

Contraception and Birth Control: Condition Information - <http://www.nichd.nih.gov/health/topics/contraception/conditioninfo/Pages/default.aspx>

Method Explorer - <http://bedsider.org/methods>

Male and female condom demonstration videos are available at:

<http://teachers.teachingsexualhealth.ca/resources/demonstration-videos>

<http://www.chataboutit.org/en/sti/> - male and female condoms- animated infographics

<http://www.youtube.com/watch?v=EdSq2HB7jqU> – male condom

<http://www.youtube.com/watch?v=LJZOCdmnvmc> – female condom

### **Pregnancy**

Pregnancy and prenatal care - <http://www.plannedparenthood.org/health-topics/pregnancy/prenatal-care-4255.htm>

<http://www.chataboutit.org/en/pregnancy-steps/>

Nutritional needs during pregnancy - <http://www.choosemyplate.gov/pregnancy-breastfeeding/pregnancy-nutritional-needs.html>

Pregnancy wellness – <http://americanpregnancy.org/pregnancy-health/>

Prenatal care fact sheet - <http://www.womenshealth.gov/publications/our-publications/fact-sheet/prenatal-care.html>

### **Preventing HIV/AIDS**

HIV & AIDS Prevention - <http://www.avert.org/aids-hiv-prevention.htm>

Talking with Young People about HIV/AIDS - <http://www.health.ny.gov/diseases/aids/youth/>

### **Sexual Health Care Services**

Chicago Healthy Adolescents and Teens (CHAT) Clinic Finder - [www.chataboutit.org/clinics](http://www.chataboutit.org/clinics)

Teens: Visiting a Reproductive Health Clinic - <http://www.cdc.gov/teenpregnancy/TeenFriendlyHealthVisit.html>

[Back to Start](#)



# SEVENTH GRADE



## 7<sup>TH</sup> Grade

### WHAT IS MY CHILD LEARNING?

In 7<sup>th</sup> grade, students review puberty, start to analyze their relationships and explore identity and sexual orientation.

Lessons focus on:

- the changes that occur between childhood and adulthood
- how we may have unrealistic views of ourselves
- the challenges of making decisions
- the role power plays in relationships
- practicing being firm but respectful in how they speak to others
- the dangers of sexting and how to be safe online
- the importance of respecting differences, how hate affects people and how they can support people who are gay, lesbian, bisexual or transgender

IF YOU WOULD LIKE SEE A LIST OF LESSONS AT EACH GRADE LEVEL, SEE [APPENDIX E LESSONS BY GRADE LEVEL](#). TO SEE THE CURRICULUM CONNECTION FOR OTHER GRADE LEVELS, PLEASE CONTACT YOUR SCHOOL FOR A COPY OF THE ENTIRE K-12 CURRICULUM CONNECTION.

### EDUCATIONAL STANDARDS

Educational standards help students, teachers and parents/guardians understand the basic knowledge and skills that students are expected to learn. Sexual health education lessons meet the requirements under the

1. Illinois Learning Standards for Physical Development and Health
2. Illinois Standards for Social/Emotional Learning
3. National Sexuality Education Standards

To see the specific standards met through 7<sup>th</sup> grade lessons, please see [appendix D](#).

The next section, *A Closer Look*, provides the names of the lessons, their goals and key content that students will learn. Lessons are taught using a variety of tools including:

- self-reflection activity sheets
- class discussions (including scenario review)
- role play
- PowerPoint presentation
- video
- homework (journaling)
- research of facts and statistics

### A CLOSER LOOK

## LESSONS ♦ GOALS ♦ KEY CONTENT

**Adolescent Development** – Students describe the physical, social, mental and emotional changes of their teenage years

**Students will:**

- Identify male and female changes of puberty

**Body Image and Self-esteem** – Students analyze how friends, family, media and culture can influence how they see themselves

**Students will:**

- Analyze how photos can be changed and how those changes can alter how we see things, affect our self-image and be used to help sell products
- Identify the effects of body image on self-esteem

**Decision Making** – Students apply a decision making model to tough decisions youth face

**Students will:**

- Identify steps of a decision making model and apply them to common decisions made by youth
- Identify positive and negative outside influences that can affect their decisions
- Practice using a decision making model for sexual health decisions

**Relationships I Keeping it Healthy** – Students discuss the qualities of healthy and unhealthy relationships

**Students will:**

- Compare and contrast healthy and unhealthy relationships
- List various types of relationships, including romantic relationships, and identify ways to show affection
- Identify how age and authority can influence relationships
- Analyze their relationship experiences

- Puberty is a period of time when physical, social, emotional and mental changes, like increased responsibility, happen between childhood and adulthood.
- Parents/guardians are good sources of information about puberty.
- The media can alter bodies to present unrealistic images to adolescents.
- Friends, family, media, society and culture can influence body image and self-esteem in positive ways.
- Decision making models allows students to think through their choices.
- Many things can affect one's ability to follow through on their decisions.
- Abstinence (i.e., not having sex) is the norm for 7th graders and the only 100% effective method against pregnancy and STIs.
- Responsible decision making is important in sexual health and lifestyle decisions including decisions about not having sex, preventing the spread of STIs and pregnancy and the dangers of drug and alcohol consumption.
- There can be actions and words that can help and/or damage a relationship.
- All relationships should be respectful and equal.
- Culture and personal boundaries can impact how affection is shown in various relationships.
- Students should talk to a trusted adult about their relationships.



**A CLOSER  
LOOK**

**LESSONS ♦ GOALS ♦ KEY CONTENT**

**Relationships II Influences** – Students analyze the ways friends, family, media, society and culture can influence relationships

**Relationships III Communication** – Students learn and practice skills to speak assertively and respectfully to express what they do and do not want in relationships

**Navigating Technology and Relationships** – Students discuss the role of email, social media, cell phones and other technology in relationships and develop a plan for remaining safe while using them

**Identity I - Gender Expression and Sexual Orientation** – Students explore what impacts views of gender and sexual orientation

**Identity II- Respecting Differences** – Students learn to respect people of all gender expressions and sexual orientations

- Students will:**
- Identify how media, family and culture can impact relationships
  - Identify how age and authority can influence relationships
  - Analyze their own relationships
  - Describe diverse relationships and predict outcomes

- Students will:**
- Look at assertive, aggressive, passive and manipulative ways of speaking with other people
  - Formulate an assertive request, refusal and how to accept rejection

- Students will:**
- Understand the current and future dangers of sexting

- Students will:**
- Define gender labels and how they are harmful
  - Discuss how culture influences views of sexual orientation (i.e., who you are romantically attracted to) and gender expression (i.e., how one shows they are male and/or female)

- Students will:**
- Identify how hateful and homophobic speech can be bullying and harmful
  - Define the role of an ally (i.e., supporter) and develop a plan to promote dignity and respect for all

Students can use assertive communication skills to ask for what they want, say no to requests they don't want and defend their rights and boundaries.

Passive, manipulative or aggressive communication can be disrespectful and dishonest.

Sharing through technology and social media can give students the chance to learn from people they may not meet in real life, but there can be some dangers of interacting with unknown peers and adults.

Unwanted physical and verbal sexual advances are never okay.

Youth should know the warning signs of an unsafe relationship.

Conveying personal information through technology (such as sexting) can have short and long term negative effects.

Gender expression is not an accurate indicator of someone's sexual orientation.

Culture and media can influence how we think about male and female gender roles and sexual orientation.

It is important to treat everyone, regardless of gender expression or sexual orientation, with dignity and respect.

Commonly used words or phrases, such as "that's so gay" can be harmful to lesbian, gay, bisexual, transgender and questioning (LGBTQ) individuals.

By becoming an ally (i.e., supporter), students can show respect for everyone, including LGBTQ individuals.



**A CLOSER LOOK**

## A CLOSER LOOK

It is important for students to learn the correct terms used in sexual health education to understand how to communicate well and respect others. This helps create a school culture that is safe and supportive for all CPS students. Below are the terms students learn in 7<sup>th</sup> grade.

### VOCABULARY

**Adolescence** – The time when social and emotional changes happen with no distinct time frame.

**Ally** – A person who advocates for and supports the rights and equal treatment of lesbian, gay, bisexual, transgender and questioning (LGBTQ) individuals.

**Body image** – How one thinks about their own body, or how someone thinks other people look at their body.

**Communication** – expressing your feelings, ideas and/or thoughts to someone.

**Consequence** – Something that is produced by a set of actions.

**Digital Media** - Electronic devices and media like computers, cell phones, video, Facebook, Twitter, the Internet and video games that allow users to interact with one another or with the device or application itself.

**Diverse** – Different; showing different points of view or coming from different backgrounds.

**Harass** - To bother or pressure aggressively.

**Homophobia** - An irrational fear of and negative attitude towards LGBTQ people.

**Identity** - The qualities and beliefs that make a person or group of person unique or different from others.

**Inappropriate** - Not proper; not okay.

**Media** – A way of communicating that reaches and affects a lot of people, including television, magazines, advertisements, movies, music videos, video games and more.

**Power** – Legal or official authority; control.

**Product** – Something that a company advertises and sells.

**Puberty** - A time between childhood and adulthood when physical changes happen with a start and end.

**Respect** - Treating yourself, others and your environment as something that is valuable and special.

**Risky** - Potentially harmful to one's emotional or physical well-being.

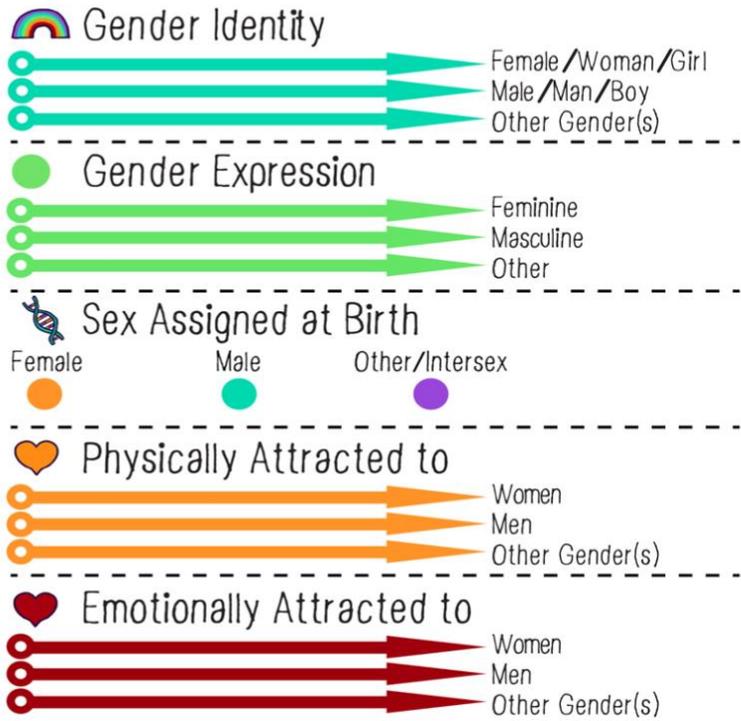
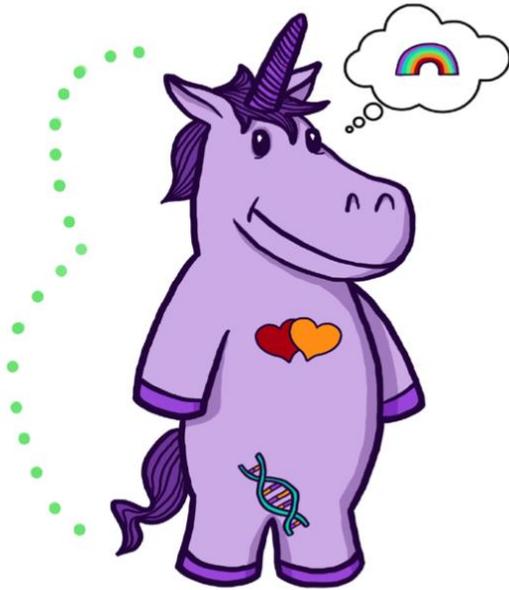
**Self-esteem** – How you feel about yourself.

**Sexting** – Sending sexual or physically revealing pictures or words through digital communication.

**Stereotype** – Assuming that someone will act or feel a certain way based on their outward appearance.

# The Gender Unicorn

Graphic by:  
**TSER**  
Trans Student Educational Resources



To learn more, go to:  
[www.transstudent.org/gender](http://www.transstudent.org/gender)

Design by Landyn Pan and Anna Moore

**Gender Identity:** One's internal sense of being male, female, neither of these, both, or another gender(s). Everyone has a gender identity, including you. For transgender people, their sex assigned at birth and their own internal sense of gender identity are not the same. Female, woman, and girl and male, man, and boy are also NOT necessarily linked to each other but are just six common gender identities.

**Gender Expression/Presentation:** The physical manifestation of one's gender identity through clothing, hairstyle, voice, body shape, etc. Most transgender people seek to make their gender expression (how they look) match their gender identity (who they are), rather than their sex assigned at birth.

**Sex Assigned at Birth:** The assignment and classification of people as male, female, intersex, or another sex based on a combination of anatomy, hormones, chromosomes. It is important we don't simply use "sex" because of the vagueness of the definition of sex and its place in transphobia. Chromosomes are frequently used to determine sex from prenatal karyotyping (although not as often as genitalia). Chromosomes do not determine genitalia.

**Sexually Attracted To: Sexual Orientation.** It is important to note that sexual and romantic/emotional attraction can be from a variety of factors including but not limited to gender identity, gender expression/presentation, and sex assigned at birth.

**Romantically/Emotionally Attracted To:** Romantic/emotional orientation. It is important to note that sexual and romantic/emotional attraction can be from a variety of factors including but not limited to gender identity, gender expression/presentation, and sex assigned at birth.

\*Definitions are from TSER at <http://www.transstudent.org/gender>

## CONTINUE THE LEARNING AT HOME

Parents/guardians are the primary sexual health educators for their child(ren) and have the biggest impact on their sexual health decision-making. Whether you set aside a specific time to talk about sexual health, read books, do online activities or something else, parents educate their child(ren) every day by teaching them to respect others in their classes that are different from them, close the door when they use the restroom, avoid strangers, tell someone they trust if anyone hurts them, the names for their body parts and countless other lessons that are also reinforced in lessons at school. Below are some ideas you can use to help start a chat with your child(ren).

### LET'S TALK! ABOUT SEXUAL HEALTH EDUCATION

#### ASK

Who do you feel comfortable talking to about the changes that you have been experiencing? How do you think the changes will affect how you think and feel about yourself? Do you think these changes will change your role in our family and with your friends? (Assure your child that the changes they experience during puberty are normal. Tell them that the changes happen at different times for different people, and that each person is different from the next and that is normal. This helps your child develop healthy feelings about the changes they go through.) You can always talk with me/us about anything at any time.

#### SAY

When you have to make a tough decision, it's important that you talk to someone you trust and who will be a positive influence on what you decide. They can help you see more options and help you think about what can happen as a result of your choices. Remember that you can talk to me/us about anything at any time.

Using social media can give you the chance to learn from people you may not meet in real life, but it can also present dangers. Never give your personal information to people on the internet because it can be unsafe and can have negative effects. Remember that you can talk to me/us about anything, and can come to me/us if you feel unsure if someone is contacting you in an unsafe relationship or situation.

#### DO

Practice role-playing with your child using this model:

1. Have your child state a fact or feeling, then ask straight for what they want. (E.g., "I cleaned my room. Now I'd like to go out with my friends.")
2. Describe what you would like using what they told you they want. (E.g., "No, I'd like you to stay home")
3. If you answered with a "No" response, have your child ask for their second choice. (Example "Well, what if I stay home for a couple of hours and then just go out to my friend's house until 10?")
4. If you still say "No"... (You do not always have to say no) your child should accept your decision gracefully.
5. Then switch roles, and practice again.

Explain to your child that if they don't ask directly for what they want, the person they are talking to might not know what they want. However, continuing to ask for what they want after two "no" responses might be considered aggressive to the person they are speaking to and have a negative effect. Share stories of healthy relationships that make you feel good and encourage your child to share similar stories with you. Identify what it is about those relationships that make you or your child feel good. Some qualities you might bring up may include: mutual respect, trust, honesty, support, fairness, good communication and keeping separate identities. Listen to your child when they speak to you about concerns, experiences or questions about their bodies, feelings and relationships. Even if you are shocked by some of what your child asks you, know that is important that they feel safe coming to you. Ask questions, such as "Why do you want me to know this right now?" and "How are you feeling about this?" Show respect towards their answers, and also be patient if they are not ready to answer your questions. By showing that you care and are not judging them, they may feel more comfortable talking to you again when they are more ready.

## TEST YOUR KNOWLEDGE

The questions below are based on topics presented in *A Closer Look* and can help prepare you for questions your child(ren) may have. These questions do not represent all of the information that students learn but highlight a few key points.

### DO YOU KNOW THE ANSWERS TO THESE QUESTIONS?

**Q1:** What is puberty and adolescent development?

---

---

**Q2:** What does LGBTQ stand for?

---

**Q3:** If you choose to opt your child(ren) out of sexual health education lessons, do they have to miss all of the lessons?

---

---

**Q4:** Why are healthy friendships important?

---

---

**Q5:** What is important to you in a romantic relationship, and is it similar to any other type of relationship that you have?

---

---

**Q6:** Why is it important to students to practice healthy decision-making, refusal skills and delay tactics?

---

---

**Q7:** Why is it important to have an open dialogue with youth about sexual health?

---

---

## ANSWERS

**A1:** Puberty covers the biological changes that occur to a person over a specific period of time and ends when full adult height is reached. While adolescent development is the social and emotional changes that occur to a person over a less defined time period.

**A2:** LGBTQ is a commonly used acronym for lesbian, gay, bisexual, transgender and questioning.

The “Q” can also stand for queer. Although queer has been used as a negative term in the past, some people now feel it is a positive term and may self-identify as queer. For the purposes of CPS sexual health education, the “Q” will stand for questioning.

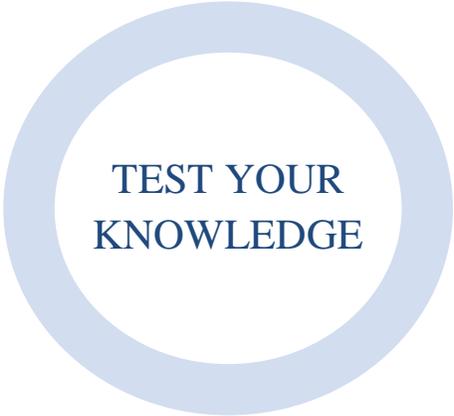
**A3:** No. If there is only a specific part of the sexual health education lessons that you do not want your child(ren) to take part in, you can say that they are only to be excluded from that part of instruction. Please keep in mind that the CPS Sexual Health Education Curriculum builds upon the knowledge gained by students in every grade level. We recommend that you review the missed information with your child(ren) to ensure they understand and have the knowledge they need as lessons progress.

**A4:** Friendships help children develop emotionally and morally. They learn social skills, such as how to communicate, cooperate and solve problems and practice controlling their emotions and responding to the emotions of others. Friendships help them develop the ability to think through and negotiate different situations that arise in their relationships.

**A5:** While the answer to this question is very personal, in general, most people want the same qualities in their romantic relationships as in their friendships. Those qualities usually include respect, trust and support, honesty and accountability, shared responsibility, negotiation and fairness and non-threatening behavior. It is important to understand all of the qualities of a healthy relationship since students often think that the only important quality in a healthy romantic relationship is love.

**A6:** When students have a chance to practice these skills and think about their choices and consequences, before they are in a challenging situation, they are more likely to make a healthy choice and are prepared to handle the pressure of the situation and know how to respond appropriately.

**A7:** An open dialogue helps youth explore misinformation they may have heard, learn about healthy relationships, develop coping skills and ensure support systems.



TEST YOUR  
KNOWLEDGE

## RESOURCES

For more information and activities that you can do with your child(ren) at home to reinforce what they have learned at school, you can access the following information and resources on the internet or at your local Chicago Public Library branch.

### BOOKS

*What Makes A Baby: A Book for Every Kind of Family and Every Kind of Kid* by Cory Silverberg – This guide to babies and birth is as notable for what isn't in it as what is: sperm, eggs, midwives, and cesareans are mentioned, but references to mothers, fathers, boys, or girls are absent, allowing the book to be used by families with a variety of configurations and circumstances.

*It's Perfectly Normal* by Robie H. Harris (available in Spanish) - Provides accurate and up-to-date answers to nearly every imaginable question, from conception and puberty to birth control and AIDS, and offers young people ages 10 and up the information they need -- now more than ever -- to make responsible decisions and stay healthy.

For age-appropriate books regarding gender and sexual diversity, please refer to the [Appendix G: "Safe and Supportive Environments Library."](#)

### ONLINE

#### Sexual Health and Abstinence

Tools for parents to talk with their children about sexual health - <http://www.plannedparenthood.org/parents>  
 Helping teens delay having sex - <http://www.plannedparenthood.org/parents/helping-teens-delay-having-sex-37984.htm>

Family Life and Sexual Health (FLASH), Parent and Child Discussion Activities, <http://www.kingcounty.gov/depts/health/locations/family-planning/education/FLASH/~media/depts/health/family-planning/documents/middle-school-family-homework-EN.ashx>

#### Puberty

All About Puberty - [http://kidshealth.org/kid/grow/body\\_stuff/puberty.html#cat20183](http://kidshealth.org/kid/grow/body_stuff/puberty.html#cat20183)

Puberty 101 for parents – <http://www.plannedparenthood.org/parents/puberty-101-for-parents>

#### Relationships

Chicago Healthy Adolescents and Teens (CHAT) - <http://www.chataboutit.org/en/relationships/>

Love and Romance - [http://kidshealth.org/teen/your\\_mind/relationships/love.html](http://kidshealth.org/teen/your_mind/relationships/love.html)

Am I in a healthy relationship? - [http://kidshealth.org/teen/your\\_mind/relationships/healthy\\_relationship.html](http://kidshealth.org/teen/your_mind/relationships/healthy_relationship.html)

Getting Along with Your Teachers - [http://kidshealth.org/teen/homework/problems/teacher\\_relationships.html](http://kidshealth.org/teen/homework/problems/teacher_relationships.html)

Understanding Other People - [http://kidshealth.org/teen/your\\_mind/friends/understanding-others.html](http://kidshealth.org/teen/your_mind/friends/understanding-others.html)

Connecting with Your Coach - [http://kidshealth.org/teen/homework/sports/coach\\_relationships.html](http://kidshealth.org/teen/homework/sports/coach_relationships.html)

Assertiveness - [http://kidshealth.org/teen/your\\_mind/friends/assertive.html](http://kidshealth.org/teen/your_mind/friends/assertive.html)

Safe Online Talk Family Tip Sheet -

[https://www.common SenseMedia.org/sites/default/files/uploads/classroom\\_curriculum/6-8-familytip-safeonlinetalk.pdf](https://www.common SenseMedia.org/sites/default/files/uploads/classroom_curriculum/6-8-familytip-safeonlinetalk.pdf)

Digital Life Family Tip Sheet -

[https://www.common SenseMedia.org/sites/default/files/uploads/classroom\\_curriculum/6-12-familytip-digitallife.pdf](https://www.common SenseMedia.org/sites/default/files/uploads/classroom_curriculum/6-12-familytip-digitallife.pdf)

#### Lesbian, Gay, Bisexual, Transgender and Questioning Support

Family Acceptance Project – <http://familyproject.sfsu.edu/>

Gay, Lesbian, and Straight Education Network - <http://www.glsen.org/>

Illinois Safe Schools Resources - <http://www.illinoissafeschools.org/resources>

Parenting LGBT and questioning kids - <http://www.plannedparenthood.org/parents/parenting-lgbt-and-questioning-kids>

GLAAD: The Voice for LGBT Equality - <http://www.glaad.org/>

[Back to Start](#)



# EIGHTH GRADE



Chicago  
Public  
Schools



**HEALTHY CPS**

— OFFICE OF STUDENT HEALTH & WELLNESS —

## 8<sup>TH</sup> Grade – RELATIONSHIP TRACK

### WHAT IS MY CHILD LEARNING?

In 8<sup>th</sup> grade, students start with lessons focusing on cyberbullying, teen dating violence and sexual violence. After, students review key concepts from the 6<sup>th</sup> and 7<sup>th</sup> grade lessons on relationships or STI/pregnancy prevention. Instructors choose the track they will follow based on student’s responses to the pre-test, knowledge of their skills and cultural and community needs. Instructors should inform parents/guardians which track they will teach.

Relationship lessons focus on:

- healthy versus unhealthy relationships
- what impacts and shapes our relationships
- assertiveness
- gender expression

Students learn the difference between teasing and cyberbullying, how to stand up against bullying, the warning signs of teen dating violence and understand consent. *(For the STI/Pregnancy Prevention track see page 96)*

IF YOU WOULD LIKE SEE A LIST OF LESSONS AT EACH GRADE LEVEL, SEE [APPENDIX E LESSONS BY GRADE LEVEL](#). TO SEE THE CURRICULUM CONNECTION FOR OTHER GRADE LEVELS, PLEASE CONTACT YOUR SCHOOL FOR A COPY OF THE ENTIRE K-12 CURRICULUM CONNECTION.

### EDUCATIONAL STANDARDS

Educational standards help students, teachers and parents/guardians understand the basic knowledge and skills that students are expected to learn. Sexual health education lessons meet the requirements under the

1. Illinois Learning Standards for Physical Development and Health
2. Illinois Standards for Social/Emotional Learning
3. National Sexuality Education Standards

To see the specific standards met through 8<sup>th</sup> grade lessons, please see [appendix D](#).

The next section, *A Closer Look*, provides the names of the lessons, their goals and key content that students will learn. Lessons are taught using a variety of tools including:

- self-reflection activity sheets
- class discussions (including scenario review)
- role play
- PowerPoint presentation
- video
- homework (journaling)
- research of facts and statistics

### A CLOSER LOOK

**LESSONS ♦ GOALS ♦ KEY CONTENT**

**(Cyber) Bullying –**  
Students describe situations that are like real life bullying and cyberbullying, discuss their impacts and create a plan to stand up to bullies

**Teen Dating Violence**  
– Students will define dating violence, identify phases of the cycle of violence and learn how to advocate for safer communities

**Sexual Violence –**  
Students will define consent in relation to sexual violence (e.g., forced sexual contact)

**Decision Making –**  
Students apply a decision making model to tough decisions youth face

**Students will:**  
- Reflect on what it means to be brave and stand up for those who are bullied, learn to show them empathy and create solutions to help anyone who is bullied  
- Analyze online bullying behaviors such as flaming, deceiving and harassing

**Students will:**  
- Define dating violence, list the warning signs and compare and contrast physical, emotional and sexual violence  
- Identify the phases of the cycle of violence

**Students will:**  
- Identify myths and facts about sexual violence, its impact and trusted adults they can tell if they or someone they know is a victim of sexual violence and how to help them  
- Compare and contrast the verbal and physical signs of consent and non-consent

**Students will:**  
- Identify steps of a decision making model and apply them to common decisions made by youth  
- Identify positive and negative outside influences that can affect their decisions  
- Practice using a decision making model for sexual health decisions

- A decision making model allows students think about their choices and helps them follow through.
- Responsible decision making helps with healthy sexual choices.
- Harassment, trickery, and hate speech are forms of bullying and cyberbullying that can take place online or in real life.
- A bystander observes bullying but an upstander takes action against bullying.
- Letting a trusted adult know about bullying is one way to help address it.
- Teen dating violence occurs when the abuser exerts power and control over the target through physical control, pressure, isolation and/or shame and can have long-term negative effects.
- Though males are more commonly the abuser, they can also be abused.
- Students can advocate for safe, respectful communities by talking to friends that may be in an abusive relationship and helping them tell a trusted adult.
- There are laws protecting youth from sexual abuse. In most cases, it is against the law for people to have sexual relations with someone under the age of 17.
- Sexual violence occurs anytime consent is not given and is a crime of power and control.
- Knowledge of sexual violence helps dispel myths and decrease victim blaming.
- Consent must be knowingly and freely given and can be taken back any time.

**A CLOSER LOOK**

**LESSONS ♦ GOALS ♦ KEY CONTENT**

**Relationships I Keeping it Healthy** – Students discuss the qualities of healthy and unhealthy relationships

- Students will:**
- Compare and contrast healthy and unhealthy relationships
  - List various types of relationships, including romantic relationships, and identify ways to show affection
  - Identify how age and authority can influence a relationship
  - Analyze their relationship experiences

**Relationships II Influences** – Students analyze the ways friends, family, media, society and culture can influence relationships

- Students will:**
- Identify how media, family and culture can impact relationships
  - Identify how age and authority can influence relationships

**Relationships III Communication** – Students learn and practice skills to speak assertively and respectfully to express what they do and do not want in relationships

- Students will:**
- Look at assertive, aggressive, passive and manipulative ways of speaking with other people
  - Formulate an assertive request, refusal and how to accept rejection

**Identity I - Gender Expression and Sexual Orientation** – Explore what impacts views of gender and sexual relationships

- Students will:**
- Define gender labels and how they are harmful
  - Discuss how culture influences views of sexual orientation (i.e., who you are romantically attracted to) and gender expression (i.e., how one shows they are male and/or female)

There can be actions and words that can help and/or damage a relationship.

All relationships should be respectful and equal.

Culture and personal limits can impact how affection is shown in relationships.

Students should talk to a trusted adult about their relationships.

Students can use assertive communication skills to ask for what they want, to say no to requests they don't want and have the right to defend their rights and boundaries.

Passive, controlling or hostile communication can be disrespectful and dishonest.

Practicing skill building helps students prepare to talk to their partner about abstinence (i.e., not having sex), birth control use and sexual contact.

Unwanted physical and verbal sexual advances are never okay and youth should know the warning signs of an unsafe relationship.

Culture and media can influence how we think about male and female gender roles and sexual orientation.

It is important to treat everyone, regardless of gender expression or sexual orientation, with dignity and respect.

Commonly used words or phrases, such as “that’s so gay” can be harmful to lesbian, gay, bisexual, transgender and questioning (LGBTQ) individuals.

By becoming an ally (i.e., supporter), students can show respect for everyone, including LGBTQ individuals.



**A CLOSER LOOK**

## A CLOSER LOOK

It is important for students to learn the correct terms used in sexual health education to understand how to effectively communicate and respect others. This helps create a school culture that is safe and supportive for all CPS students. Below are the terms students learn in 8<sup>th</sup> grade.

### VOCABULARY

**Abuser** – A person who physically, sexually, verbally or emotionally hurts or attempts to control an intimate partner.

**Acquaintance Rape** – Sexual activities that occur against a person’s will, with or without violence, by someone they know (friend, date, acquaintance, etc.).

**Age** – A stage of life.

**Bystander** - A person who is aware or suspects that someone is being abused in a dating relationship and does nothing. The bystander may become aware of the abuse through the abuser’s or the target’s actions or words.

**Bystander** - Someone who sees cyberbullying happening, but does nothing to help.

**Challenge** – Testing someone’s abilities or resources.

**Communication** – Expressing your feelings, ideas and/or thoughts to someone.

**Consent** – Permission. Agreeing verbally and physically without being forced or tricked, to engage in (sexual) activity.

**Consequence** – Something that is produced by a set of actions.

**Deceiving** - Using fake names, posing as someone else or creating a fake profile about someone else to mislead others.

**Empathize** - To imagine the feelings that someone else is experiencing.

**Flaming** - Saying mean things, often in ALL CAPS and in a public forum, with the intention to humiliate.

**Harassing** - Bombarding someone with messages over digital media or through repeated contact when it is least expected.

**Hate speech** - A verbal attack targeting someone because of their race, gender, religion, ability or sexual orientation.

**Incest** - A sexual relationship among family members. This usually takes the form of an older family member sexually abusing a child or adolescent.

**Perpetrator** –The person who acts out sexual violence on another person.

**Power** – Legal or official authority; control.

**Respect** - Treating yourself, others and your environment as something that is valuable and special.

**Sexual Abuse** - Forced sexual conduct with a victim who does not understand the act and/or cannot give consent. Non-contact sexual abuse involves voyeurism (e.g., secretly watching someone undress)), exposure (i.e., showing their genitals to someone) and child pornography (i.e., sexual pictures, images, videos or other media of children).

**Sexual Assault (Rape)** – Forced sexual intercourse, including vaginal, anal, or oral penetration by a body part or object. Under Illinois law sexual assault and rape are used interchangeably.

**Sexual harassment** – Using words or actions to expose someone to sexual activities they do not want to be a part of.

**Status** – A position or rank in comparison to others.

**Stereotype** – Assuming that someone will act or feel a certain way based on their outward appearance.

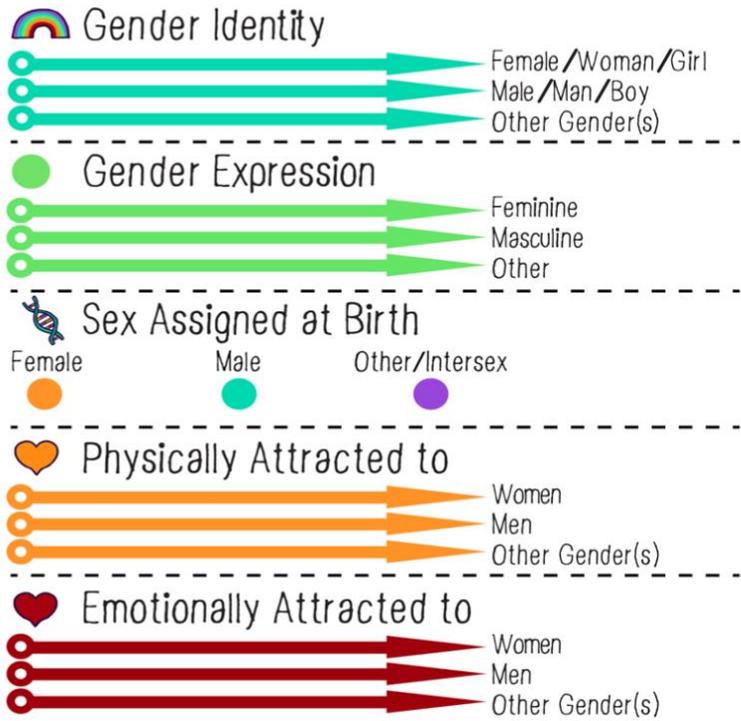
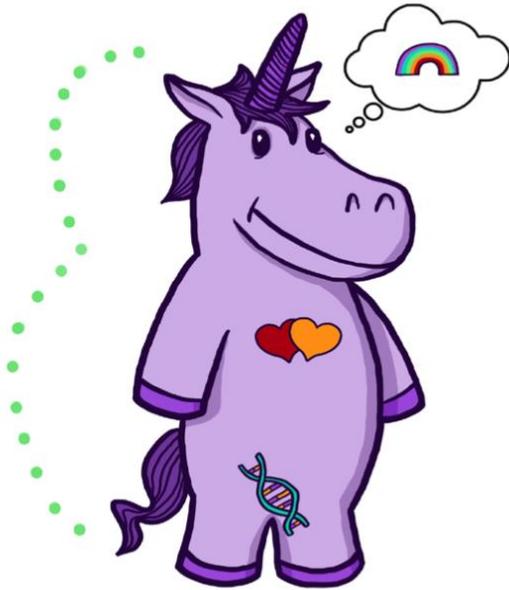
**Target** –A person who is subjected to controlling behavior or hurt physically, sexually, verbally or emotionally by an intimate partner.

**Upstander** - Someone who helps when they see cyberbullying occur.

**Victim (Survivor)** – The person who experiences sexual violence.

# The Gender Unicorn

Graphic by:  
**TSER**  
Trans Student Educational Resources



To learn more, go to:  
[www.transstudent.org/gender](http://www.transstudent.org/gender)

Design by Landyn Pan and Anna Moore

**Gender Identity:** One’s internal sense of being male, female, neither of these, both, or another gender(s). Everyone has a gender identity, including you. For transgender people, their sex assigned at birth and their own internal sense of gender identity are not the same. Female, woman, and girl and male, man, and boy are also NOT necessarily linked to each other but are just six common gender identities.

**Gender Expression/Presentation:** The physical manifestation of one’s gender identity through clothing, hairstyle, voice, body shape, etc. Most transgender people seek to make their gender expression (how they look) match their gender identity (who they are), rather than their sex assigned at birth.

**Sex Assigned at Birth:** The assignment and classification of people as male, female, intersex, or another sex based on a combination of anatomy, hormones, chromosomes. It is important we don’t simply use “sex” because of the vagueness of the definition of sex and its place in transphobia. Chromosomes are frequently used to determine sex from prenatal karyotyping (although not as often as genitalia). Chromosomes do not determine genitalia.

**Sexually Attracted To: Sexual Orientation.** It is important to note that sexual and romantic/emotional attraction can be from a variety of factors including but not limited to gender identity, gender expression/presentation, and sex assigned at birth.

**Romantically/Emotionally Attracted To:** Romantic/emotional orientation. It is important to note that sexual and romantic/emotional attraction can be from a variety of factors including but not limited to gender identity, gender expression/presentation, and sex assigned at birth.

\*Definitions are from TSER at <http://www.transstudent.org/gender>

## CONTINUE THE LEARNING AT HOME

Parents/guardians are the primary sexual health educators for their child(ren) and have the biggest impact on their sexual health decision-making. Whether you set aside a specific time to talk about sexual health, read books, do online activities or something else, parents educate their child(ren) every day by teaching them to respect others in their classes that are different from them, close the door when they use the restroom, avoid strangers, tell someone they trust if anyone hurts them, the names for their body parts and countless other lessons that are also reinforced in lessons at school. Below are some ideas you can use to help start a chat with your child(ren).

### LET'S TALK! ABOUT SEXUAL HEALTH EDUCATION

#### ASK

Do you know any warning signs of abuse? (These might include: constant put-downs, telling the other person what to do, verbal threats, controlling what someone does, wears, or who they see, constant calls, texts and emails, checking someone's cell phone, possessiveness and extreme jealousy).

What would you do if you or one of your friends were in a relationship where someone was being abused? (Ways to help include talking to the friend, listening and believing the friend, telling the friend that they deserve better and telling a trusted adult). People that are abused do not deserve the abuse, they are not at fault and the abuse will only get worse the longer they stay in the relationship. Remember, you can talk to me/us about anything at any time.

Do you feel like you have at least three people that you can trust and talk to if you or someone else is bullied online or at school? (If not, try to think of ideas of people he/she could talk to.) Talking to a trusted adult about bullying that you see or experience is one way to address bullying. The effects of being bullied can include low self-esteem, depression, fear, missed days at school, poor health and even suicide. You can talk to me/us about anything at any time.

Questions you might ask your child about bullying could include:

- » What was one good thing that happened today? Any bad things?
- » Have you ever felt scared to go to school because of bullying? What ways have you tried to change it?
- » What do you think parents can do to help stop bullying?
- » Have you or your friends left other teens out on purpose? Do you think that was bullying? Why?
- » Have you ever tried to help someone who is being bullied? What happened? What would you do if it happens again?

Source: Stopbullying.gov

Questions you might ask about relationships could include:

- » How should teens show affection to someone they love?
- » Should teens have sex with someone they love if they plan to marry them?
- » What are the best kinds of protection for teens who choose to have sex?
- » What do you think we, as your parents, should do to help you keep from getting pregnant or getting a sexually transmitted infection?

Share your feelings on this topic as they relate to your family's cultural, religious or household values and beliefs.

#### SAY

When you must make a tough decision, it is important that you talk to someone you trust. This person should be someone who will be a positive influence on what you decide. This person can help you see more options and help you think about what can happen as a result of each of these options. Remember that you can talk to me/us about anything at any time.

Being refused or rejected by someone else can be very difficult, frustrating and embarrassing, but this is no reason to be disrespectful or aggressive towards that person or anyone else. The way you handle yourself in this type of situation says a lot about you as a person.

No one has the right to touch another person’s body without permission. You can say “no” to sexual activity and can also stop the activity at any time, even if you gave permission and then changed your mind.

## DO

Practice role-playing with your child using this model:

1. Have your child state a fact or feeling, then ask straight for what they want. (Example: “I cleaned my room. Now I’d like to go out with my friends.”)
2. Describe what you would like using what they told you they want. (Example: “No, I’d like you to stay home this evening”)
3. If you answered with a “No” response, have your child ask for their second choice. (Example “Well, what if I stay home for a couple of hours and then just go out to my friend’s house until 10?”)
4. If you still say “No”... (You do not always have to say no) your child should accept your decision gracefully.
5. Then switch roles, and practice again.

Explain to your child that if they don’t ask directly for what they want, the person they are talking to might not know what they want, and so they may not get it. However, continuing to ask for what they want after two “no” responses might be considered aggressive to the person they are speaking to and have a negative effect.

Share stories of healthy relationships that make you feel good and encourage your child to share similar stories with you. Identify what it is about those relationships that make you or your child feel good. Some of the qualities you might bring up may include: mutual respect, trust, honesty, support, fairness, good communication and keeping separate identities.

Listen to your child when they speak to you about concerns, experiences or questions about their bodies, feelings and relationships. Even if you are shocked by some of what your child asks you, know that is important that they feel safe coming to you. Ask questions, such as “Why do you want me to know this right now?” and “How are you feeling about this?” Show respect towards their answers, and also be patient if they are not ready to answer your questions. By showing that you care and are not judging them, they may feel more comfortable talking to you again when they are more ready.

CONTINUE  
THE  
LEARNING  
AT HOME

# TEST YOUR KNOWLEDGE

The questions below are based on topics presented in *A Closer Look* and can help prepare you for questions your child(ren) may have. These questions do not represent all of the information that students learn but highlight a few key points.

## DO YOU KNOW THE ANSWERS TO THESE QUESTIONS?

**Q1:** What is teen dating violence?

---

---

**Q2:** What does LGBTQ stand for?

---

---

**Q3:** How many CPS students report experiencing dating violence?

---

---

**Q4:** Why are healthy friendships important?

---

---

**Q5:** What is important to you in a romantic relationship, and is it similar to any other type of relationship that you have?

---

---

**Q6:** Why is it important to students to practice healthy decision-making, refusal skills and delay tactics?

---

---

**Q7:** Why is it important to have an open dialogue with youth about sexual health?

---

---



## ANSWERS

**A1:** Dating violence is defined as a pattern of coercive behaviors and assaults that are used to gain power and control over one’s intimate partner. The Centers for Disease Control and Prevention define Teen Dating violence as the physical, sexual, psychological or emotional violence within a dating relationship, including stalking.

Source: [http://www.cdc.gov/violenceprevention/intimatepartnerviolence/teen\\_dating\\_violence.html](http://www.cdc.gov/violenceprevention/intimatepartnerviolence/teen_dating_violence.html)

**A2:** LGBTQ is a commonly used acronym for lesbian, gay, bisexual, transgender and questioning.

The “Q” can also stand for queer. Although queer has been used as a negative term in the past, some people now feel it is a positive term and may self-identify as queer. For the purposes of CPS sexual health education, the “Q” will stand for questioning.

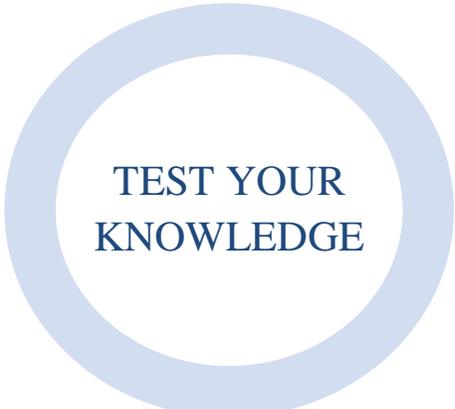
**A3:** On the 2017 Youth Risk Behavior Survey, 8.7% of CPS high school students reported experiencing physical dating violence (one or more times during the 12 months before the survey, including being hit, slammed into something, or injured with an object or weapon on purpose by someone they were dating or going out with) and 4.4% reported experiencing sexual dating violence (one or more times during the 12 months before the survey, including kissing, touching, or being physically forced to have sexual intercourse when they did not want to by someone they were dating or going out with).

**A4:** Friendships help children develop emotionally and morally. They learn social skills, such as how to communicate, cooperate and solve problems and practice controlling their emotions and responding to the emotions of others. Friendships help them develop the ability to think through and negotiate different situations that arise in their relationships.

**A5:** While the answer to this question is very personal, in general, most people want the same qualities in their romantic relationships as in their friendships. Those qualities usually include respect, trust and support, honesty and accountability, shared responsibility, negotiation and fairness and non-threatening behavior. It is important to understand all of the qualities of a healthy relationship since students often think that the only important quality in a healthy romantic relationship is love.

**A6:** When students have a chance to practice these skills and think about their choices and consequences, before they are in a challenging situation, they are more likely to make a healthy choice and are prepared to handle the pressure of the situation and know how to respond appropriately.

**A7:** An open dialogue helps youth explore misinformation they may have heard, learn about healthy relationships, develop coping skills and ensure support systems.



TEST YOUR  
KNOWLEDGE

## RESOURCES

For more information and activities that you can do with your child(ren) at home to reinforce what they have learned at school, you can access the following information and resources on the internet or at your local Chicago Public Library branch.

### BOOKS

*It's Perfectly Normal* by Robie H. Harris (available in Spanish) - Provides accurate and up-to-date answers to nearly every imaginable question, from conception and puberty to birth control and AIDS, and offers young people ages 10 and up the information they need -- now more than ever -- to make responsible decisions and stay healthy.

For age-appropriate books regarding gender and sexual diversity, please refer to the [Appendix G: “Safe and Supportive Environments Library.”](#)

### ONLINE

#### General Sexual Health/Abstinence

Abstinence for teens - [http://kidshealth.org/teen/sexual\\_health/contraception/abstinence.html](http://kidshealth.org/teen/sexual_health/contraception/abstinence.html)

Advocates for Youth - <http://www.advocatesforyouth.org/>

Helping teens delay having sex - <http://www.plannedparenthood.org/parents/helping-teens-delay-having-sex-37984.htm>

Waiting - <http://www.stayteen.org/waiting>

#### Relationships

Chicago Healthy Adolescents and Teens (CHAT) - <http://www.chataboutit.org/en/relationships/>

Love and Romance - [http://kidshealth.org/teen/your\\_mind/relationships/love.html](http://kidshealth.org/teen/your_mind/relationships/love.html)

Am I in a healthy relationship? - [http://kidshealth.org/teen/your\\_mind/relationships/healthy\\_relationship.html](http://kidshealth.org/teen/your_mind/relationships/healthy_relationship.html)

Getting Along with Your Teachers - [http://kidshealth.org/teen/homework/problems/teacher\\_relationships.html](http://kidshealth.org/teen/homework/problems/teacher_relationships.html)

Understanding Other People - [http://kidshealth.org/teen/your\\_mind/friends/understanding-others.html](http://kidshealth.org/teen/your_mind/friends/understanding-others.html)

Connecting with Your Coach - [http://kidshealth.org/teen/homework/sports/coach\\_relationships.html](http://kidshealth.org/teen/homework/sports/coach_relationships.html)

Assertiveness - [http://kidshealth.org/teen/your\\_mind/friends/assertive.html](http://kidshealth.org/teen/your_mind/friends/assertive.html)

Safe Online Talk Family Tip Sheet -

[https://www.common sense media.org/sites/default/files/uploads/classroom\\_curriculum/6-8-familytip-safeonlinetalk.pdf](https://www.common sense media.org/sites/default/files/uploads/classroom_curriculum/6-8-familytip-safeonlinetalk.pdf)

Digital Life Family Tip Sheet -

[https://www.common sense media.org/sites/default/files/uploads/classroom\\_curriculum/6-12-familytip-digitallife.pdf](https://www.common sense media.org/sites/default/files/uploads/classroom_curriculum/6-12-familytip-digitallife.pdf)

#### Sexual Assault/Teen Dating Violence

Blinders off: Getting a Good Look at Sexual Assault and Abuse -

[http://www.scarleteen.com/article/crisis/blinders\\_off\\_getting\\_a\\_good\\_look\\_at\\_abuse\\_and\\_assault](http://www.scarleteen.com/article/crisis/blinders_off_getting_a_good_look_at_abuse_and_assault)

Domestic violence resources - <http://www.betweenfriendschicago.org/>

Empowering youth to break the cycle of domestic violence - <http://www.breakthecycle.org/>

Rape, Abuse, Incest, National Network - <http://www.rainn.org/>

Resources on sexual violence - <http://www.rapevictimadvocates.org/>

Healthy CPS — Office of Student Health & Wellness



## **Bullying**

Cyberbullying Family Tip Sheet (Middle & High School)

[https://www.common sense media.org/sites/default/files/uploads/classroom\\_curriculum/6-12-familytip-cyberbullying.pdf](https://www.common sense media.org/sites/default/files/uploads/classroom_curriculum/6-12-familytip-cyberbullying.pdf)

Safe Online Talk Family Tip Sheet -

[https://www.common sense media.org/sites/default/files/uploads/classroom\\_curriculum/6-8-familytip-safeonlinetalk.pdf](https://www.common sense media.org/sites/default/files/uploads/classroom_curriculum/6-8-familytip-safeonlinetalk.pdf)

## **Lesbian, Gay, Bisexual, Transgender and Questioning Support**

Family Acceptance Project – <http://familyproject.sfsu.edu/>

Gay, Lesbian, and Straight Education Network - <http://www.glsen.org/>

Illinois Safe Schools Resources - <http://www.illinois safeschools.org/resources>

Parenting LGBT and questioning kids - <http://www.plannedparenthood.org/parents/parenting-lgbt-and-questioning-kids>

GLAAD: The Voice for LGBT Equality - <http://www.glaad.org/>

[Back to Start](#)

## 8<sup>TH</sup> Grade – STI/PREGNANCY PREVENTION TRACK

### WHAT IS MY CHILD LEARNING?

In 8<sup>th</sup> grade, students start with lessons focusing on cyberbullying, teen dating violence and sexual violence. After, students review key concepts from the 6<sup>th</sup> and 7<sup>th</sup> grade lessons on relationships or STI/pregnancy prevention. Instructors choose the track they will follow based on student’s responses to the pre-test and skills in these topic areas as well as cultural and community needs. Instructors should inform parents/guardians which track they will teach.

STI/pregnancy prevention lessons focus on:

- pregnancy
- birth control and abstinence
- STI, including HIV, prevention
- sexual decision-making
- accessing sexual health resources

Students learn the difference between teasing and cyberbullying, how to stand up against bullying, the warning signs of teen dating violence and understand consent. *(For the Relationship track see page 85.)*

IF YOU WOULD LIKE SEE A LIST OF LESSONS AT EACH GRADE LEVEL, SEE [APPENDIX E LESSONS BY GRADE LEVEL](#). TO SEE THE CURRICULUM CONNECTION FOR OTHER GRADE LEVELS, PLEASE CONTACT YOUR SCHOOL FOR A COPY OF THE ENTIRE K-12 CURRICULUM CONNECTION.

### EDUCATIONAL STANDARDS

Educational standards help students, teachers and parents/guardians understand the basic knowledge and skills that students are expected to learn. Sexual health education lessons meet the requirements under the

4. Illinois Learning Standards for Physical Development and Health
5. Illinois Standards for Social/Emotional Learning
6. National Sexuality Education Standards

To see the specific standards met through 8<sup>th</sup> grade lessons, please see [appendix D](#).

The next section, *A Closer Look*, provides the names of the lessons, their goals and key content that students will learn. Lessons are taught using a variety of tools including:

- self-reflection activity sheets
- class discussions (including scenario review)
- role play
- PowerPoint presentation
- video
- homework (journaling)
- research of facts and statistics

### A CLOSER LOOK

**LESSONS ♦ GOALS ♦ KEY CONTENT**

**(Cyber) Bullying –**  
Students describe situations that are like real life bullying and cyberbullying, discuss their impacts and create a plan to stand up to bullies

**Teen Dating Violence**  
– Students will define dating violence, identify phases of the cycle of violence and learn how to advocate for safer communities

**Sexual Violence –**  
Students will define consent in relation to sexual violence (e.g., forced sexual contact)

**Pregnancy and Birth**  
– Students identify signs and symptoms of pregnancy and learn practices that contribute to a healthy pregnancy

**Students will:**

- Reflect on what it means to be brave and stand up for those who are bullied, learn to show them empathy and create solutions to help anyone who is bullied
- Analyze online bullying behaviors such as flaming, deceiving and harassing

**Students will:**

- Define dating violence, list the warning signs and compare and contrast physical, emotional and sexual violence
- Identify the phases of the cycle of violence

**Students will:**

- Identify myths and facts about sexual violence, its impact and trusted adults they can tell if they or someone they know is a victim of sexual violence and how to help them
- Compare and contrast the verbal and physical signs of consent and non-consent

**Students will:**

- List that a sperm and an egg joining together and sticking to the lining of the uterus is required for pregnancy
- Learn the stages of fetal growth
- Compare vaginal and cesarean births
- Research prenatal health and identify resources

- Harassment, trickery and hate speech are forms of bullying and cyberbullying that can take place online or in real life.
- A bystander observes bullying but an upstander takes action against bullying.
- Letting a trusted adult know about bullying is one way to help address it.
- Teen dating violence occurs when the abuser exerts power and control over the target through physical control, pressure, isolation and/or shame, which can have long-term negative effects.
- Though males are more commonly the abuser, they can also be abused
- Students can advocate for safe, respectful environments by talking to friends that may be in an abusive relationship and helping them tell a trusted adult.
- There are laws protecting youth from sexual abuse. In most cases, it is against the law for people to have sexual relations with someone under the age of 17.
- Sexual violence occurs any time consent is not given and is a crime of power and control.
- Knowledge of sexual violence helps dispel myths and decrease victim blaming.
- Consent must be knowingly and freely given and can be taken back any time.
- Pregnancy is confirmed by a medical professional.
- A pregnant woman can maintain a healthy pregnancy by seeing a doctor regularly, good nutrition, exercise, rest, taking vitamins with folic acid and avoiding cigarettes, drugs and alcohol.



**A CLOSER LOOK**

**LESSONS ♦ GOALS ♦ KEY CONTENT**

**Exploring Abstinence –**  
Students identify not having sex as the only sure way to prevent STIs and pregnancy

**Contraceptives –**  
Students learn the benefits and risks of birth control methods

**STIs and HIV Prevention –**  
Students learn about sexually transmitted infections and HIV

**Delay Tactics and Refusal Skills –**  
Students practice how to share their sexual health decisions to support them in keeping them

**Sexual Health Resources –**  
Students identify medically correct sources of information about sexual health

- Students will:**
- Develop a plan to practice abstinence
  - Define abstinence as the choice to not have sex including genital contact
  - Think of reasons to practice abstinence, identify barriers and practice skills

- Students will:**
- Compare and contrast abstinence (i.e., not having sex), withdrawal, barrier methods (e.g., condoms), hormonal methods (e.g., the pill) and emergency birth control
  - Learn the steps to using a male and female condom
  - Identify places where youth can get health care

- Students will:**
- Learn about STIs, how they are spread, the common signs and symptoms, myths and facts and long term effects of having STIs
  - Determine the risk of spreading HIV and STIs through sexual contact
  - Plan how to avoid high risk activities or make them safer

- Students will:**
- Observe and practice non-verbal refusals
  - Practice delay tactics using verbal and nonverbal skills in role playing situations
  - Observe and practice refusal skills that work well

- Students will:**
- Identify places where youth can get sexual health care
  - Review an adolescent’s rights to sexual health care
  - Think of important questions youth may have about sexual health care

- Choosing abstinence (i.e., not having sex) positively effects a student’s personal, academic, emotional and social well-being.
- Someone who is abstinent respects themselves and others, is goal focused, able to explore their sexuality and can love and be loved.
- The ability to share your choice to not have sex is important in your ability to maintain your choice.
- STIs and HIV are spread through vaginal, anal (i.e., butt) and oral (i.e., mouth) sex and genital contact and the most common symptom is no symptom at all.
- Regular STI testing is a healthy practice for couples who choose to have sex.
- Some sexual activities (e.g., sex while under the influence of drugs or alcohol) are higher risk than others and should be avoided.
- Refusal skills give students a method for saying NO to unsafe sexual situations.
- Youth are able to access sexual health care through community and school based clinics which are a safe and credible resource for students.
- Under Illinois state law, youth 12 years of age or older can access most sexual health care services without parental consent.
- For individuals who choose to start to have sex, condoms and birth control can help prevent pregnancy and STIs.
- Emergency birth control should only be used as back-up, when normal methods fail – not as a primary method of birth control.



A CLOSER  
LOOK

## A CLOSER LOOK

It is important for students to learn the correct terms used in sexual health education to understand how to effectively communicate and respect others. This helps create a school culture that is safe and supportive for all CPS students. Below are the terms students learn in 8<sup>th</sup> grade.

### VOCABULARY

**Abstinence** – The choice to not engage in any form of sexual contact that can result in pregnancy or spreading STIs and therefore is 100% effective.

**Abuser** – A person who physically, sexually, verbally or emotionally hurts or attempts to control an intimate partner.

**Acquaintance Rape** – Sexual activities that occur against a person’s will, with or without violence, by someone they know (e.g., friend, date, acquaintance, etc.).

**Anal sex** – Sexual contact in which the penis is placed in the anus for sexual pleasure.

**Body Language** – A way to communicate, both verbal and nonverbal, which may include tone of voice, gestures, the look on your face, the way you sit or stand.

**Bystander** - A person who is aware or suspects that someone is being abused in a dating relationship and does nothing. The bystander may become aware of the abuse through the abuser’s or the target’s actions or words.

**Bystander** - Someone who sees cyberbullying or other abuse happening, but does nothing to help.

**Challenge** – Testing someone’s abilities or resources.

**Condom** – A device placed over the penis or in the vagina to reduce the risk of pregnancy and STIs, including HIV.

**Confidentiality** – Legal and ethical requirements that mean a medical professional may not reveal any information about a patient to anyone else.

**Consent** – Permission. Agreeing verbally and physically without being forced or tricked, to engage in (sexual) activity.

**Consequence** – Something that is produced by a set of actions.

**Contraceptive** – A method used to reduce the risk of pregnancy and or STIs, including HIV.

**Deceiving** - Using fake names, posing as someone else or creating a fake profile about someone to mislead others.

**Delay Tactics** - Behavior, both verbal and nonverbal, that can be used to avoid difficult and uncomfortable situations.

**Empathize** - To imagine the feelings that someone else is experiencing.

**Flaming** - Saying mean things, usually in ALL CAPS and often in a public forum, with the intention to humiliate someone.

**Fraternal Twins** - When two, separate eggs are fertilized by two, separate sperm. Fraternal twins do not share the exact same genes - they are no more alike than they are to their siblings from different pregnancies. Fraternal twins tend to run in some families.

**Genital contact** – Sexual contact between two external reproductive organs (e.g., penis and vulva) without penetration.

**Genitalia** – External male and female reproductive organs.

**Harassing** - Bombarding someone with messages over digital media or repeated contact when it is least expected.

**Hate speech** - A verbal attack targeting someone because of their race, gender, religion, ability or sexual orientation.

**Hormone** – Chemical messengers in the human body.

Healthy CPS — Office of Student Health & Wellness

**Identical Twins** - When a single fertilized egg splits in two and creates two fetuses. Identical twins have the same genetic material and look exactly the same. Identical twins happen by chance.

**Incest** - A sexual relationship among family members. This usually takes the form of an older family member sexually abusing a child or adolescent.

**Manual Sex** – Stimulating a partner’s genitals with the hands.

**Masturbation** – Touching your own genitals for sexual pleasure.

**Oral sex** – Sexual contact in which the mouth of one partner sexually stimulates the penis, vulva or anus of the other partner.

**Perpetrator** –The person who acts out sexual violence on another person.

**Sexual Abuse** - Forced sexual conduct with a victim who does not understand the act and/or cannot give consent. Non-contact sexual abuse involves voyeurism (e.g., secretly watching someone undress)), exposure (i.e., showing their genitals to someone) and child pornography (i.e., sexual pictures, images, videos or other media of children).

**Sexual Assault (Rape)** – Forced sexual intercourse, including vaginal, anal, or oral penetration by a body part or object. Under Illinois law sexual assault and rape are used interchangeably.

**Sexual harassment** – Using words or actions to expose someone to sexual activities they do not want to be a part of.

**Sexual Intercourse** – An activity where the penis is inserted into the vagina (vaginal intercourse), anus (anal sex), or oral cavity (oral sex).

**Sexually Transmitted Infection (STI)** – A viral or bacterial infection that is spread by sexual intercourse or other sexual contact.

**Sonogram** – An image of a fetus produced by an ultrasound exam.

**Sterility** – The inability to father a child

**Symptom** – A sign of disease.

**Target** –A person who is subjected to controlling behavior or hurt physically, sexually, verbally, or emotionally by an intimate partner.

**Trimester** –Any of three periods of approximately three months each into which a human pregnancy is divided.

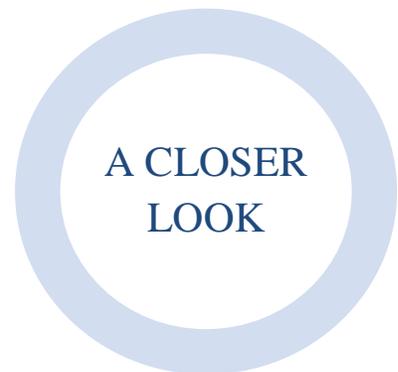
**Upstander** - Someone who helps when they see cyberbullying occur.

**Vaginal Birth** – The process of giving birth to a child by way of the vaginal canal.

**Vaginal Intercourse** –Sexual contact when the male’s penis enters the female’s vagina.

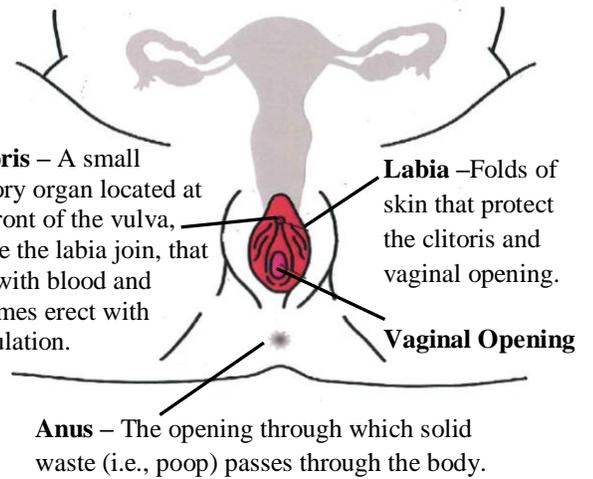
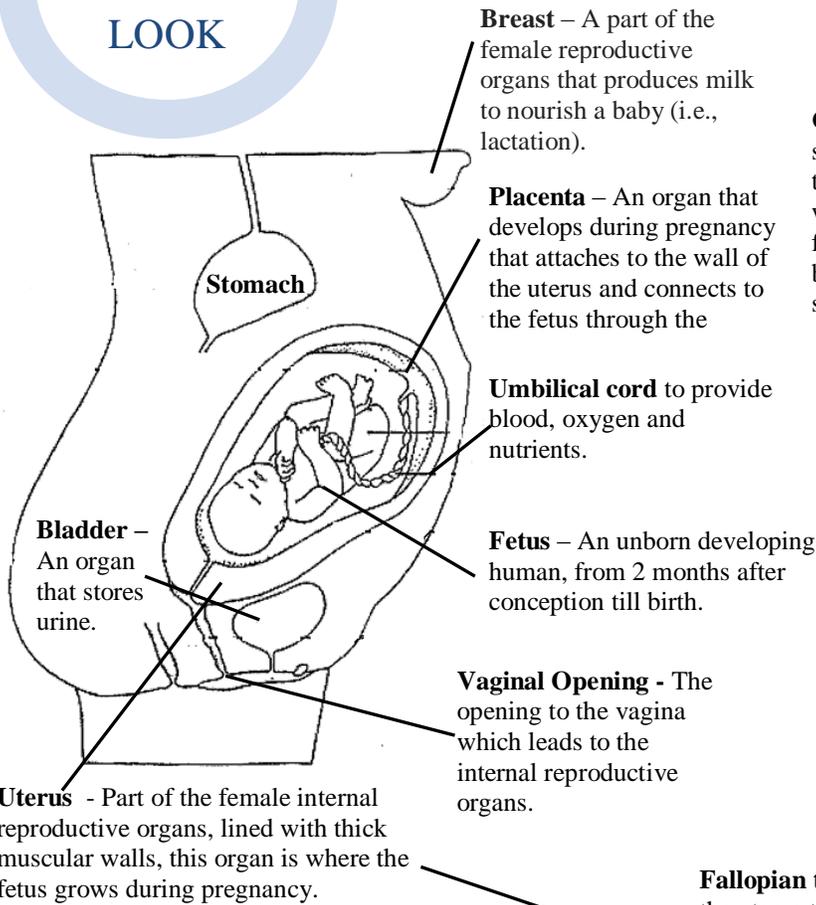
**Victim (Survivor)** – A person who experiences sexual violence.

**Virgin** – Someone who has not engaged in any form of sexual contact.



A  
CLOSER  
LOOK

THE FEMALE REPRODUCTIVE SYSTEM



**Conception** – Becoming pregnant.

**Infertility** – The inability to become pregnant.

**Embryo** – The developing human from implantation (i.e., when the egg/sperm attaches to the lining of the uterus) through the second month of pregnancy.

**Cesarean Birth** – A surgical procedure in which the baby is born through a cut in the belly and uterus (also called cecarean section or C-section).

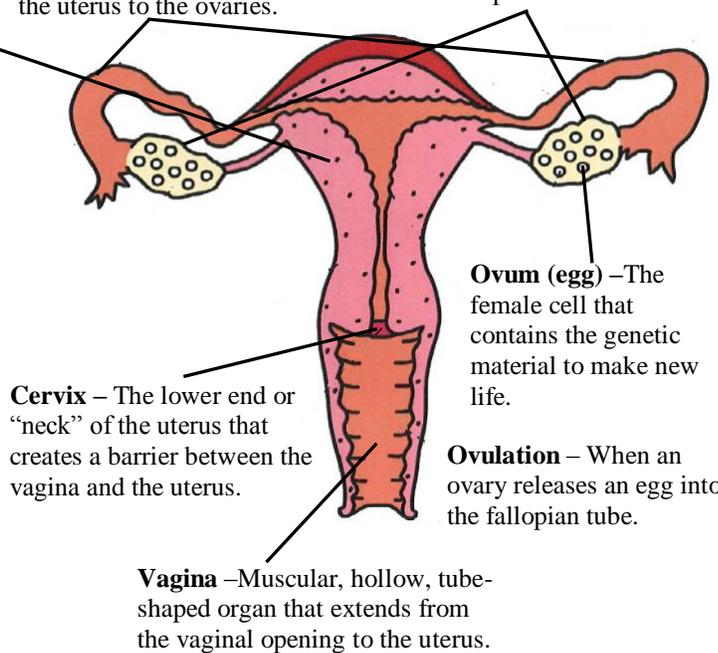
**Fertilization** – When the egg and the sperm join together.

**Implantation** – When the zygote (i.e. joined egg and sperm) sticks to the wall of the uterus.

**Prenatal** – Before birth.

**Menstrual “Period” or Menstruation** – The time when hormones are released from different parts of the body to help control and prepare the body for pregnancy. During the menstrual cycle, the uterine lining breaks down and is shed – this bleeding is what’s known as a period.

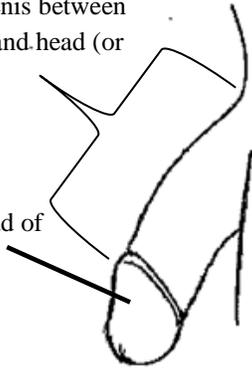
**Fallopian tubes** – Connects the uterus to the ovaries.



## THE MALE REPRODUCTIVE SYSTEM

**Shaft** – The cylindrical part of the penis between the scrotum and head (or glans).

**Glans** – The sensitive head of the penis.



**Circumcised penis**

**Circumcision** – Cutting off the foreskin (i.e., a fold of skin at the tip of the penis).



**Uncircumcised penis**

**Foreskin** – A fold of skin at the end of the penis covering the glans.



**Sperm** – A male reproductive cell that is made in the testicles.

**Semen** - A white or clear sticky fluid made up of sperm and seminal fluid that comes out of the penis during ejaculation.

**Ejaculation** – When a male’s body releases sperm and semen from the body through the penis.

**Bladder** – The organ that collects and stores urine produced by the kidneys.

**Seminal vesicles** – Sac-like structures attached to the vas deferens, to the side of the bladder.

**Prostate gland** – Surrounds the ejaculatory ducts at the base of the urethra, just below the bladder and produces some of the parts of semen.

**Cowper’s gland** – A gland located below the prostate that produces a liquid that clears the urethra of sperm harming

**Scrotum** – A pouch like structure that hangs behind the penis that holds the testicles and controls the temperature of the testicles for sperm production.

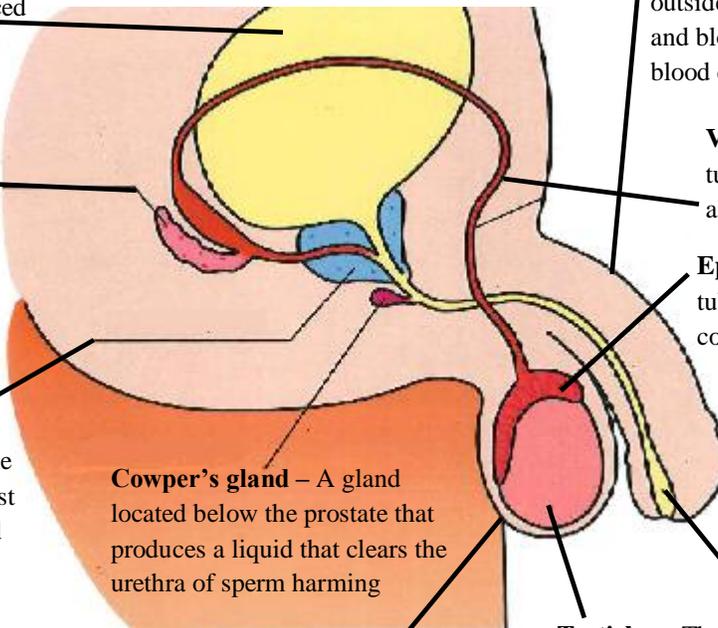
**Penis**– The male organ sex organ that is made of the urethra (through which urine and semen are passed outside of the body), spongy tissues and blood vessels that can fill with blood during an erection.

**Vas deferens** - A muscular tube that passes upward alongside the testicles.

**Epididymis** – A set of coiled tubes (one for each testicle) that connects to the vas deferens.

**Urethra** - The canal that carries urine and semen from the bladder to the outside of the body.

**Testicles** – The male organs that are inside the scrotum and produce the hormone testosterone.



## CONTINUE THE LEARNING AT HOME

Parents/guardians are the primary sexual health educators for their child(ren) and have the biggest impact on their sexual health decision-making. Whether you set aside a specific time to talk about sexual health, read books, do online activities or something else, parents educate their child(ren) every day by teaching them to respect others in their classes that are different from them, close the door when they use the restroom, avoid strangers, tell someone they trust if anyone hurts them, the names for their body parts and countless other lessons that are also reinforced in lessons at school. Below are some ideas you can use to help start a chat with your child(ren). \* With One Voice 2012: America's Adults and Teens Sound Off About Teen Pregnancy. [http://success1st.org/uploads/3/4/5/1/34510348/wov\\_2012.pdf](http://success1st.org/uploads/3/4/5/1/34510348/wov_2012.pdf)

### LET'S TALK! ABOUT SEXUAL HEALTH EDUCATION

#### ASK

Do you know any warning signs of abuse? (These might include: constant put-downs, telling the other person what to do, verbal threats, controlling what someone does, wears, who they see, constant calls, texts and emails, checking someone's cell phone, possessiveness and extreme jealousy).

What would you do if you or one of your friends were in a relationship where someone was being abused? (Ways to help include talking to the friend, listening and believing the friend, telling the friend that they deserve better and should tell a trusted adult). People that are abused do not deserve the abuse, they are not at fault and the abuse will only get worse the longer the person stays in the relationship. Remember, you can talk to me/us about anything at any time.

What have you learned about sexual health so far this year? Do you have any questions about your body, sexual health or any other topic? (If your child doesn't want to talk about it, keep trying and don't give up. Send the message that their opinions and questions about sexual health are important.)

#### SAY

Abstinence (i.e., not having sex) is the right choice for 8<sup>th</sup> graders. (Talk with your child about your own views, beliefs and values about sex. Adolescents rely on their parents for guidance and information, even though they may not always want to talk. This is the most powerful tool that delays youth from having sex.)

There are a lot of different ways to prevent pregnancy or getting a sexually transmitted infection. However, abstinence (i.e., not having sex) is the only way to be 100% safe from sexually transmitted infections or from becoming pregnant. (Again, talk to your child about your family's cultural, religious or household values related to sex.)

No one has the right to touch another person's body without permission. You can say "no" to sexual activity and can also stop the activity at any time, even if you gave permission and then changed your mind.

#### DO

Look at the webpage *Birth Control Explorer* on the website <http://www.stayteen.org/birth-control-101>. This explains the different types of contraceptives (i.e. birth control), and lists abstinence (i.e., not having sex) as the only way that works 100% of the time.

Read *Talking with Young People About HIV and AIDS: A Handbook for Parents and Caregivers*. This short handbook gives information about HIV/AIDS, and suggests ideas for how to talk to your child about these illnesses at different ages. You can view this book on the internet at <http://www.health.ny.gov/publications/0243.pdf>

# TEST YOUR KNOWLEDGE

The questions below are based on topics presented in *A Closer Look* and can help prepare you for questions your child(ren) may have. These questions do not represent all of the information that students learn but highlight a few key points.

## DO YOU KNOW THE ANSWERS TO THESE QUESTIONS?

**Q1:** What is teen dating violence?

---

---

**Q2:** How many CPS students report experiencing dating violence?

---

---

**Q3:** At what age can minors seek sexual health services from a health care provider without the consent of their parent or guardian?

---

---

**Q4:** In 2015, how many cases of gonorrhea and chlamydia were reported to the Chicago Department of Public Health among youth aged 13-19 years old?

---

---

**Q5:** Is it possible to get an STI from only genital contact?

---

---

**Q6:** Why is it important for students to practice healthy decision-making, refusal skills and delay tactics?

---

---

**Q7:** Are emergency contraceptives (i.e. birth control), also known as the Morning After Pill or Plan B, an “abortion pill?”

---

---

## ANSWERS

**A1:** Dating violence is defined as a pattern of coercive behaviors and assaults that are used to gain power and control over one’s intimate partner. The Centers for Disease Control and Prevention define Teen Dating violence as the physical, sexual, psychological or emotional violence within a dating relationship, including stalking.

Source: [http://www.cdc.gov/violenceprevention/intimatepartnerviolence/teen\\_dating\\_violence.html](http://www.cdc.gov/violenceprevention/intimatepartnerviolence/teen_dating_violence.html)

**A2:** On the 2017 Youth Risk Behavior Survey, 8.7% of CPS high school students reported experiencing physical dating violence (one or more times during the 12 months before the survey, including being hit, slammed into something, or injured with an object or weapon on purpose by someone they were dating or going out with) and 4.4% reported experiencing sexual dating violence (one or more times during the 12 months before the survey, including kissing, touching, or being physically forced to have sexual intercourse when they did not want to by someone they were dating or going out with).

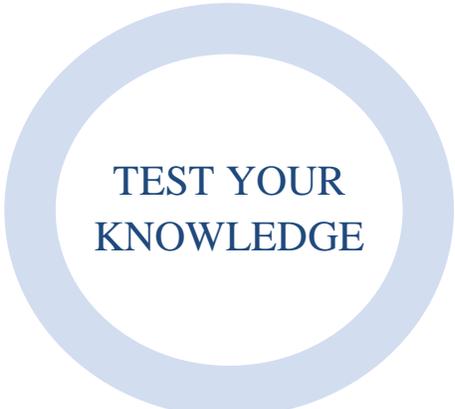
**A3:** Illinois minors, 12 years of age and older, can receive contraceptive (i.e. birth control) services, STI testing and treatment, pregnancy testing, health services related to sexual assault and abuse, HPV and HPB vaccinations (for specific reasons) without parental/guardian consent or notification.

**A4:** In 2015, there were 8,036 cases of chlamydia and 2,165 cases of gonorrhea among youth aged 13-19 years old, about 25% of all newly diagnosed chlamydia and gonorrhea that year.

**A5:** While the answer to this question is very personal, in general, most people want the same qualities in their romantic relationships as in their friendships. Those qualities usually include respect, trust and support, honesty and accountability, shared responsibility, negotiation and fairness and non-threatening behavior. It is important to understand all of the qualities of a healthy relationship since students often think that the only important quality in a healthy romantic relationship is love.

**A6:** When students have a chance to practice these skills and think about their choices and consequences, before they are in a challenging situation, they are more likely to make a healthy choice and are prepared to handle the pressure of the situation and know how to respond appropriately.

**A7:** No. Emergency Contraception (i.e. birth control), also known as the Morning after pill or Plan B, is a high dose combination of hormones taken within (5 days) after vaginal intercourse. It can stop or delay ovulation (i.e., when the ovaries release an egg into the fallopian tubes), prevent fertilization (i.e., when the sperm enters the egg) or implantation (i.e., when the egg/sperm attaches to the lining of the uterus) to prevent pregnancy. It does not affect an existing pregnancy. When taken correctly, it can reduce the chance of pregnancy from 8% to 1%.



TEST YOUR  
KNOWLEDGE

## RESOURCES

For more information and activities that you can do with your child(ren) at home to reinforce what they have learned at school, you can access the following information and resources on the internet or at your local Chicago Public Library branch.

### BOOKS

*It's Perfectly Normal* by Robie H. Harris (available in Spanish) - Provides accurate and up-to-date answers to nearly every imaginable question, from conception and puberty to birth control and AIDS, and offers young people ages 10 and up the information they need -- now more than ever -- to make responsible decisions and stay healthy.

For age-appropriate books regarding gender and sexual diversity, please refer to the [Appendix G: "Safe and Supportive Environments Library."](#)

### ONLINE

#### General Sexual Health/Abstinence

Chicago Healthy Adolescents and Teens (CHAT) [www.chataboutit.org](http://www.chataboutit.org)

*With One Voice: America's Adults and Teens Sound Off about Teen Pregnancy*

[http://success1st.org/uploads/3/4/5/1/34510348/wov\\_2012.pdf](http://success1st.org/uploads/3/4/5/1/34510348/wov_2012.pdf)

About abstinence - <http://www.plannedparenthood.org/health-info/birth-control/abstinence>

Abstinence for teens - [http://kidshealth.org/teen/sexual\\_health/contraception/abstinence.html](http://kidshealth.org/teen/sexual_health/contraception/abstinence.html)

Helping teens delay having sex - <http://www.plannedparenthood.org/parents/helping-teens-delay-having-sex-37984.htm>

Safe Online Talk Family Tip Sheet (free registration required) -

[https://www.common sense media.org/sites/default/files/uploads/classroom\\_curriculum/6-8-familytip-safeonlinetalk.pdf](https://www.common sense media.org/sites/default/files/uploads/classroom_curriculum/6-8-familytip-safeonlinetalk.pdf)

Skills for Youth, Resource Center for Adolescent Pregnancy Prevention -

<http://recapp.etr.org/Recapp/index.cfm?fuseaction=pages.youthskillshome>

Tools for parents to talk with their children about sexual health - <http://www.plannedparenthood.org/parents>

Waiting - <http://www.stayteen.org/waiting>

Advocates for Youth - <http://www.advocatesforyouth.org/>

#### Health Care Services

Chicago Healthy Adolescents and Teens (CHAT) Clinic Finder: [www.chataboutit.org/clinics](http://www.chataboutit.org/clinics)

Find a Health Center - <http://www.plannedparenthood.org/info-for-teens/>

Teens: Visiting a Reproductive Health Clinic - <http://www.cdc.gov/teenpregnancy/TeenFriendlyHealthVisit.html>

#### Birth Control

Birth Control Explorer - <http://www.stayteen.org/birth-control-101>

Birth Control Methods Fact Sheet - <http://www.womenshealth.gov/publications/our-publications/fact-sheet/birth-control-methods.html>

Method Explorer - <http://bedsider.org/methods>

Planned Parenthood information on birth control methods - <http://www.plannedparenthood.org/health-info/birth-control>

### **Sexual Assault**

Blinders off: Getting a Good Look at Sexual Assault and Abuse - [http://www.scarleteen.com/article/crisis/blinders\\_off\\_getting\\_a\\_good\\_look\\_at\\_abuse\\_and\\_assault](http://www.scarleteen.com/article/crisis/blinders_off_getting_a_good_look_at_abuse_and_assault)

Rape, Abuse, Incest, National Network - <http://www.rainn.org/>

### **Bullying**

Cyberbullying Family Tip Sheet (Middle & High School) (Free registration required)  
[https://www.common sense media.org/sites/default/files/uploads/classroom\\_curriculum/6-12-familytip-cyberbullying.pdf](https://www.common sense media.org/sites/default/files/uploads/classroom_curriculum/6-12-familytip-cyberbullying.pdf)

### **Dating Violence/Domestic Violence**

Domestic violence resources - <http://www.betweenfriendschicago.org/>

Empowering youth to break the cycle of domestic violence - <http://www.breakthecycle.org/>

Resources on sexual violence - <http://www.rapevictimadvocates.org/>

### **HIV/AIDS Prevention**

HIV & AIDS Prevention - <http://www.avert.org/aids-hiv-prevention.htm>

HIV/AIDS information - <http://www.health.ny.gov/diseases/aids/youth/>

<http://www.youtube.com/watch?v=EdSq2HB7jqU> – male condom

<http://www.youtube.com/watch?v=LJZOCdmnvmc> – female condom

Male and female condom demonstration videos are available at:  
<http://teachers.teachingsexualhealth.ca/resources/demonstration-videos>

### **Pregnancy**

Nutritional needs during pregnancy - <http://www.choosemyplate.gov/pregnancy-breastfeeding/pregnancy-nutritional-needs.html>

Pregnancy and prenatal care - <http://www.plannedparenthood.org/health-topics/pregnancy/prenatal-care-4255.htm>

Pregnancy wellness – <http://americanpregnancy.org/pregnancy-health/>

Prenatal care fact sheet - <http://www.womenshealth.gov/publications/our-publications/fact-sheet/prenatal-care.html>

### **Helping Students Use the Internet Safely for Research and Evaluation**

Research and Evaluation Family Tip Sheet (Middle & High School)  
[https://www.common sense media.org/sites/default/files/uploads/classroom\\_curriculum/6-12-familytip-researchandevaluation.pdf](https://www.common sense media.org/sites/default/files/uploads/classroom_curriculum/6-12-familytip-researchandevaluation.pdf)

[Back to Start](#)



# NINTH GRADE



## 9<sup>TH</sup> Grade

### WHAT IS MY CHILD LEARNING?

In 9<sup>th</sup> grade, students take a closer look at their sexual health decisions, what effects those decisions and practice skills that support their decisions.

Lessons focus on:

- pregnancy and sexually transmitted infection (STI) prevention
- pregnancy options
- parenting
- birth control
- skills to set limits

Students consider how well birth control works, how easy or not is it to get, cost, personal comfort, partner's comfort, ease of use and how to get the best protection against STIs and pregnancy.

IF YOU WOULD LIKE SEE A LIST OF LESSONS AT EACH GRADE LEVEL, SEE [APPENDIX E LESSONS BY GRADE LEVEL](#). TO SEE THE CURRICULUM CONNECTION FOR OTHER GRADE LEVELS, PLEASE CONTACT YOUR SCHOOL FOR A COPY OF THE ENTIRE K-12 CURRICULUM CONNECTION.

### EDUCATIONAL STANDARDS

Educational standards help students, teachers and parents/guardians understand the basic knowledge and skills that students are expected to learn. Sexual health education lessons meet the requirements under the

7. Illinois Learning Standards for Physical Development and Health
8. Illinois Standards for Social/Emotional Learning
9. National Sexuality Education Standards

To see the specific standards met through 9<sup>th</sup> grade lessons, please see [appendix D](#).

The next section, *A Closer Look*, provides the names of the lessons, their goals and key content that students will learn. Lessons are taught using a variety of tools including:

- self-reflection activity sheets
- class discussions (including scenario review)
- demonstrations
- PowerPoint presentation
- video
- homework (journaling)
- research of facts and statistics

### A CLOSER LOOK

## LESSONS ♦ GOALS ♦ KEY CONTENT

**Decision Making –**  
Students discuss choices and results of sexual health decisions

- Students will:**
- Discuss the importance of sexual limits
  - Apply a decision making model to sexual health decisions
  - Practice firm, but respectful, ways to express sexual health decisions

**Pregnancy and Prenatal Practices –**  
Students study the signs and symptoms of pregnancy and research prenatal practices for a healthy

- Students will:**
- Define the key processes in human reproduction
  - Identify physical signs and symptoms of pregnancy, changes that occur and prenatal care

**Teens and Parenting –**  
Students participate in activities that show what is needed to care for a child and the challenges that teen parents face

- Students will:**
- Identify the risks of teen pregnancy and assess their risk of becoming a parent
  - Look at the role of the parent versus the role of the student
  - Think of the skills and resources that are needed to become a parent and care for a child

**Teen Sexual Health and Pregnancy Options –**  
Students explore laws that effect sexual health care options for minors

- Students will:**
- Identify laws related to sexual health care, pregnancy options and how to access sexual healthcare
  - Reflect on their readiness for parenthood and discuss current data on teen sexual activities

- Students should plan their sexual limits and use firm but respectful ways to tell their partner their limits before they're in a sexual situation.
- Responsible decisions consider consequences, require planning and include thinking of others and the future.
- Pregnancy requires a male sex cell (sperm), female sex cell (egg), fertilization (i.e., when the sperm enters the egg) and implantation (i.e., when the egg/sperm attaches to the lining of the uterus).
- Pregnant females have physical signs and symptoms of pregnancy, while both the males and females may experience the emotional and social changes of pregnancy.
- Many teens do not know the signs and symptoms of pregnancy, leading to late or no prenatal care and negative effects for mothers and babies.
- Raising a child requires skills and resources that may be difficult for a high school student to attain.
- Information on birth control options allows students to make informed sexual health decisions and reach their goals.
- Under Illinois state law, youth 12 years of age or older can access most sexual health care services without parental consent.



A CLOSER  
LOOK

**LESSONS ♦ GOALS ♦ KEY CONTENT**

**Contraceptives** – Students learn the benefits and risks of birth control methods

**Students will:**

- Identify good options for birth control and set goals for personal pregnancy prevention methods

**STIs and HIV** – Students learn how to lower their risk of getting STIs and explore testing and treatment options

**Students will:**

- Identify common STIs, how they're spread, signs and symptoms and when and where to get tested
- Identify difficult decisions about. birth control, the choice to not have sex and safe sex

**Negotiation Skills** – Students role play sexual health scenarios and practice skills to set boundaries and delay sex

**Students will:**

- Apply a decision making model to sexual health decisions
- Discuss taking responsibility to discuss STIs and birth control use with their partner

**External Influences and Sexual Health** – Students learn how drugs and alcohol affect sexual health decisions

**Students will:**

- Develop a personal plan for setting sexual limits to reduce their risk of STIs or pregnancy

**Resources** – Students research sexual health and access to care topics

**Students will:**

- Create a footnoted list on a selected topic of sexual health or sexual health care

Communication with your partner allows both people to express their birth control preferences.

Not everyone feels comfortable with all methods of birth control and should seek advice from a medical professional.

STIs are spread through vaginal sex, anal sex, oral sex and genital contact. The most common symptom of an STI is no symptom at all.

Abstinence (i.e., not having sex), without genital contact, is the only method that is a 100% sure way of avoiding STIs and pregnancy.

A condom or dental dam should be used for vaginal, anal and oral sex.

Regular STI testing is a healthy practice for couples who choose to have sex and discussing STI status is the responsibility of both partners.

Students should never make unwanted physical and verbal sexual advances.

External influences such as the media, drugs and alcohol can have negative effects on sexual health decisions.

Alcohol is linked to increased incidents of unexpected, unplanned and unprotected sex leading to a greater risk of spreading STIs and pregnancy and also increases the risk for sexual assault and rape.

Students will describe medically correct resources on sexual health topics.



**A CLOSER LOOK**

## A CLOSER LOOK

It is important for students to learn the correct terms used in sexual health education to understand how to effectively communicate and respect others. This helps create a school culture that is safe and supportive for all CPS students. Below are the terms students learn in 9<sup>th</sup> grade.

### VOCABULARY

**Adolescent (Teen) Parent** – An adolescent below the age of 19 who gives birth to or fathers a child.

**AIDS** - Acquired Immune Deficiency Syndrome. This is caused by an infection with the HIV virus that has worsened over time. AIDS makes a person unable to fight infections and more likely to get sick from opportunistic infections like certain types of cancer and pneumonia.

**Anal Sex** – Sexual contact in which the penis or another sexual object is placed in the anus (i.e., butt) for sexual pleasure.

**Chromosome** - A threadlike structure that carries the genetic information, that makes us who we are, like eye color and height, in the form of genes.

**Complications** - A secondary disease or condition.

**Consent** - A freely given agreement in which the person must: be fully conscious and aware, be equally free to react, can change from “Yes” to “No” at any time, communicates permission/willingness and is positive and sincere in their desire. Not saying “No” does not mean “Yes.” Illinois Law states that a person must be 17 years old to give consent. Agreeing verbally and physically, without force or trickery, to engage in sexual activity.

**Consequence** – A result or effect of an action or condition.

**Genital contact** – Sexual contact between two external reproductive organs (e.g., penis and vulva) without penetration.

**HIV** - Human Immunodeficiency Virus. HIV is a virus that attacks the immune system, making the infected person less able or unable to fight off other germs that enter the body. HIV can lead to the disease called AIDS.

**Influence** - The capacity to have an effect on the character, development, or behavior of someone or something, or the effect itself.

**Limit** – something that bounds, restrains, or confines.

**Manual Sex** – Stimulating a partner’s genitals with the hands.

**Masturbation** – Touching your own genitals for sexual pleasure.

**Minor**- Someone below the age of 18.

**Oral Sex** – Sexual contact in which the mouth of one partner sexually stimulates the penis, vulva, or anus of the other partner.

**Resource** – To provide (a person or organization) with materials, money, staff, and other assets necessary for effective operation.

**Responsibility** - Being in charge of something or someone and making sure that what is decided or done is right or done well.

**Risk** – The chance of something happening or an event with uncertain or dangerous outcomes.

**Role** – Your job or tasks.

**Skill** –The ability to do something well; expertise.

**Symptom** – A sign of disease.

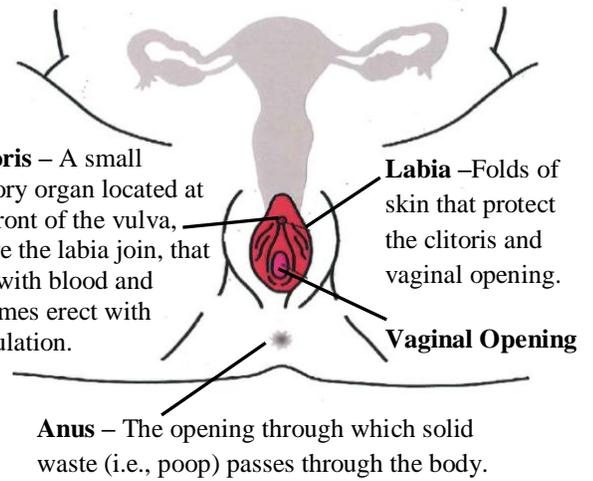
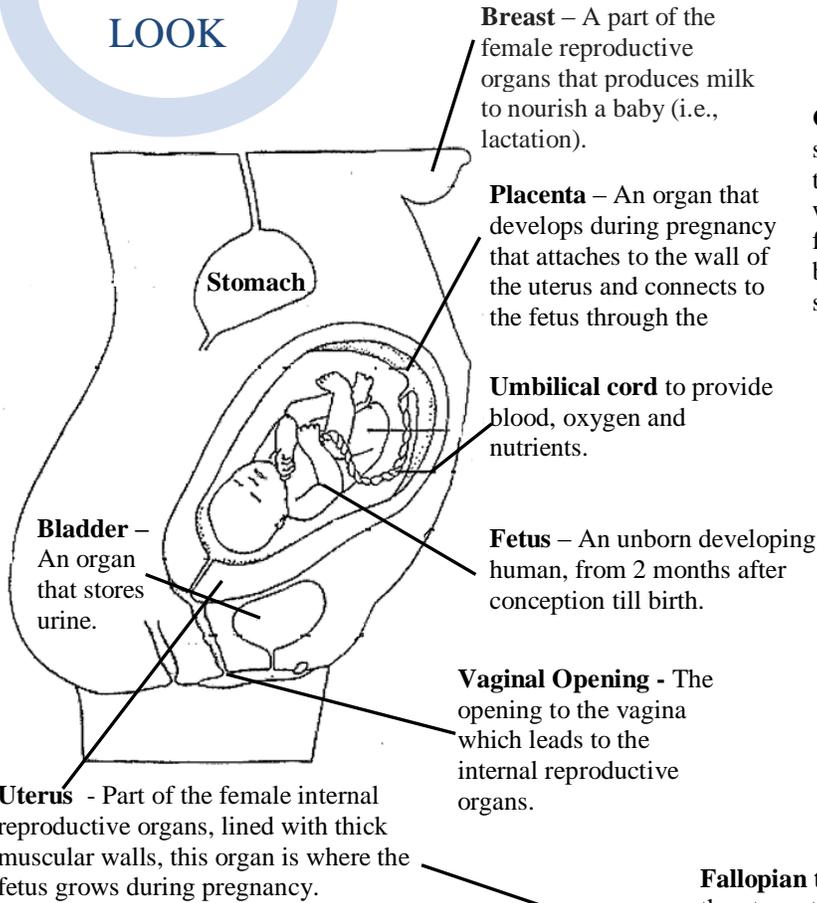
**Transmission** – Spreading a disease from one person to another.

**Vaginal Intercourse** – Sexual contact when a penis enters a vagina for reproduction or sexual pleasure.

**Zygote** –The cell that forms when the egg and the sperm meet.

A  
CLOSER  
LOOK

THE FEMALE REPRODUCTIVE SYSTEM



**Conception** – Becoming pregnant.

**Infertility** – The inability to become pregnant.

**Embryo** – The developing human from implantation (i.e., when the egg/sperm attaches to the lining of the uterus) through the second month of pregnancy.

**Cesarean Birth** – A surgical procedure in which the baby is born through a cut in the belly and uterus (also called cesarean section or C-section).

**Fertilization** – When the egg and the sperm join together.

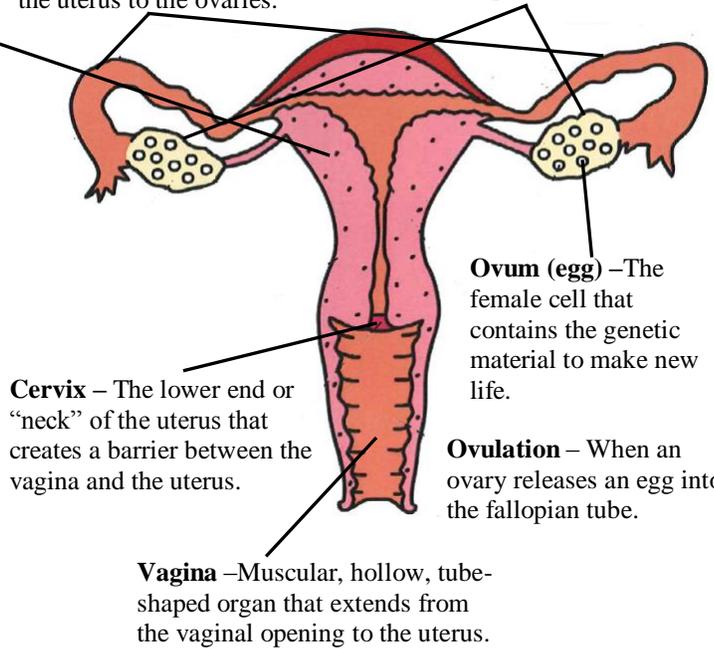
**Implantation** – When the zygote (i.e. joined egg and sperm) sticks to the wall of the uterus.

**Prenatal** – Before birth.

**Menstrual “Period” or Menstruation** – The time when hormones are released from different parts of the body to help control and prepare the body for pregnancy. During the menstrual cycle, the uterine lining breaks down and is shed – this bleeding is what’s known as a period.

**Fallopian tubes** – Connects the uterus to the ovaries.

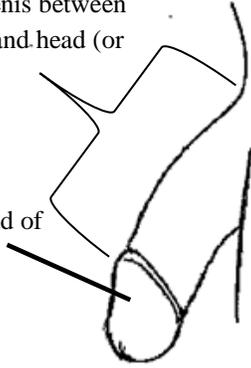
**Ovaries** – Two small, round organs inside the female pelvic area that produce estrogen and produce, store and release eggs into the fallopian tubes.



## THE MALE REPRODUCTIVE SYSTEM

**Shaft** – The cylindrical part of the penis between the scrotum and head (or glans).

**Glans** – The sensitive head of the penis.



**Circumcised penis**

**Circumcision** – Cutting off the foreskin (i.e., a fold of skin at the tip of the penis).



**Uncircumcised penis**

**Foreskin** – A fold of skin at the end of the penis covering the glans.

A  
CLOSER  
LOOK

**Sperm** – A male reproductive cell that is made in the testicles.

**Semen** - A white or clear sticky fluid made up of sperm and seminal fluid that comes out of the penis during ejaculation.

**Ejaculation** – When a male’s body releases sperm and semen from the body through the penis.

**Bladder** – The organ that collects and stores urine produced by the kidneys.

**Seminal vesicles** – Sac-like structures attached to the vas deferens, to the side of the bladder.

**Prostate gland** – Surrounds the ejaculatory ducts at the base of the urethra, just below the bladder and produces some of the parts of semen.

**Cowper’s gland** – A gland located below the prostate that produces a liquid that clears the urethra of sperm harming

**Scrotum** – A pouch like structure that hangs behind the penis that holds the testicles and controls the temperature of the testicles for sperm production.

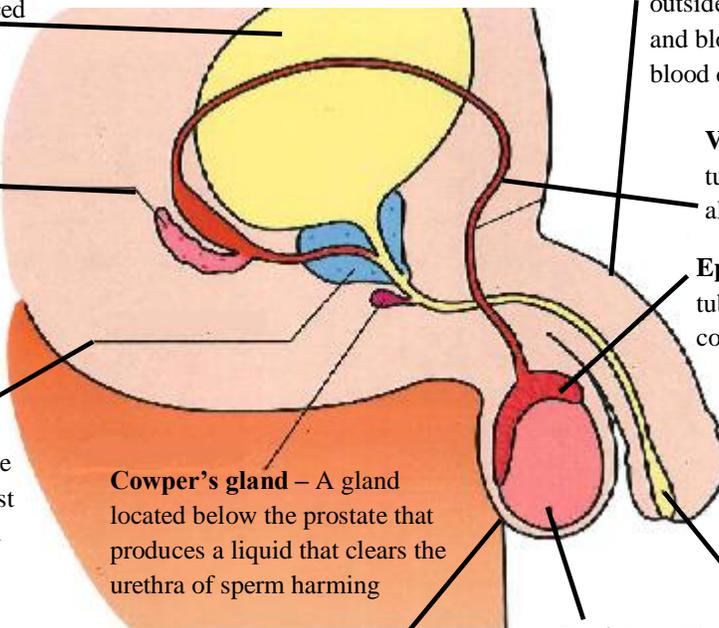
**Penis**– The male organ sex organ that is made of the urethra (through which urine and semen are passed outside of the body), spongy tissues and blood vessels that can fill with blood during an erection.

**Vas deferens** - A muscular tube that passes upward alongside the testicles.

**Epididymis** – A set of coiled tubes (one for each testicle) that connects to the vas deferens.

**Urethra** - The canal that carries urine and semen from the bladder to the outside of the body.

**Testicles** – The male organs that are inside the scrotum and produce the hormone testosterone.



## CONTINUE THE LEARNING AT HOME

Parents/guardians are the primary sexual health educators for their child(ren) and have the biggest impact on their sexual health decision-making. Whether you set aside a specific time to talk about sexual health, read books, do online activities or something else, parents educate their child(ren) every day by teaching them to respect others in their classes that are different from them, close the door when they use the restroom, avoid strangers, tell someone they trust if anyone hurts them, the names for their body parts and countless other lessons that are also reinforced in lessons at school. Below are some ideas you can use to help start a chat with your child(ren). \* With One Voice 2012: America's Adults and Teens Sound Off About Teen Pregnancy. [http://success1st.org/uploads/3/4/5/1/34510348/wov\\_2012.pdf](http://success1st.org/uploads/3/4/5/1/34510348/wov_2012.pdf)

### LET'S TALK! ABOUT SEXUAL HEALTH EDUCATION

#### ASK

Which lessons have you had on sexual health so far? What do you think about what you've been learning? Do you have any questions about it? (Perhaps take the opportunity to share some of your thoughts about the lessons and talk to your teen about your personal values and beliefs on the topics. Look for opportunities in everyday life to bring up sexual health related topics. For example, while watching a TV show where sexual topics are discussed or shown, use that opportunity to start a conversation more naturally.)

Other possible questions to start a chat with your teen include:

- » What do you enjoy most about being your age? What's most difficult?
- » What's most important in your life now?
- » What do you see as pros and cons of being male/female?
- » What are some things you look for in a friend?
- » What do you wish we could talk about more openly together?
- » How have you felt about the physical changes in your body?

Source: Planned Parenthood of SW Oregon <http://www.noplacelikehome.org/english.php?p=grade9>

#### SAY

I'm/we're here to listen to any concerns you have or questions about sexual health at any time.

#### DO

Spend time with your teen! Even as they are becoming more independent at this age, keeping a close relationship with them will benefit their growth and development. Having a strong relationship with your teen makes them more likely to accept your supervision, adopt your values and beliefs and follow your rules. Set time aside to spend with your teen, even if it's just once a week. You might go out to lunch or dinner with them on the weekend or cook a meal together at home. Choose an activity you both can enjoy doing together. Whatever it is, make it part of the weekly routine and stick to it!

Set boundaries and expectations. It can be as simple as knowing where your teen is, who they are with, what they are planning to do and if any adult supervision is available. Agree upon a curfew with your teen and the expectation that they will follow it, as well as agree upon what happens if expectations are not met.

Source: Planned Parenthood <http://plannedparenthood.org>.



## ANSWERS

**A1:** Get a male condom from the store or clinic.

Get a water-based lubricant such as K-Y Jelly.

Check the condom expiration date.

Check to make sure the condom package is not damaged or torn.

Make sure there IS an air bubble in the condom package.

Open the condom. Be careful not to tear the condom (don't use your teeth, scissors, or sharp nails).

Check to see which way the condom unrolls. It should look like a sombrero, not a beanie hat!

Place the condom on the erect penis.

Squeeze the tip of the condom to press out air.

Unroll the condom all the way down leaving room at the tip for air bubbles.

Apply the water based lubricant.

After ejaculation, hold on to the base of the condom.

Carefully withdraw the penis from the vagina.

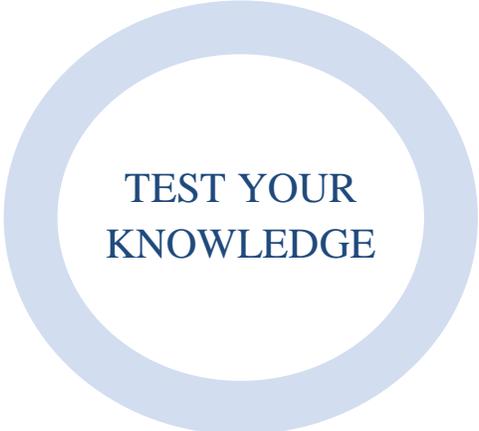
To remove the condom, hold the base of the penis and slide the condom off (inch-worm style). Keep the penis and condom away from the vulva.

Wrap the condom in a tissue and throw it in the trash, not the toilet!

Do you need to review how to use a condom? Male and female condom demonstration videos are available at:

<http://www.youtube.com/watch?v=EdSq2HB7jqU> – male condom

<http://www.youtube.com/watch?v=LJZOCdmnvmc>– female condom



TEST YOUR  
KNOWLEDGE

## RESOURCES

For more information and activities that you can do with your child(ren) at home to reinforce what they have learned at school, you can access the following information and resources on the internet or at your local Chicago Public Library branch.

### BOOKS

*What Makes A Baby: A Book for Every Kind of Family and Every Kind of Kid* by Cory Silverberg – This guide to babies and birth is as notable for what isn't in it as what is: sperm, eggs, midwives, and cesareans are mentioned, but references to mothers, fathers, boys, or girls are absent, allowing the book to be used by families with a variety of configurations and circumstances.

*It's Perfectly Normal* by Robie H. Harris (available in Spanish) - Provides accurate and up-to-date answers to nearly every imaginable question, from conception and puberty to birth control and AIDS, and offers young people ages 10 and up the information they need -- now more than ever -- to make responsible decisions and stay healthy.

For age-appropriate books regarding gender and sexual diversity, please refer to the [Appendix G: "Safe and Supportive Environments Library."](#)

### ONLINE

#### General Sexual Health Education

Chicago Healthy Adolescents and Teens (CHAT) [www.chataboutit.org](http://www.chataboutit.org)

Tools for parents to talk with their children about sexual health - <http://www.plannedparenthood.org/parents>

*With One Voice: America's Adults and Teens Sound Off about Teen Pregnancy*

[http://success1st.org/uploads/3/4/5/1/34510348/wov\\_2012.pdf](http://success1st.org/uploads/3/4/5/1/34510348/wov_2012.pdf)

Helping teens delay having sex - <http://www.plannedparenthood.org/parents/helping-teens-delay-having-sex-37984.htm>

#### Communication

Assertiveness - [http://kidshealth.org/teen/your\\_mind/friends/assertive.html](http://kidshealth.org/teen/your_mind/friends/assertive.html)

#### Pregnancy, Parenting and Prenatal Care

Prenatal care fact sheet - <http://womenshealth.gov/publications/our-publications/fact-sheet/prenatal-care.cfm>

What Babies Really Cost - <http://www.whattoexpect.com/preconception/preparing-for-baby/work-and-finance/what-babies-really-cost.aspx>

The Cost of Raising a Baby - <http://www.parenting.com/article/the-cost-of-raising-a-baby?page=0.0>

Teen Parent Connection - <http://teenparentconnection.org/>

Teen Parenting Service Network - <http://www.ucanchicago.org/tpsn/>

Teenage pregnancy: consider the options - <http://www.mayoclinic.com/health/teen-pregnancy/my00820>

Thinking about parenting – <http://www.plannedparenthood.org/health-info/pregnancy/pregnant-now-what/parenting>

Teen pregnancy options - <http://www.teenhelp.com/teen-pregnancy/teen-pregnancy-options.html>

Abortion - <http://www.plannedparenthood.org/health-topics/abortion-4260.asp>

### **Birth Control**

Chicago Healthy Adolescents and Teens [www.chataboutit.org](http://www.chataboutit.org)

Your birth control choices - [http://www.reproductiveaccess.org/fact\\_sheets/bc\\_choices.htm](http://www.reproductiveaccess.org/fact_sheets/bc_choices.htm)

Birth control methods facts sheet - <http://www.womenshealth.gov/publications/our-publications/fact-sheet/birth-control-methods.cfm#d>

Birth control - <http://www.plannedparenthood.org/health-topics/birth-control-4211.htm>

### **Sexually Transmitted Infection and HIV/AIDS Prevention**

HIV & AIDS Prevention - <http://www.avert.org/aids-hiv-prevention.htm>

HIV/AIDS - <http://www.health.ny.gov/diseases/aids/youth/>

Male and female condom demonstration videos are available at:

<http://teachers.teachingsexualhealth.ca/resources/demonstration-videos>

<http://www.youtube.com/watch?v=EdSq2HB7jqU> – male condom

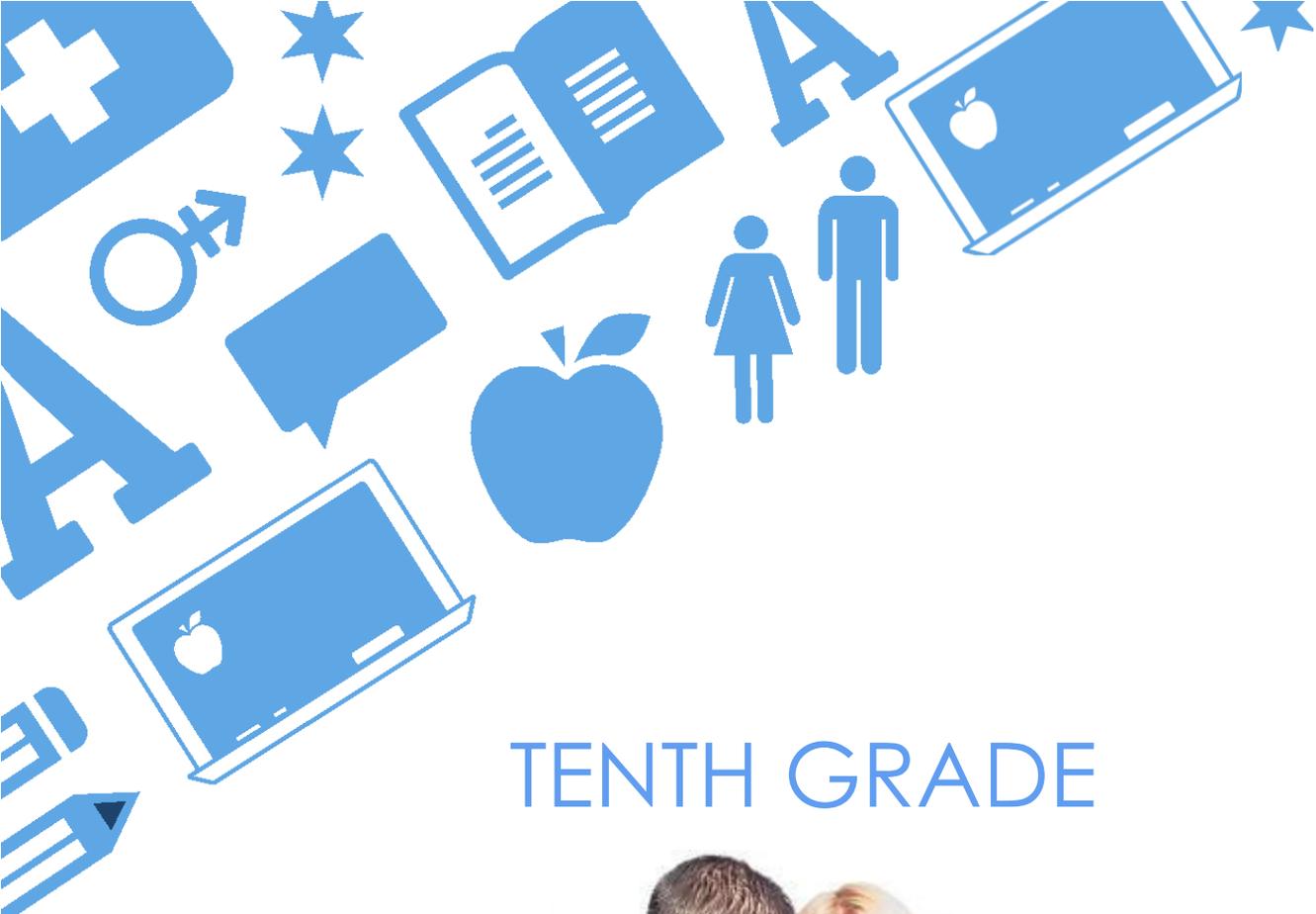
<http://www.youtube.com/watch?v=LJZOCdmnvmc>– female condom

### **Drugs and Alcohol**

Sex, Alcohol, and Other Drugs -

<http://recapp.etr.org/recapp/index.cfm?fuseaction=pages.TopicsInBriefDetail&PageID=52>

[Back to Start](#)



# TENTH GRADE



# 10<sup>TH</sup> Grade

## WHAT IS MY CHILD LEARNING?

In 10<sup>th</sup> grade, students build on knowledge gained in earlier grades and further their understanding of relationships, technology and decision-making.

Lessons focus on:

- the sexual response cycle
- healthy relationships
- bullying and sexual harassment
- sexual violence
- the effects of drugs and alcohol on decision-making

Students learn how to have safe online relationships, how the media affects what we think of sex, how to address bullying and harassment and the importance of acceptance and respect for all people. Students also study how the body reacts in sexual situations.

IF YOU WOULD LIKE SEE A LIST OF LESSONS AT EACH GRADE LEVEL, SEE [APPENDIX E LESSONS BY GRADE LEVEL](#). TO SEE THE CURRICULUM CONNECTION FOR OTHER GRADE LEVELS, PLEASE CONTACT YOUR SCHOOL FOR A COPY OF THE ENTIRE K-12 CURRICULUM CONNECTION.

## EDUCATIONAL STANDARDS

Educational standards help students, teachers and parents/guardians understand the basic knowledge and skills that students are expected to learn. Sexual health education lessons meet the requirements under the

10. Illinois Learning Standards for Physical Development and Health
11. Illinois Standards for Social/Emotional Learning
12. National Sexuality Education Standards

To see the specific standards met through 10<sup>th</sup> grade lessons, please see [appendix D](#).

The next section, *A Closer Look*, provides the names of the lessons, their goals and key content that students will learn. Lessons are taught using a variety of tools including:

- worksheets
- class discussions
- small-group activities
- PowerPoint presentation
- quizzes
- video
- homework ( journaling )
- research of facts and statistics

## A CLOSER LOOK

## LESSONS ♦ GOALS ♦ KEY CONTENT

**Human Sexual Response** – Students learn the bodily process of the human sexual response cycle

**Students will:**

- Examine the impact of media and pop-culture on what we think about human sexual response
- Identify the phases, physical signs and role that hormones play in the human sexual response cycle

**Healthy Relationships** – Students discuss what makes a healthy relationship and how to speak respectfully to romantic partners and friends

**Students will:**

- Demonstrate, through role play, how to remove oneself from an unhealthy relationship
- Identify support systems for their relationships and for when they may need help with their relationships

**Technology and Relationships** – Students learn how to use technology safely, respectfully and ethically

**Students will:**

- Explain how social media, texting and the internet can impact relationship roles and how people relate
- Learn how to be genuine online
- Understand risky forms of posting about oneself and the negative effects
- Identify ways to avoid sexting and learn rules to have safe online relationships

**Body Image and Self-esteem** – Students explore how media, friends and family can affect their self-esteem and body image

**Students will:**

- Compare and contrast attitudes towards boys and girls regarding editing, posting and commenting on personal photos that are posted online
- Reflect on how people represent themselves online and offline

- The sexual response cycle is the pattern of physical and emotional changes that occur as a person becomes sexually aroused.
- Healthy sexual activity is experienced with a consenting partner or alone in a safe place.
- People in relationships can express affection in a variety of ways.
- Media/technology (e.g., tv, movies, internet, texting, etc.) can influence our perception of relationships.
- It is important to identify people and resources to discuss relationships with or seek help from.
- Role playing how to end an unhealthy relationship will aid students if they are ever in a similar situation.
- Speaking with your partner about personal goals, the choice not to have sex and birth control help is part of having a healthy relationship.
- Students explore the risks and responsibilities of carrying out romantic relationships online and using other technology (e.g., cell phone).
- Unwanted physical and verbal sexual advances are never acceptable.
- Students learn why the term “online predator” is misleading, and how to identify more realistic forms of inappropriate contact.



**A CLOSER LOOK**

## LESSONS ♦ GOALS ♦ KEY CONTENT

**Identity** – Students discuss how gender bullying and the fear of LGBTQ people can be hurtful and plan to show respect and dignity for all

**Students will:**

- Define sexual orientation (i.e., sexual attraction), biological sex (i.e., male or female reproductive organs) and gender identity (i.e., who you know yourself to be) and how culture impacts what we think

**Bullying and Sexual Harassment** – Students examine and think of ways to respond to bullying and sexual harassment

**Students will:**

- Identify how hateful and anti-gay speech can be classified as bullying and can be harmful to the school community
- Look at the differences between bullying, harassment and sexual harassment

**(Cyber) Bullying** – Students learn how online gossip and comments can have real life negative effects

**Students will:**

- Apply a decision making model to sexual health decisions
- Discuss taking responsibility to discuss STIs and birth control use with their partner

**Sexual Violence** – Students identify facts and myths about sexual violence and how the media effects what we think of sexual violence

**Students will:**

- Think about what makes online cruelty and cyber bullying worse
- Identify what targets and upstanders can do when online cruelty occurs
- Explore online ethics (i.e., morals) by looking at a pretend social networking page

**Sex and Alcohol** – Students identify how alcohol and drugs can affect sexual decisions and practice safety skills

**Students will:**

- Understand what consent is and the effects of drugs and alcohol on consent
- Understand how alcohol use may cause problems among friends

- Gender expression is not a good sign of one's sexual orientation.
- It is important to treat everyone with dignity and respect.
- Commonly used words or phrases, such as "that's so gay" can be harmful for LGBTQ individuals and the school community.
- Bullying is hostile behavior towards another person over a period of time.
- Harassment is negative, tireless behavior towards a person or people based on their race, age, gender or sexual orientation.
- Both males and females can be sexually harassed.
- Bullying and harassment can lead to long term and serious mental, emotional, educational and physical effects.
- Online meanness gets worse fast because posts spread quickly.
- Sexual violence is a crime of power and control and occurs any time consent is not given or taken back.
- Dispelling myths about sexual violence helps decrease victim blaming.
- Rape culture in pop-music, men's magazines and on TV can harmfully normalize and excuse rape.
- Decisions youth make about posting images and comments online can have positive and negative impacts.
- Technology can create a false sense of security when posting or commenting online.



## A CLOSER LOOK

## A CLOSER LOOK

It is important for students to learn the correct terms used in sexual health education to understand how to effectively communicate and respect others. This helps create a school culture that is safe and supportive for all CPS students. Below are the terms students learn in 10<sup>th</sup> grade.

### VOCABULARY

**Anonymous** - Without a name or other information that identifies who you are.

**Bullying** - Any act or conduct onto another person that: creates fear, has a detrimental effect on emotional or physical health, interferes with academic performance, interferes with ability to participate in activities.

**Bystander** – A person who stands by and observes without getting involved.

**Consent** - A freely given agreement in which the person must: be fully conscious and aware, be equally free to react, can change from “Yes” to “No” at any time, communicates permission/willingness and is positive and sincere in their desire. Not saying “No” does not mean “Yes.” Illinois Law states that a person must be 17 years old to give consent. Agreeing verbally and physically, without force or trickery, to engage in sexual activity.

**Cyberbullying** –Using the internet, texting and/or social media to harm others.

**Emotional Abuse** - Attacking someone’s feelings. Non-physical behaviors such as threats, insults, constant monitoring or “checking in,” excessive texting, humiliation, intimidation or isolation.

**Harassment** - Unwelcome conduct based on a protected class: race, national origin, color, sex, age, disability or religion.

**Hate speech** - Making cruel, hostile or negative statements about someone based on their race, religion, national origin, disability, age, gender or sexual orientation.

**Incest** - A sexual relationship among family members.

**Manipulate** - To influence somebody to do something they might not otherwise do, for one’s own benefit.

**Online Predator** - A person who uses the Internet to develop inappropriate relationships with kids or teens.

**Persona** - An image and personality that you show to others.

**Physical Abuse** - Any intentional use of physical force with the intent to cause fear or injury, like hitting, shoving, biting, strangling, kicking or using a weapon.

**Rape** - A specific type of sexual h. Rape is sex you do not agree to or give consent for. Penetration is required. Types of rape include statutory, acquaintance/date, stranger or gang/group. (*See Sexual Assault*)

**Sexting** - Sending or receiving sexually explicit photos or videos by text message or other digital technologies.

**Sexual Abuse** - Forced sexual conduct with a victim who does not understand the act and/or cannot give consent. Non-contact sexual abuse involves voyeurism (e.g., secretly watching someone undress)), exposure (i.e., showing their genitals to someone) and child pornography (i.e., sexual pictures, images, videos or other media of children).

**Sexual Assault** - Forced sexual intercourse, including vaginal, anal or oral penetration by a body part or object. Under Illinois law sexual assault and rape are used interchangeably. (*See rape*)

**Sexual Harassment** - Unwanted and unwelcome sexual conduct that is intentional or unintentional and can occur through: jokes, physical contact notes, electronic, text or social media.

**Sexual Response Cycle** - The sequence of physical and emotional changes that occur as a person becomes sexually aroused and participates in sexually stimulating activities, including intercourse and masturbation.

**Sexual Violence** - An umbrella term that covers sexual abuse, sexual assault, rape, dating violence and incest.

**Shared Power** – Both partner taking mutual responsibility in the relationship. Making decisions together.

**Stereotype** - A simple and often negative notion about a particular group of people or a popular belief about a group of people, based on false information.

**Survivor** - A more accurate term used to describe the people who have suffered from sexual violence.

**Target** - A person who is the object of an intentional action.

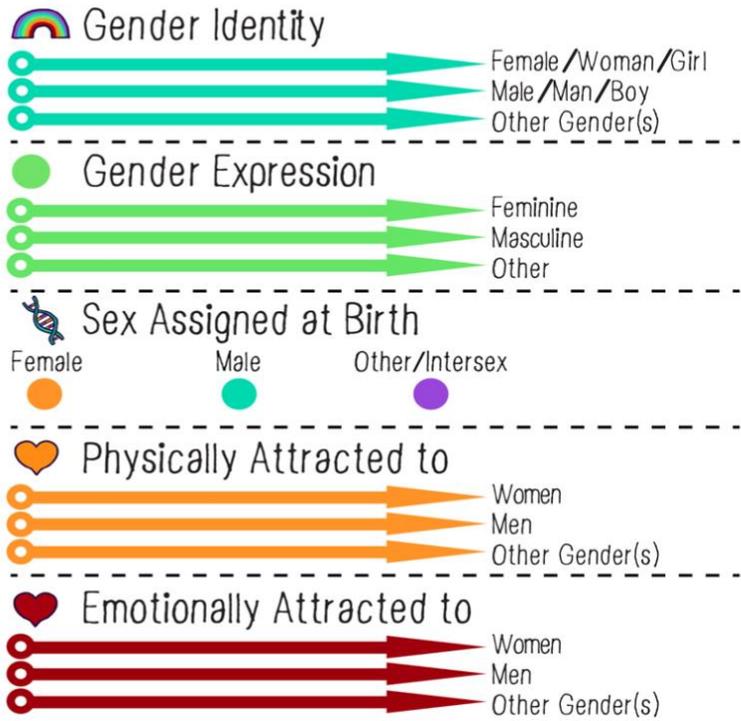
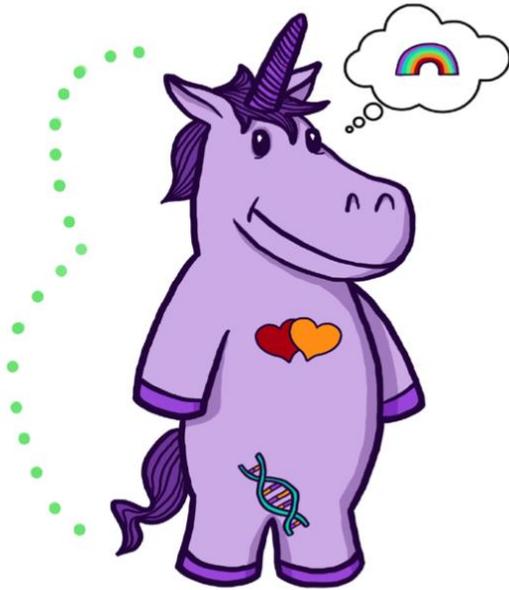
**Upstander** - A person who supports and stands up for someone else.

**Verbal Bullying** - Name-calling, teasing or threatening to cause harm.

**Victim** - A term used to describe the person who is harmed, injured or killed as a result of the crime. In the case of sexual violence, a victim is someone who did not survive the crime.

# The Gender Unicorn

Graphic by:  
**TSER**  
Trans Student Educational Resources



To learn more, go to:  
[www.transstudent.org/gender](http://www.transstudent.org/gender)

Design by Landyn Pan and Anna Moore

**Gender Identity:** One's internal sense of being male, female, neither of these, both, or another gender(s). Everyone has a gender identity, including you. For transgender people, their sex assigned at birth and their own internal sense of gender identity are not the same. Female, woman, and girl and male, man, and boy are also NOT necessarily linked to each other but are just six common gender identities.

**Gender Expression/Presentation:** The physical manifestation of one's gender identity through clothing, hairstyle, voice, body shape, etc. Most transgender people seek to make their gender expression (how they look) match their gender identity (who they are), rather than their sex assigned at birth.

**Sex Assigned at Birth:** The assignment and classification of people as male, female, intersex, or another sex based on a combination of anatomy, hormones, chromosomes. It is important we don't simply use "sex" because of the vagueness of the definition of sex and its place in transphobia. Chromosomes are frequently used to determine sex from prenatal karyotyping (although not as often as genitalia). Chromosomes do not determine genitalia.

**Sexually Attracted To: Sexual Orientation.** It is important to note that sexual and romantic/emotional attraction can be from a variety of factors including but not limited to gender identity, gender expression/presentation, and sex assigned at birth.

**Romantically/Emotionally Attracted To:** Romantic/emotional orientation. It is important to note that sexual and romantic/emotional attraction can be from a variety of factors including but not limited to gender identity, gender expression/presentation, and sex assigned at birth.

\*Definitions are from TSER at <http://www.transstudent.org/gender>

## CONTINUE THE LEARNING AT HOME

Parents/guardians are the primary sexual health educators for their child(ren) and have the biggest impact on their sexual health decision-making. Whether you set aside a specific time to talk about sexual health, read books, do online activities or something else, parents educate their child(ren) every day by teaching them to respect others in their classes that are different from them, close the door when they use the restroom, avoid strangers, tell someone they trust if anyone hurts them, the names for their body parts and countless other lessons that are also reinforced in lessons at school. Below are some ideas you can use to help start a chat with your child(ren). \* With One Voice 2012: America's Adults and Teens Sound Off About Teen Pregnancy. [http://success1st.org/uploads/3/4/5/1/34510348/wov\\_2012.pdf](http://success1st.org/uploads/3/4/5/1/34510348/wov_2012.pdf)

### LET'S TALK! ABOUT SEXUAL HEALTH EDUCATION

#### ASK

How would you describe your online activity? What sites are you visiting? What apps do you use? How are you connecting with friends online?

Can you teach me/us about the Internet, social networking, your favorite apps and games? (There is no better way to connect with your teen than to put them in the role of expert. This can also be fun and help start an open discussion with your teen about online safety and privacy.) Was there ever a time that you or a friend received a hurtful or threatening comment online?

#### SAY

I/we are here for any questions you may have and you can talk to me/us about any issues with texting, Facebook, twitter or anything else online.

#### DO

Be aware of the time your teen is spending online and set limits for that time. Talk about why you are setting those limits and be willing to listen to your teen's feelings about those limits.

Listen to and talk about the music your teen listens to. Ask questions about the music and if it condones rape or promotes rape culture. Visit <http://rollingout.com/music/10-disturbing-rap-lyrics-about-rape-that-came-before-rick-ross-verse/> to read about some rap lyrics about rape. Use these to start a conversation with your teen about sexual violence.

# TEST YOUR KNOWLEDGE

The questions below are based on topics presented in *A Closer Look* and can help prepare you for questions your child(ren) may have. These questions do not represent all of the information that students learn but highlight a few key points.

## DO YOU KNOW THE ANSWERS TO THESE QUESTIONS?

**Q1:** What does LGBTQ stand for?

---

---

**Q2:** What is gender expression?

---

---

**Q3:** Why do we need to work on our school environments and build a foundation of acceptance and celebration of peoples' differences and similarities?

---

---

---

**Q4:** What is a GSA?

---

---

---

**Q5:** What should you do if you think your child is being bullied or is bullying another student at school?

---

---

---



## ANSWERS

**A1:** LGBTQ is a commonly used acronym that stands for lesbian, gay, bisexual, transgender or questioning.

The “Q” can also stand for queer. Although queer has been used as a negative term in the past, some people now feel it is a positive term and may self-identify as queer. For the purposes of CPS sexual health education, the “Q” will stand for questioning.

**A2:** Gender expression refers to the way in which a person acts to communicate their gender identity; for example in terms of one’s name, pronouns used (i.e., he, his, him, she, her, hers), behavior, clothing, communication style and interests.

**A3:** CPS high school students reported on the 2017 Youth Risk Behavior survey that 13.4% identify as either Gay, Lesbian or Bisexual. Additionally CPS high school students reported that during the past 12 months 8.5% were victims of teasing or name calling because someone thought they were gay, lesbian or bisexual. Lesbian, gay and bisexual students reported that 14.6% of them did not go to school on one or more of the past 30 days because they felt they would be unsafe at school or on their way to or from school versus 7.8% of heterosexual students. Not attending school can have long-term effects on students as it does not set them up for academic success, which in turn affects their ability to get into college or their ability to get a job.

In addition, unsafe environments make it hard for students to interact socially and could lead to students injuring themselves when they don’t feel like they are supported or have someone they can confide in.

**A4:** A Gay-Straight Alliance (GSA) is a student-run club, typically in a high school or middle school, which provides a safe place for students to meet, support each other, talk about issues related to sexual orientation and gender identity and expression and work to end homophobia and transphobia. There are three typical functions of a GSA club: support, social and activist. For more information, visit GSA Network - <http://www.gsanetwork.org/resources/building-your-gsa/what-gsa>.

**A5:** Any parent or guardian who sees or is told about bullying must tell the Principal at their school as quickly as they are able to. Reports can be made to any CPS employee or contractor in person, or by calling the CPS Student Safety Center at 773-553-3335, emailing [BullyingReport@cps.edu](mailto:BullyingReport@cps.edu) or calling the CPS/CPD Violence Prevention Hotline (“Hotline”) at 1-888-881-0606. Reports made by someone who does not reveal who they are will be accepted by the Principal/Designee and Hotline. No disciplinary action will be taken on the sole basis of a report made by someone who does not reveal who they are.

TEST YOUR  
KNOWLEDGE

## RESOURCES

For more information and activities that you can do with your child(ren) at home to reinforce what they have learned at school, you can access the following information and resources on the internet or at your local Chicago Public Library branch.

### BOOKS

*It's Perfectly Normal* by Robie H. Harris (available in Spanish) - Provides accurate and up-to-date answers to nearly every imaginable question, from conception and puberty to birth control and AIDS, and offers young people ages 10 and up the information they need -- now more than ever -- to make responsible decisions and stay healthy.

For age-appropriate books regarding gender and sexual diversity, please refer to the [Appendix G: "Safe and Supportive Environments Library."](#)

### ONLINE

#### General Sexual Health Education

Chicago Healthy Adolescents and Teens [www.chataboutit.org](http://www.chataboutit.org)

Tools for parents to talk with their children about sexual health - <http://www.plannedparenthood.org/parents>

*With One Voice: America's Adults and Teens Sound Off about Teen Pregnancy*

[http://success1st.org/uploads/3/4/5/1/34510348/wov\\_2012.pdf](http://success1st.org/uploads/3/4/5/1/34510348/wov_2012.pdf)

Helping teens delay having sex - <http://www.plannedparenthood.org/parents/helping-teens-delay-having-sex-37984.htm>

Advocates for Youth - <http://www.advocatesforyouth.org/>

#### The Sexual Response Cycle

The Sexual Response Cycle -

[http://my.clevelandclinic.org/healthy\\_living/sexual\\_health/hic\\_the\\_sexual\\_response\\_cycle.aspx](http://my.clevelandclinic.org/healthy_living/sexual_health/hic_the_sexual_response_cycle.aspx)

Understanding Sexual Pleasure - <http://www.plannedparenthood.org/health-topics/sex-101/understanding-sexual-pleasure-23902.htm>

With Pleasure: A View of the Whole Sexual Anatomy for Every Body -

[http://www.scarleteen.com/article/body/with\\_pleasure\\_a\\_view\\_of\\_whole\\_sexual\\_anatomy\\_for\\_every\\_body](http://www.scarleteen.com/article/body/with_pleasure_a_view_of_whole_sexual_anatomy_for_every_body)

#### Digital Relationships

Digital Relationships Family Tip Sheet (High School) -

[https://www.commonsemmedia.org/sites/default/files/uploads/classroom\\_curriculum/9-12-familytip-digitalrelationships.pdf](https://www.commonsemmedia.org/sites/default/files/uploads/classroom_curriculum/9-12-familytip-digitalrelationships.pdf)

What teens learn from the media - <http://www.greatschools.org/students/media-kids/510-sexual-behavior-teens-learn-from-media.gs>

Risky Online Relationships Family Tip Sheet -

[https://www.commonsemmedia.org/sites/default/files/uploads/classroom\\_curriculum/9-12-familytip-riskyonlinereationships.pdf](https://www.commonsemmedia.org/sites/default/files/uploads/classroom_curriculum/9-12-familytip-riskyonlinereationships.pdf)

Boys, Girls, and Media Messages Family Tip Sheet (Middle & High School) -

[https://www.commonsemmedia.org/sites/default/files/uploads/classroom\\_curriculum/6-12-familytip-boysgirlsmediamessages.pdf](https://www.commonsemmedia.org/sites/default/files/uploads/classroom_curriculum/6-12-familytip-boysgirlsmediamessages.pdf)

Online Self-Expression Family Tip Sheet (High School) -

[https://www.commonsemmedia.org/sites/default/files/uploads/classroom\\_curriculum/9-12-familytip-onlineselfexpression.pdf](https://www.commonsemmedia.org/sites/default/files/uploads/classroom_curriculum/9-12-familytip-onlineselfexpression.pdf)

**Consent/Healthy Relationships**

What is consent? <http://www.loveisrespect.org/healthy-relationships/what-consent/>

How can I communicate better? - <http://www.loveisrespect.org/dating-basics/healthy-relationships/how-can-I-communicate-better>

Equality wheel for teens - <http://www.ncdsv.org/images/teenequalitywheelnoshading-ncdsv.pdf>

How to break up respectfully - [http://kidshealth.org/teen/your\\_mind/relationships/break-up.html?tracking=T\\_RelatedArticle#](http://kidshealth.org/teen/your_mind/relationships/break-up.html?tracking=T_RelatedArticle#)

Healthy Relationships Quiz - [http://kidshealth.org/teen/your\\_mind/relationships/healthy\\_relationship.html#](http://kidshealth.org/teen/your_mind/relationships/healthy_relationship.html#)

What Makes a Healthy Relationship? -

[http://kidshealth.org/teen/your\\_mind/relationships/healthy\\_relationship.html#](http://kidshealth.org/teen/your_mind/relationships/healthy_relationship.html#)

When relationships end - [http://kidshealth.org/teen/your\\_mind/relationships/break-up.html?tracking=T\\_RelatedArticle#](http://kidshealth.org/teen/your_mind/relationships/break-up.html?tracking=T_RelatedArticle#)

**Sexual Assault**

Defining sexual assault and consent - <http://www.loveisrespect.org/is-this-abuse/>

Risky Online Relationships Family Tip Sheet -

[https://www.common sense media.org/sites/default/files/uploads/classroom\\_curriculum/9-12-familytip-riskyonlinereationships.pdf](https://www.common sense media.org/sites/default/files/uploads/classroom_curriculum/9-12-familytip-riskyonlinereationships.pdf)

Myths and facts about sexual assault and consent - <http://www.stsm.org/myths-and-facts-about-sexual-assault-and-consent>

Boys, Girls, and Media Messages Family Tip Sheet (Middle & High School) -

[https://www.common sense media.org/sites/default/files/uploads/classroom\\_curriculum/6-12-familytip-boysgirlsmediamessages.pdf](https://www.common sense media.org/sites/default/files/uploads/classroom_curriculum/6-12-familytip-boysgirlsmediamessages.pdf)

Online Self-Expression Family Tip Sheet (High School) -

[https://www.common sense media.org/sites/default/files/uploads/classroom\\_curriculum/9-12-familytip-onlineselfexpression.pdf](https://www.common sense media.org/sites/default/files/uploads/classroom_curriculum/9-12-familytip-onlineselfexpression.pdf)

Facts about rape - [http://lighthousehelp.com/?page\\_id=223](http://lighthousehelp.com/?page_id=223)

Talking about how music at times promotes rape - <http://rollingout.com/music/10-disturbing-rap-lyrics-about-rape-that-came-before-rick-ross-verse/8/>

Sexual Assault Crisis and Support Center - <http://www.silentnomore.org/male-survivors.html>

**Gay, Lesbian, Bisexual, Transgender and Questioning Support**

It Gets Better Project - <http://www.itgetsbetter.org/>

Gay, Lesbian, and Straight Education Network - <http://www.glsen.org/>

Illinois Safe Schools - <http://www.illinoissafeschools.org/resources>

The Trevor Project- A national 24-hour, toll free confidential suicide hotline for LGBTQ youth.

<https://thetrevorproject.org/>

**Bullying and Harassment**

National Center for Victims of Crime - <http://www.victimsofcrime.org/help-for-crime-victims/get-help-bulletins-for-crime-victims/bulletins-for-teens/bullying-and-harassment>

Stop Bullying - <http://www.stopbullying.gov/>

National Bully Prevention Center - <http://www.pacer.org/bullying/>

Not in Our School - <http://www.niot.org/nios>

National Education Association - [http://www.nea.org/home/nea\\_bullyfree.html](http://www.nea.org/home/nea_bullyfree.html)

Cyberbullying Family Tip Sheet (Middle & High School) -

[https://www.common sense media.org/sites/default/files/uploads/classroom\\_curriculum/6-12-familytip-cyberbullying.pdf](https://www.common sense media.org/sites/default/files/uploads/classroom_curriculum/6-12-familytip-cyberbullying.pdf)

Connected Culture Family Tip Sheet (Middle & High School) -

[https://www.common sense media.org/sites/default/files/uploads/classroom\\_curriculum/6-12-familytip-connectedculture.pdf](https://www.common sense media.org/sites/default/files/uploads/classroom_curriculum/6-12-familytip-connectedculture.pdf)

[Back to Start](#)



RESOURCES



# ELEVENTH GRADE



# 11<sup>TH</sup> Grade

## WHAT IS MY CHILD LEARNING?

In 11th grade, students review and expand on lessons that were taught in 9th grade.

Lessons focus on:

- pregnancy and sexually transmitted infection (STI) prevention
- pregnancy options
- parenting
- birth control
- practicing skills to set limits

Students consider how well different birth control methods work, how and where get them, cost, personal comfort, partner's comfort, ease of use and how to get the best protection against STIs and pregnancy. Students then engage in a peer teaching project that challenges students to create a lesson plan and teach their peers about common STIs.

IF YOU WOULD LIKE SEE A LIST OF LESSONS AT EACH GRADE LEVEL, SEE [APPENDIX E LESSONS BY GRADE LEVEL](#). TO SEE THE CURRICULUM CONNECTION FOR OTHER GRADE LEVELS, PLEASE CONTACT YOUR SCHOOL FOR A COPY OF THE ENTIRE K-12 CURRICULUM CONNECTION.

## EDUCATIONAL STANDARDS

Educational standards help students, teachers and parents/guardians understand the basic knowledge and skills that students are expected to learn. Sexual health education lessons meet the requirements under the

1. Illinois Learning Standards for Physical Development and Health
2. Illinois Standards for Social/Emotional Learning
3. National Sexuality Education Standards

To see the specific standards met through 11<sup>th</sup> grade lessons, please see [appendix D](#).

The next section, *A Closer Look*, provides the names of the lessons, their goals and key content that students will learn. Lessons are taught using a variety of tools including:

- self-reflection activity sheets
- class discussions
- demonstrations
- PowerPoint presentation
- video
- homework ( journaling )
- research of facts and statistics

## A CLOSER LOOK

**LESSONS ♦ GOALS ♦ KEY CONTENT**

**Contraceptives** – Students learn the benefits and risks of birth control methods

**Students will:**

- Identify good options for birth control and set goals for personal pregnancy prevention methods
- Identify abstinence as the only 100% effective method against STIs and pregnancy
- Discuss current statistics in teen sexual activity

**Pregnancy and Prenatal Practices** – Students study the signs and symptoms of pregnancy and research prenatal practices for a healthy pregnancy

**Students will:**

- Define male and female reproductive cells, fertilization (i.e., when the sperm enters the egg), and implantation (i.e., when the egg/sperm sticks to the lining of the uterus)
- Identify physical signs and symptoms of pregnancy, changes that occur and prenatal care

**Teens and Parenting** – Students participate in activities that show what is needed to care for a child and the challenges that teen parents face

**Students will:**

- Identify the risks of teen pregnancy and assess their risk of becoming a parent
- Look at the role of the parent vs. the role of the student
- Think of the skills and resources they need to become a parent and care for a child

**Teen Sexual Health and Pregnancy Options** – Students explore laws that effect sexual health care options for minors

**Students will:**

- Identify laws related to sexual health care, pregnancy options and how to access sexual healthcare
- Reflect on their readiness for parenthood and discuss current data on teen sexual activities

- Communication with your partner allows both people to express their birth control preferences.
- Not everyone feels comfortable with all methods of birth control and should seek advice from a medical professional.
- Pregnancy requires a male sex cell (sperm), female sex cell (egg), fertilization (i.e., when the sperm enters the egg) and implantation (i.e., when the egg/sperm attaches to the lining of the uterus).
- Pregnant females have physical signs and symptoms of pregnancy, while both the males and females may experience the emotional and social changes of pregnancy.
- Many teens do not know the signs and symptoms of pregnancy, leading to late or no prenatal care and negative effects for mothers and babies.
- Raising a child requires skills and resources that may be difficult for a high school student to attain.
- Information on birth control options allows students to make informed sexual health decisions and reach their goals.
- Under Illinois state law, youth 12 years of age or older can access most sexual health care services without parental consent.



**A CLOSER LOOK**

**LESSONS ♦ GOALS ♦ KEY CONTENT**

**STIs and HIV –**  
 Students learn how to lower their risk of getting a STI and explore testing and treatment options

**Students will:**

- Identify common STIs, how they're spread, signs and symptoms and when and where to get tested
- Identify difficult decisions about birth control, the choice to not have sex and safe sex practices

**Negotiation Skills –**  
 Students role play scenarios on sexual health and practice skills to set boundaries and delay sex

**Students will:**

- Apply a decision making model to sexual health decisions
- Discuss taking responsibility to discuss STIs and birth control use with their partner

**External Influences and Sexual Health –**  
 Students learn how drugs and alcohol affect sexual health decisions

**Students will:**

- Develop a personal plan for setting sexual limits to reduce their risk of getting an STI and/or pregnancy

**Final Project: Peer Teaching - STI and Pregnancy Prevention –**  
 Students work cooperatively to educate peers on safer sexual health practices

**Students will:**

- Create a lesson to identify common STIs, show how they are spread and explain the signs and symptoms of STIs
- Share when to get tested for STIs and where to go for testing

- STIs, including HIV, are spread through vaginal sex, anal sex, oral sex and genital contact.
- The most common symptom of an STI is no symptom at all.
- Abstinence (i.e., not having sex), without genital contact, is the only method that is a 100% sure way of avoiding STIs and unplanned pregnancy.
- A condom or dental dam should be used for vaginal, anal and oral sex.
- Regular STI testing is a healthy practice for couples who choose to have sex and discussing STI status is the responsibility of both partners.
- Students should not make unwanted physical and verbal sexual advances.
- Students have the right to say “no” to unwanted sexual advances.
- External influences such as media, drugs and alcohol can have negative effects on sexual health decisions.
- Alcohol is linked to increased incidents of unexpected, unplanned, and unprotected sex leading to greater risk of getting STIs, pregnancy and causes an increased risk for sexual assault and rape.



A CLOSER  
LOOK

## A CLOSER LOOK

It is important for students to learn the correct terms used in sexual health education. This helps them understand how to communicate well with others and use respectful words. This helps create a school culture that is safe and supportive for all CPS students. Below are the terms students learn in 11<sup>th</sup> grade.

### VOCABULARY

**Adolescent (teen) Parent** – A person below the age of 19 who gives birth to or fathers a child.

**AIDS** - Acquired Immune Deficiency Syndrome. AIDS is caused by an infection with the HIV virus that has worsened over time. AIDS makes a person unable to fight infections and more likely to get sick from opportunistic infections like certain types of cancer and pneumonia.

**Anal sex** – Sexual contact in which the penis or another sexual object is placed in the anus (i.e., butt) for sexual pleasure.

**Chromosome** - A threadlike structure that carries the genetic information, that makes us who we are, like eye color and height, in the form of genes.

**Complications** - A secondary disease or condition.

**Consent** - Permission.

**Consequence** – The result or effect of an action or condition.

**Genital contact** – Sexual contact between two external reproductive organs (i.e., penis or vulva) without penetration.

**HIV** - Human Immunodeficiency Virus. HIV is a virus that attacks the immune system, making the infected person less able or unable to fight off other germs that enter the body. HIV can lead to the disease called AIDS.

**Influence** - The capacity to have an effect on the character, development or behavior of someone or something, or the effect itself.

**Limit** – Something that bounds, restrains, or confines.

**Manual Sex** – Stimulating a partner’s genitals with the hands.

**Masturbation** – Touching your own genitals for sexual pleasure.

**Minor** - Someone below the age of 18.

**Oral Sex** – Sexual contact in which the mouth of one partner sexually stimulates the penis, vulva or anus of the other partner.

**Resource** – A person or organization with materials, money, staff and other assets necessary for effective operation.

**Responsibility** - Being in charge of something or someone and making sure that what is decided or done is right or satisfactory.

**Risk** – The chance of something happening or an event with uncertain or dangerous outcomes.

**Role** – Your job or tasks.

**Skill** –The ability to do something well; expertise.

**Symptom** – A sign of disease.

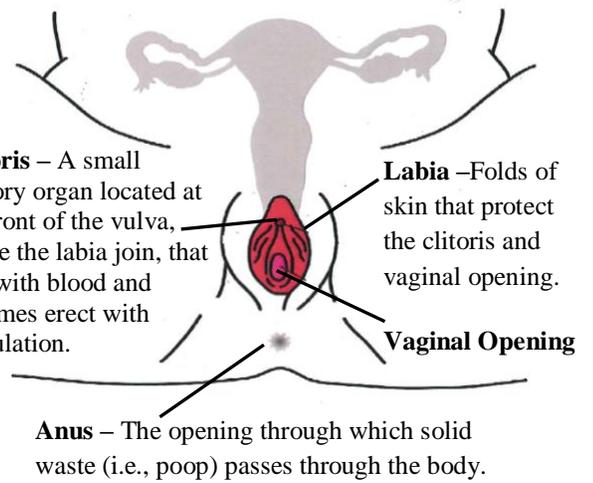
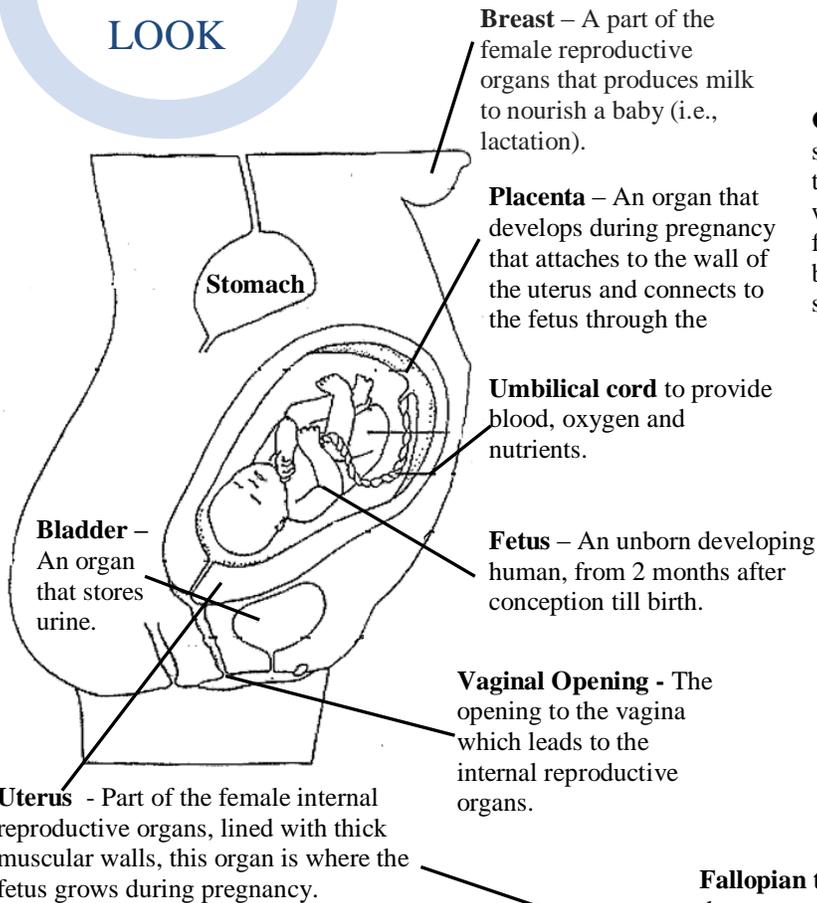
**Transmission** – The transfer of a disease from one person to another.

**Vaginal Intercourse** – Sexual contact when the male’s penis enters the female’s vagina for reproduction or sexual pleasure.

**Zygote** –The cell that forms when the egg and the sperm meet.

A  
CLOSER  
LOOK

THE FEMALE REPRODUCTIVE SYSTEM



**Conception** – Becoming pregnant.

**Infertility** – The inability to become pregnant.

**Embryo** – The developing human from implantation (i.e., when the egg/sperm attaches to the lining of the uterus) through the second month of pregnancy.

**Cesarean Birth** – A surgical procedure in which the baby is born through a cut in the belly and uterus (also called cecarean section or C-section).

**Fertilization** – When the egg and the sperm join together.

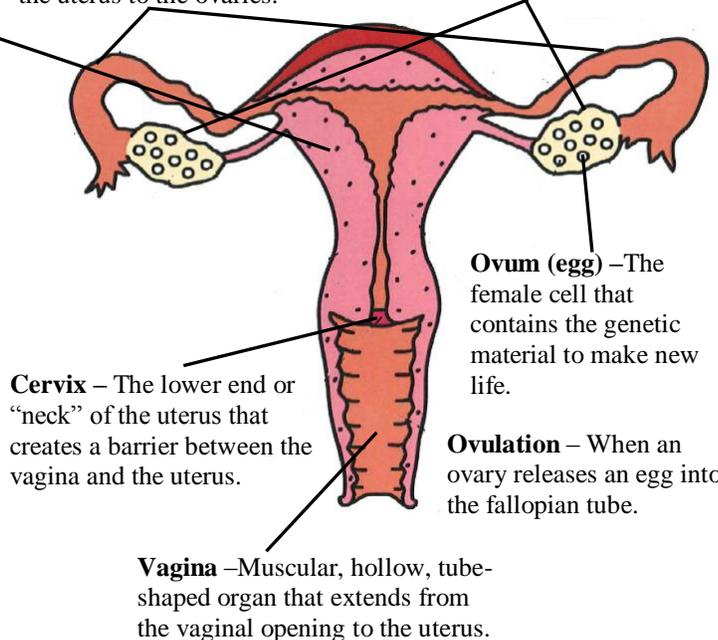
**Implantation** – When the zygote (i.e. joined egg and sperm) sticks to the wall of the uterus.

**Prenatal** – Before birth.

**Menstrual “Period” or Menstruation** – The time when hormones are released from different parts of the body to help control and prepare the body for pregnancy. During the menstrual cycle, the uterine lining breaks down and is shed – this bleeding is what’s known as a period.

**Fallopian tubes** – Connects the uterus to the ovaries.

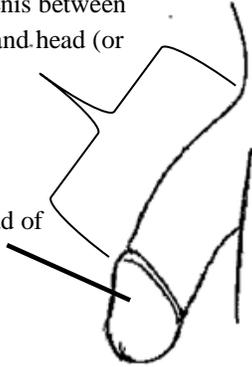
**Ovaries** – Two small, round organs inside the female pelvic area that produce estrogen and produce, store and release eggs into the fallopian tubes.



## THE MALE REPRODUCTIVE SYSTEM

**Shaft** – The cylindrical part of the penis between the scrotum and head (or glans).

**Glans** – The sensitive head of the penis.



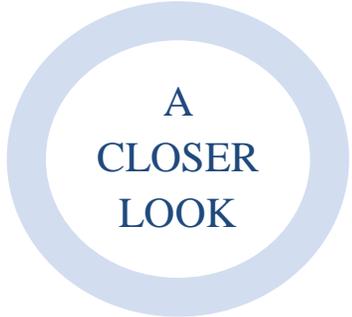
**Circumcised penis**

**Circumcision** – Cutting off the foreskin (i.e., a fold of skin at the tip of the penis).



**Uncircumcised penis**

**Foreskin** – A fold of skin at the end of the penis covering the glans.



**Sperm** – A male reproductive cell that is made in the testicles.

**Semen** - A white or clear sticky fluid made up of sperm and seminal fluid that comes out of the penis during ejaculation.

**Ejaculation** – When a male’s body releases sperm and semen from the body through the penis.

**Bladder** – The organ that collects and stores urine produced by the kidneys.

**Seminal vesicles** – Sac-like structures attached to the vas deferens, to the side of the bladder.

**Prostate gland** – Surrounds the ejaculatory ducts at the base of the urethra, just below the bladder and produces some of the parts of semen.

**Cowper’s gland** – A gland located below the prostate that produces a liquid that clears the urethra of sperm harming

**Scrotum** – A pouch like structure that hangs behind the penis that holds the testicles and controls the temperature of the testicles for sperm production.

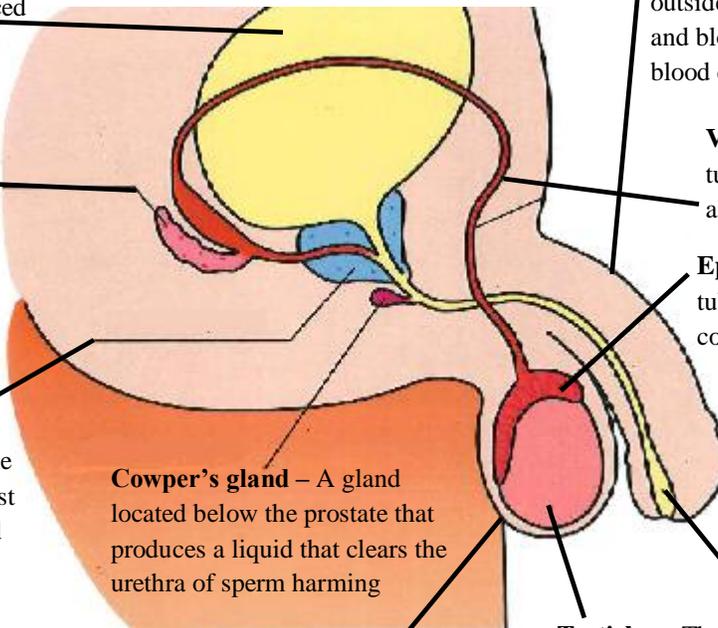
**Penis**– The male organ sex organ that is made of the urethra (through which urine and semen are passed outside of the body), spongy tissues and blood vessels that can fill with blood during an erection.

**Vas deferens** - A muscular tube that passes upward alongside the testicles.

**Epididymis** – A set of coiled tubes (one for each testicle) that connects to the vas deferens.

**Urethra** - The canal that carries urine and semen from the bladder to the outside of the body.

**Testicles** – The male organs that are inside the scrotum and produce the hormone testosterone.



## CONTINUE THE LEARNING AT HOME

Parents/guardians are the primary sexual health educators for their child(ren) and have the biggest impact on their sexual health decision-making. Whether you set aside a specific time to talk about sexual health, read books, do online activities or something else, parents educate their child(ren) every day by teaching them to respect others in their classes that are different from them, close the door when they use the restroom, avoid strangers, tell someone they trust if anyone hurts them, the names for their body parts and countless other lessons that are also reinforced in lessons at school. Below are some ideas you can use to help start a chat with your child(ren). \* With One Voice 2012: America's Adults and Teens Sound Off About Teen Pregnancy.  
[http://success1st.org/uploads/3/4/5/1/34510348/wov\\_2012.pdf](http://success1st.org/uploads/3/4/5/1/34510348/wov_2012.pdf)

### LET'S TALK! ABOUT SEXUAL HEALTH EDUCATION

#### ASK

Which lessons have you had on sexual health so far? What do you think about what you've been learning? Do you have any questions about it? (Perhaps take the opportunity to share some of your thoughts about the curriculum content and talk to your teen about your personal values and beliefs on the topics. Look for opportunities in everyday life to bring up sexual health related topics. For example, while watching a TV show that discusses sexual topics you can start a conversation more naturally about what you both are seeing and hearing.)

Other possible questions to start a conversation with your teen:

Share stories of healthy relationships that make you feel good and encourage your child to share similar stories with you. Identify what it is about those relationships that make you or your child feel good. Some of the qualities you might bring up may include: mutual respect, trust, honesty, support, fairness, good communication and keeping separate identities.

Listen to your child when they speak to you about concerns, experiences or questions about their changing bodies, feelings and relationships. Even if you are shocked by some of what your child asks you, know that is important that they feel safe coming to you. Ask questions, such as "Why do you want me to know this right now?" and "How are you feeling about this?" Show respect towards their answers, and also be patient if they are not ready to answer your questions. By showing that you care and are not judging them, they may feel more comfortable talking to you again when they are more ready.

#### SAY

I'm/we are here to listen to any concerns you have or questions about sexual health at any time.

#### DO

Spend time with your teen! Even as they are becoming more independent at this age, keeping a close relationship with them will benefit their growth and development. Having a strong relationship with your teen makes them more likely to accept your supervision, adopt your values and beliefs, and follow your rules. Set time aside to spend with your teen, even if it's just once a week. Go out to lunch or dinner with them on the weekend or cook a meal together at home. Choose an activity you both can enjoy doing together. Whatever it is, make it part of the weekly routine and stick to it!

Source: Planned Parenthood <http://plannedparenthood.org>.

Do you need to review how to use a condom? Male and female condom demonstration videos are available at:

<http://www.youtube.com/watch?v=EdSq2HB7jqU> – male condom  
<https://www.youtube.com/watch?v=LJZOCdmnvmc> Female condom

## TEST YOUR KNOWLEDGE

The questions below are based on topics presented in *A Closer Look* and can help prepare you for questions your child(ren) may have. These questions do not represent all of the information that students learn but highlight a few key points.

### DO YOU KNOW THE ANSWERS TO THESE QUESTIONS?

**Q1:** What types of sexual health services can a minor access without the consent of a parent or guardian?

---

---

**Q2:** Which sexually transmitted infections can be cured?

---

---

**Q3:** Which sexually transmitted infections can be treated but not cured (i.e., once you get them you will have them for life)?

---

---

**Q4:** Is it possible to get an STI from only genital contact?

---

---

**Q5:** Are emergency contraceptives (i.e. birth control), also known as the Morning After Pill or Plan B, an “abortion pill?”

---

---

**Q6:** What does HIV stand for and which 4 bodily fluids can carry the virus?

---

---

**Q7:** In 2015, how many cases of gonorrhea and chlamydia were reported to the Chicago Department of Public Health among youth aged 13-19 years old?

---

---

## ANSWERS

**A1:** Minors (12 years of age or older) may obtain the following services and resources without parental consent:

- » Testing and treatment for sexually transmitted infections including HIV
- » Prescription for birth control pills
- » Condoms
- » Pregnancy tests
- » Pregnancy counseling
- » Prenatal care
- » Health services associated with sexual assault
- » Prescription for emergency contraception (i.e. birth control)
- » Purchase emergency contraception (i.e. birth control) over the counter

For more information about Illinois Consent and Confidentiality Laws visit [http://www.cico-il.org/legislation/childrens\\_health.html](http://www.cico-il.org/legislation/childrens_health.html).

**A2:** Curable STIs include gonorrhea, chlamydia, trichomoniasis, syphilis and public lice.

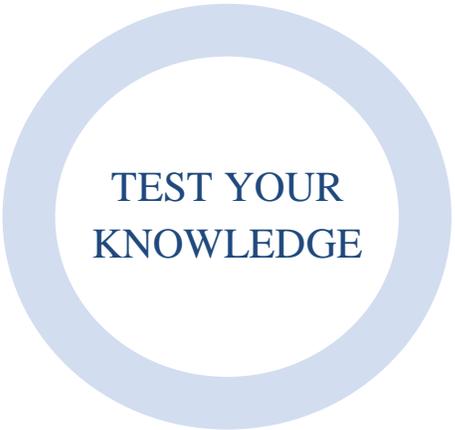
**A3:** STIs that are treatable (but not curable) are HIV, HPV, and herpes.

**A4:** Yes. Some sexually transmitted infections can be passed through skin to skin contact like herpes or genital warts.

**A5:** No. Emergency Contraception (i.e. birth control), also known as the Morning after pill or Plan B, is a high dose combination of hormones taken within (5 days) after vaginal intercourse. It can stop or delay ovulation (i.e., when the ovaries release an egg into the fallopian tubes), prevent fertilization (i.e., when the sperm enters the egg) or implantation (i.e., when the egg/sperm attaches to the lining of the uterus) to prevent pregnancy. It does not affect an existing pregnancy. When taken correctly, it can reduce the chance of pregnancy from 8% to 1%.

**A6:** Human Immunodeficiency Virus. HIV is found in blood, semen, vaginal fluids and breast milk. The virus is NOT found in urine, saliva, sweat, stool, vomit and the virus does NOT live outside the body (e.g., on surfaces like a toilet seat).

**A7:** In 2015, there were 8,036 cases of chlamydia and 2,165 cases of gonorrhea among youth aged 13-19 years old, about 25% of all newly diagnosed chlamydia and gonorrhea that year.



TEST YOUR  
KNOWLEDGE

## RESOURCES

For more information and activities that you can do with your child(ren) at home to reinforce what they have learned at school, you can access the following information and resources on the internet or at your local Chicago Public Library branch.

### BOOKS

*It's Perfectly Normal* by Robie H. Harris (available in Spanish) - Provides accurate and up-to-date answers to nearly every imaginable question, from conception and puberty to birth control and AIDS, and offers young people ages 10 and up the information they need -- now more than ever -- to make responsible decisions and stay healthy.

For age-appropriate books regarding gender and sexual diversity, please refer to the [Appendix G: "Safe and Supportive Environments Library."](#)

### ONLINE

#### General Sexual Health Education

Chicago Healthy Adolescents and Teens (CHAT)- [www.chataboutit.org](http://www.chataboutit.org)

Tools for parents to talk with their children about sexual health - <http://www.plannedparenthood.org/parents>

*With One Voice: America's Adults and Teens Sound Off about Teen Pregnancy*

[http://success1st.org/uploads/3/4/5/1/34510348/wov\\_2012.pdf](http://success1st.org/uploads/3/4/5/1/34510348/wov_2012.pdf)

Helping teens delay having sex - <http://www.plannedparenthood.org/parents/helping-teens-delay-having-sex-37984.htm>

#### Pregnancy and Parenting

What Babies Really Cost - <http://www.whattoexpect.com/preconception/preparing-for-baby/work-and-finance/what-babies-really-cost.aspx>

The Cost of Raising a Baby - <http://www.parenting.com/article/the-cost-of-raising-a-baby?page=0.0>

Teen Parent Connection - <http://teenparentconnection.org/>

Thinking about parenting – <http://www.plannedparenthood.org/health-info/pregnancy/pregnant-now-what/parenting>

Teen pregnancy options - <http://www.teenhelp.com/teen-pregnancy/teen-pregnancy-options.html>

Abortion - <http://www.plannedparenthood.org/health-topics/abortion-4260.asp>

Illinois safe haven law - <http://saveabandonedbabies.org/the-law/>

#### Birth Control

Birth control - <http://www.plannedparenthood.org/health-topics/birth-control-4211.htm>

Your birth control choices - [http://www.reproductiveaccess.org/fact\\_sheets/bc\\_choices.htm](http://www.reproductiveaccess.org/fact_sheets/bc_choices.htm)

#### HIV/AIDS

HIV & AIDS Prevention - <http://www.avert.org/aids-hiv-prevention.htm>

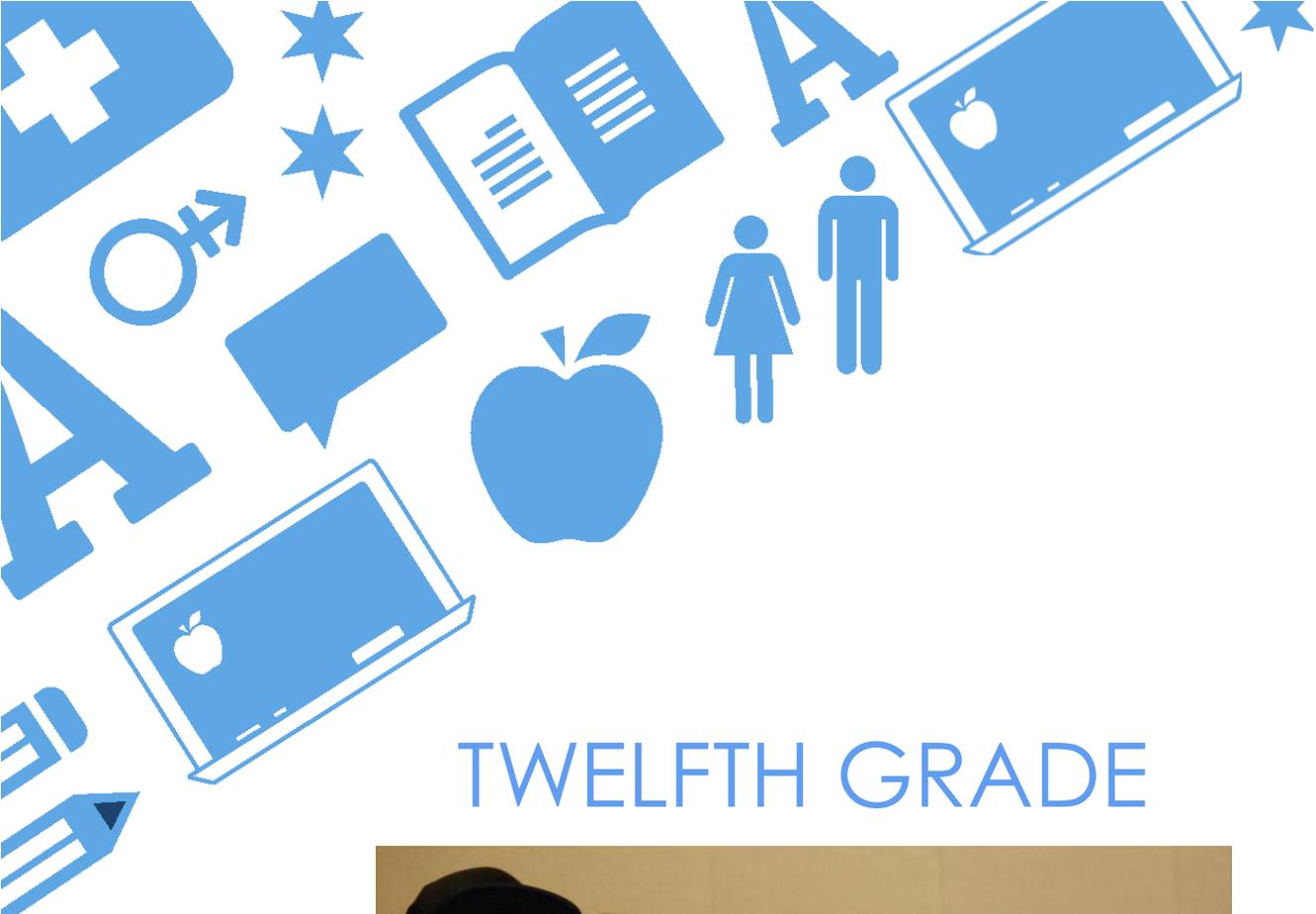
Parent guide for talking to teens about HIV/AIDS - <http://www.health.ny.gov/diseases/aids/youth/>

#### External Influences on Decision-Making/Communication

Sex, Alcohol, and Other Drugs - <http://www.plannedparenthood.org/info-for-teens/sex-masturbation/sex-alcohol-drugs-33820.htm>

Assertiveness - [http://kidshealth.org/teen/your\\_mind/friends/assertive.html](http://kidshealth.org/teen/your_mind/friends/assertive.html)

[Back to Start](#)



# TWELFTH GRADE



# 12<sup>TH</sup> Grade

## WHAT IS MY CHILD LEARNING?

In 12th grade, students have the opportunity to review and expand on previously covered lessons from 10<sup>th</sup> grade.

Lessons focus on:

- healthy relationships
- identity
- bullying
- sexual harassment
- sexual violence.

Lessons build up to the creation of an advocacy project that will raise awareness about accepting and respecting diverse gender identities, roles, expressions and sexual orientations in students' school community.

IF YOU WOULD LIKE SEE A LIST OF LESSONS AT EACH GRADE LEVEL, SEE [APPENDIX E LESSONS BY GRADE LEVEL](#). TO SEE THE CURRICULUM CONNECTION FOR OTHER GRADE LEVELS, PLEASE CONTACT YOUR SCHOOL FOR A COPY OF THE ENTIRE K-12 CURRICULUM CONNECTION.

## EDUCATIONAL STANDARDS

Educational standards help students, teachers and parents/guardians understand the basic knowledge and skills that students are expected to learn. Sexual health education lessons meet the requirements under the

1. Illinois Learning Standards for Physical Development and Health
2. Illinois Standards for Social/Emotional Learning
3. National Sexuality Education Standards

To see the specific standards met through 12<sup>th</sup> grade lessons, please see [appendix D](#).

The next section, *A Closer Look*, provides the names of the lessons, their goals and key content that students will learn. Lessons are taught using a variety of tools including:

- self-reflection activity sheets
- class discussions (including scenario review)
- role play
- PowerPoint presentation
- video
- homework ( journaling )
- research of facts and statistics

## A CLOSER LOOK

## LESSONS ♦ GOALS ♦ KEY CONTENT

**Identity** – Students discuss how gender bullying and the fear of gay people can be hurtful and plan to show respect and dignity for all

**Healthy Relationships** – Students discuss what makes a healthy relationship and how to speak respectfully to romantic partners and friends

**Technology and Relationships** – Students learn how to use technology safely, respectfully and ethically with romantic and non-romantic contacts

**(Cyber) Bullying** – Students learn how online gossip and comments can have real life negative effects

- Students will:**
- Define sexual orientation (i.e., sexual attraction), biological sex (i.e., male or female reproductive organs) and gender identity (i.e., who you know yourself to be) and how culture impacts what we think
  - Discuss how bullying lesbian, gay, transgender and questioning students impacts the whole school community

- Students will:**
- Show, through role play, how to remove oneself from an unhealthy relationship
  - Understand consent and how it is impacted by drugs and alcohol
  - Identify support systems for when they are in relationships or need help with their relationships

- Students will:**
- Explain how cell phones and computers can impact relationships and how to be genuine
  - Understand risky forms of providing information about oneself and their possible negative effects
  - Identify ways to avoid sexting
  - Learn rules to have safe online relationships

- Students will:**
- Think about what makes online cruelty and cyber bullying worse
  - Identify what targets and upstanders (definition below) can do when online cruelty occurs
  - Explore online ethics (i.e., morals) by looking at a pretend social networking page
  - Identify hate speech and how it hurts people and communities

- Gender expression is not a good sign of one’s sexual orientation
- It is important to treat everyone with dignity and respect
- Commonly used words or phrases, such as “that’s so gay” can be harmful for LGBTQ individuals and the school community
- People in relationships can express affection in a variety of ways
- Media/technology can influence our perception of relationships
- It is important to identify people to discuss relationships with or seek help from
- Role playing how to end an unhealthy relationship will aid students if they are ever in a similar situation
- Speaking with their partner about personal goals, the choice not to have sex and birth control is part of a healthy relationship and helps protect youth from STIs and pregnancy
- Students explore the risks and responsibilities of having romantic relationships online
- Unwanted physical and verbal sexual advances are never acceptable
- Students learn why the term “online predator” is misleading, and how to identify more common forms of improper contact
- Online cruelty gets worse fast because things spread quickly online



### A CLOSER LOOK

**LESSONS ♦ GOALS ♦ KEY CONTENT**

***Bullying and Sexual Harassment*** – Students examine and think of ways to respond to bullying and sexual harassment

***Sex and Alcohol*** – Students identify how alcohol and drugs can effect sexual decisions and practice safety skills

***Sexual Violence*** – Students identify facts and myths of sexual violence and how media effects what they think of sexual violence

***Final Project: Addressing Identity and Advocating for Respectful Communities*** – Students work cooperatively to explore differences in gender identity, gender expression, and sexual orientation and advocate for a culture of tolerance and respect in their school community

***Students will:***

- Identify how hateful and anti-gay speech can be classified as bullying and can be harmful to the school community
- Look at the differences between bullying, harassment and sexual harassment

***Students will:***

- Understand what consent is and the effects of drugs and alcohol on consent
- Understand how alcohol use may cause problems among friends
- Create a decision plan for relationships and sex

***Students will:***

- Identify myths, facts and laws on sexual violence
- Learn the verbal and physical signs of consent and non-consent
- Understand the impact of sexual violence
- Learn how to help someone who has experienced sexual violence

***Students will:***

- Learn how to develop an advocacy project

- Bullying is unfriendly behavior towards another person over a period of time.
- Harassment is unfriendly, tireless behavior towards a person or people based on their race, age, gender, sexual orientation, etc.
- Bullying and harassment can lead to long term and serious mental, emotional, educational and physical effects.
- Both males and females can be sexually harassed.
- Sexual violence is a crime of power and control and occurs any time consent is not given or is taken back.
- Busting myths about sexual violence helps decrease victim blaming.
- Rape culture in pop-music, men’s magazines and on TV excuses rape
- Drugs and alcohol impact consent.
- Decisions youth make about posting images and comments online can have positive and negative impacts.
- Social media and the internet can create a feeling of being safe when posting or commenting online when they are really not safe.



**A CLOSER LOOK**

## A CLOSER LOOK

It is important for students to learn the correct terms used in sexual health education to understand how to effectively communicate and respect others. This helps create a school culture that is safe and supportive for all CPS students. Below are some of the terms students learn in 12<sup>th</sup> grade.

### VOCABULARY

**Ally** – A person who advocates for and supports the rights and equal treatment of lesbian, gay, bisexual, transgender or questioning individuals.

**Anonymous** - Without a name or other information that identifies who you are.

**Bullying** - Any act or conduct onto another person that: creates fear, has a negative effect on emotional or physical health, interferes with academic performance or interferes with ability to participate in activities.

**Bystander** - A person who stands by and observes without getting involved.

**Consent** - A freely given agreement in which the person must: be fully conscious and aware, be equally free to react, can change from “Yes” to “No” at any time, communicate permission and willingness and positive and sincere in their desire. Not saying “No” does not mean “Yes.” Illinois Law states that a person must be 17 years old to give consent. Also, agreeing verbally and physically without being forced or tricked, to engage in (sexual) activity.

**Cyberbullying** –Using the internet, texting and/or social media to harm others.

**Emotional Abuse** - Attacking someone’s feelings. Non-physical behaviors such as threats, insults, constant monitoring or “checking in,” excessive texting, humiliation, intimidation or isolation.

**Harassment** - Unwelcome conduct based on a protected class (e.g., race, , color, sex, age, disability, religion).

**Hate speech** - Making cruel, hostile, or negative statements about someone based on their race, religion, national origin, disability, age, gender or sexual orientation.

**Incest** - A sexual relationship among family members.

**Manipulate** - To influence somebody to do something they might not otherwise do, for one’s own benefit.

**Online Predator** - A person who uses the Internet to develop inappropriate relationships with kids or teens.

**Persona** - An image and personality that you show to others.

**Physical Abuse** – The use of physical force with the intent to cause fear or injury (e.g., hitting, shoving, biting).

**Rape** - A specific type of sexual violence. Rape is sex you do not agree to or give consent for. Penetration is required. Types of rape include statutory, acquaintance/date, stranger, gang/group.

**Sexting** - Sending or receiving sexually explicit photos or videos by text message or other digital technologies.

**Sexual Abuse** - Forced sexual conduct with a victim who does not understand the act and/or cannot give consent. Non-contact sexual abuse involves voyeurism (e.g., secretly watching someone undress)), exposure (i.e., showing their genitals to someone) and child pornography (i.e., sexual pictures, images, videos or other media of children).

**Sexual Assault** - Forced sexual intercourse, including vaginal, anal or oral penetration by a body part or object. Under Illinois law sexual assault and rape are used interchangeably.

**Sexual Harassment** - Unwanted and unwelcome sexual conduct that is intentional or unintentional and can occur through: jokes, physical contact notes, email, messenger, text or social media.

**Sexual Response Cycle** - The sequence of physical and emotional changes that occur as a person becomes sexually aroused and participates in sexually stimulating activities, including intercourse and masturbation.

**Sexual Violence** - An umbrella term that covers sexual abuse, sexual assault, rape, dating violence and incest.

**Shared Power** – Both partner taking mutual responsibility in the relationship. Making decisions together.

**Stereotype** - A simple and often negative notion about a particular group of people or a popular belief about a group of people, based on false information.

**Survivor** - A more accurate term used to describe the people who have suffered from sexual violence.

**Target** - A person who is the object of an intentional action.

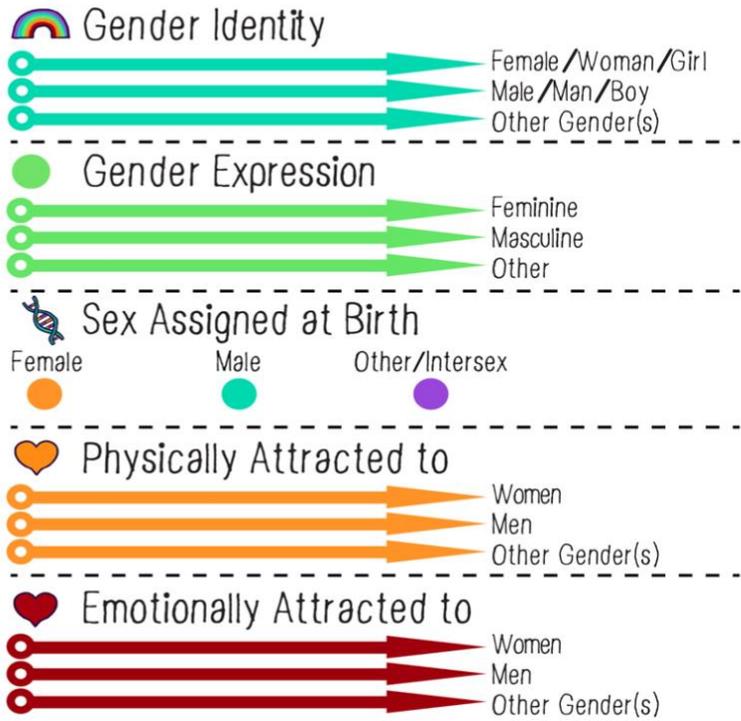
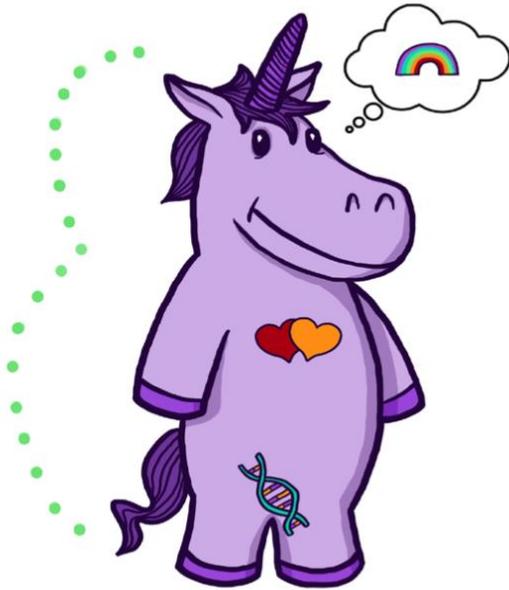
**Upstander** - A person who supports and stands up for someone else.

**Verbal Harassment** - Name-calling, teasing or threatening to cause harm with spoken words.

**Victim** - A term used to describe the person who is harmed, injured or killed as a result of the crime. In the case of sexual violence, a victim is someone who did not survive the crime.

# The Gender Unicorn

Graphic by:  
**TSER**  
Trans Student Educational Resources



To learn more, go to:  
[www.transstudent.org/gender](http://www.transstudent.org/gender)

Design by Landyn Pan and Anna Moore

**Gender Identity:** One's internal sense of being male, female, neither of these, both, or another gender(s). Everyone has a gender identity, including you. For transgender people, their sex assigned at birth and their own internal sense of gender identity are not the same. Female, woman, and girl and male, man, and boy are also NOT necessarily linked to each other but are just six common gender identities.

**Gender Expression/Presentation:** The physical manifestation of one's gender identity through clothing, hairstyle, voice, body shape, etc. Most transgender people seek to make their gender expression (how they look) match their gender identity (who they are), rather than their sex assigned at birth.

**Sex Assigned at Birth:** The assignment and classification of people as male, female, intersex, or another sex based on a combination of anatomy, hormones, chromosomes. It is important we don't simply use "sex" because of the vagueness of the definition of sex and its place in transphobia. Chromosomes are frequently used to determine sex from prenatal karyotyping (although not as often as genitalia). Chromosomes do not determine genitalia.

**Sexually Attracted To: Sexual Orientation.** It is important to note that sexual and romantic/emotional attraction can be from a variety of factors including but not limited to gender identity, gender expression/presentation, and sex assigned at birth.

**Romantically/Emotionally Attracted To:** Romantic/emotional orientation. It is important to note that sexual and romantic/emotional attraction can be from a variety of factors including but not limited to gender identity, gender expression/presentation, and sex assigned at birth.

\*Definitions are from TSER at <http://www.transstudent.org/gender>

## CONTINUE THE LEARNING AT HOME

Parents/guardians are the primary sexual health educators for their child(ren) and have the biggest impact on their sexual health decision-making. Whether you set aside a specific time to talk about sexual health, read books, do online activities or something else, parents educate their child(ren) every day by teaching them to respect others in their classes that are different from them, close the door when they use the restroom, avoid strangers, tell someone they trust if anyone hurts them, the names for their body parts and countless other lessons that are also reinforced in lessons at school. Below are some ideas you can use to help start a chat with your child(ren). \* With One Voice 2012: America's Adults and Teens Sound Off About Teen Pregnancy. [http://success1st.org/uploads/3/4/5/1/34510348/wov\\_2012.pdf](http://success1st.org/uploads/3/4/5/1/34510348/wov_2012.pdf)

## LET'S TALK! ABOUT SEXUAL HEALTH EDUCATION

### ASK

How would you describe your online activity? What sites are you visiting? What apps are do you use? How are you connecting with friends online?

Can you teach me/us about the Internet, social networking, your favorite apps and games? (There is no better way to connect with your teen than to put them in the role of expert. This can also be fun and help start an open discussion with your teen about online safety and privacy.)

### SAY

I/we are here for questions you may have and to talk about any issues that come up with texting, Facebook and anything else online.

### DO

Be aware of the time your teen is spending online and set limits for that time. Talk about why you are setting those limits and be willing to listen to your teen's feelings about those limits.

Listen to and talk about the music your teen listens to. Ask questions about the music and if it condones rape or promotes rape culture. Visit <http://rollingout.com/music/10-disturbing-rap-lyrics-about-rape-that-came-before-rick-ross-verse/> to read about some rap lyrics about rape. Use these to start a conversation with your teen.

# TEST YOUR KNOWLEDGE

The questions below are based on topics presented in *A Closer Look* and can help prepare you for questions your child(ren) may have. These questions do not represent all of the information that students learn but highlight a few key points.

## DO YOU KNOW THE ANSWERS TO THESE QUESTIONS?

**Q1:** What does LGBTQ stand for?

---

---

**Q2:** What is gender expression?

---

---

**Q3:** Why do we need to work on our school environments and build a foundation of acceptance and celebration of peoples' differences and similarities?

---

---

---

**Q4:** What is a GSA?

---

---

---

**Q5:** What can a student do if they are being bullied and/ or what can parents/guardians do if their child is being bullied?

---

---

---



## ANSWERS

**A1:** LGBTQ is a commonly used acronym that stands for lesbian, gay, bisexual, transgender or questioning.

The “Q” can also stand for queer. Although queer has been used as a negative term in the past, some people now feel it is a positive term and may self-identify as queer. For the purposes of CPS sexual health education, the “Q” will stand for questioning.

**A2:** Gender expression refers to the way in which a person acts to communicate their gender identity; for example in terms of one’s name, pronouns used (i.e., he, his, him, she, her, hers), behavior, clothing, communication style and interests.

**A3:** CPS students reported on the 2013 Youth Risk Behavior survey that **9.6%** and **9.7%** of high school and middle school students, respectively, had been harassed because someone thought they were gay, lesbian, bisexual or transgender during the past 12 months. Lesbian, gay and bisexual students reported that **20.4%** of them did not go to school on one or more of the past 30 days because they felt they would be unsafe at school or on their way to or from school versus 10.8 % of heterosexual students

Not attending school can have long-term effects on students as it does not set them up for academic success, which in turn effects their ability to get into college or their ability to get a job.

In addition, unsafe environments make it hard for students to interact socially and could lead to students injuring themselves when they don’t feel like they are supported or have someone they can confide in.

**A4:** A Gay-Straight Alliance (GSA) is a student-run club, typically in a high school or middle school, which provides a safe place for students to meet, support each other, talk about issues related to sexual orientation and gender identity and expression and work to end homophobia and transphobia. There are three typical functions of a GSA club: support, social and activist. For more information, visit GSA Network - <http://www.gsanetwork.org/resources/building-your-gsa/what-gsa>.

**A5:** Any parent or guardian who sees or is told about bullying must tell the Principal at their school as quickly as they are able to. Reports by students or parents can be made to any CPS employee or contractor in person, or by calling the CPS Student Safety Center at 773-553-3335, emailing [BullyingReport@cps.edu](mailto:BullyingReport@cps.edu) or calling the CPS/CPD Violence Prevention Hotline (“Hotline”) at 1-888-881-0606. Reports made by someone who does not reveal who they are will be accepted by the Principal/Designee and Hotline. No disciplinary action will be taken on the sole basis of a report made by someone who does not reveal who they are.

TEST YOUR  
KNOWLEDGE

## RESOURCES

For more information and activities that you can do with your child(ren) at home to reinforce what they have learned at school, you can access the following information and resources on the internet or at your local Chicago Public Library branch.

### BOOKS

*It's Perfectly Normal* by Robie H. Harris (available in Spanish) - Provides accurate and up-to-date answers to nearly every imaginable question, from conception and puberty to birth control and AIDS, and offers young people ages 10 and up the information they need -- now more than ever -- to make responsible decisions and stay healthy.

For age-appropriate books regarding gender and sexual diversity, please refer to the [Appendix G: "Safe and Supportive Environments Library."](#)

### ONLINE

#### General Sexual Health Education

Chicago Healthy Adolescents and Teens- [www.chataboutit.org](http://www.chataboutit.org)

Tools for parents to talk with their children about sexual health - <http://www.plannedparenthood.org/parents>

*With One Voice: America's Adults and Teens Sound Off about Teen Pregnancy*

[http://success1st.org/uploads/3/4/5/1/34510348/wov\\_2012.pdf](http://success1st.org/uploads/3/4/5/1/34510348/wov_2012.pdf)

Helping teens delay having sex - <http://www.plannedparenthood.org/parents/helping-teens-delay-having-sex-37984.htm>

Advocates for Youth - <http://www.advocatesforyouth.org/>

#### The Sexual Response Cycle

The Sexual Response Cycle -

[http://my.clevelandclinic.org/healthy\\_living/sexual\\_health/hic\\_the\\_sexual\\_response\\_cycle.aspx](http://my.clevelandclinic.org/healthy_living/sexual_health/hic_the_sexual_response_cycle.aspx)

Understanding Sexual Pleasure - <http://www.plannedparenthood.org/health-topics/sex-101/understanding-sexual-pleasure-23902.htm>

With Pleasure: A View of the Whole Sexual Anatomy for Every Body -

[http://www.scarleteen.com/article/body/with\\_pleasure\\_a\\_view\\_of\\_whole\\_sexual\\_anatomy\\_for\\_every\\_body](http://www.scarleteen.com/article/body/with_pleasure_a_view_of_whole_sexual_anatomy_for_every_body)

#### Digital Relationships

Digital Relationships Family Tip Sheet (High School) -

[https://www.commonsemmedia.org/sites/default/files/uploads/classroom\\_curriculum/9-12-familytip-digitalrelationships.pdf](https://www.commonsemmedia.org/sites/default/files/uploads/classroom_curriculum/9-12-familytip-digitalrelationships.pdf)

What teens learn from the media - <http://www.greatschools.org/students/media-kids/510-sexual-behavior-teens-learn-from-media.gs>

Risky Online Relationships Family Tip Sheet -

[https://www.commonsemmedia.org/sites/default/files/uploads/classroom\\_curriculum/9-12-familytip-riskyonlinereationships.pdf](https://www.commonsemmedia.org/sites/default/files/uploads/classroom_curriculum/9-12-familytip-riskyonlinereationships.pdf)

Boys, Girls, and Media Messages Family Tip Sheet (Middle & High School) -

[https://www.commonsemmedia.org/sites/default/files/uploads/classroom\\_curriculum/6-12-familytip-boysgirlsmediamessages.pdf](https://www.commonsemmedia.org/sites/default/files/uploads/classroom_curriculum/6-12-familytip-boysgirlsmediamessages.pdf)

Online Self-Expression Family Tip Sheet (High School) -

[https://www.commonsemmedia.org/sites/default/files/uploads/classroom\\_curriculum/9-12-familytip-onlineexpression.pdf](https://www.commonsemmedia.org/sites/default/files/uploads/classroom_curriculum/9-12-familytip-onlineexpression.pdf)

**Consent/Healthy Relationships**

What is consent? <http://www.loveisrespect.org/healthy-relationships/what-consent/>

How can I communicate better? - <http://www.loveisrespect.org/dating-basics/healthy-relationships/how-can-I-communicate-better>

Equality wheel for teens - <http://www.ncdsv.org/images/teenequalitywheelnoshading-ncdsv.pdf>

How to break up respectfully - [http://kidshealth.org/teen/your\\_mind/relationships/break-up.html?tracking=T\\_RelatedArticle#](http://kidshealth.org/teen/your_mind/relationships/break-up.html?tracking=T_RelatedArticle#)

Healthy Relationships Quiz - [http://kidshealth.org/teen/your\\_mind/relationships/healthy\\_relationship.html#](http://kidshealth.org/teen/your_mind/relationships/healthy_relationship.html#)

What Makes a Healthy Relationship? -

[http://kidshealth.org/teen/your\\_mind/relationships/healthy\\_relationship.html#](http://kidshealth.org/teen/your_mind/relationships/healthy_relationship.html#)

When relationships end - [http://kidshealth.org/teen/your\\_mind/relationships/break-up.html?tracking=T\\_RelatedArticle#](http://kidshealth.org/teen/your_mind/relationships/break-up.html?tracking=T_RelatedArticle#)

**Sexual Assault**

Defining sexual assault and consent - <http://www.loveisrespect.org/is-this-abuse/>

Risky Online Relationships Family Tip Sheet -

[https://www.common sense media.org/sites/default/files/uploads/classroom\\_curriculum/9-12-familytip-riskyonlinereationships.pdf](https://www.common sense media.org/sites/default/files/uploads/classroom_curriculum/9-12-familytip-riskyonlinereationships.pdf)

Myths and facts about sexual assault and consent - <http://www.stsm.org/myths-and-facts-about-sexual-assault-and-consent>

Boys, Girls, and Media Messages Family Tip Sheet (Middle & High School) -

[https://www.common sense media.org/sites/default/files/uploads/classroom\\_curriculum/6-12-familytip-boysgirlsmediamessages.pdf](https://www.common sense media.org/sites/default/files/uploads/classroom_curriculum/6-12-familytip-boysgirlsmediamessages.pdf)

Online Self-Expression Family Tip Sheet (High School) -

[https://www.common sense media.org/sites/default/files/uploads/classroom\\_curriculum/9-12-familytip-onlineselfexpression.pdf](https://www.common sense media.org/sites/default/files/uploads/classroom_curriculum/9-12-familytip-onlineselfexpression.pdf)

Facts about rape - [http://lighthousehelp.com/?page\\_id=223](http://lighthousehelp.com/?page_id=223)

Talking about how music at times promotes rape - <http://rollingout.com/music/10-disturbing-rap-lyrics-about-rape-that-came-before-rick-ross-verse/8/>

Sexual Assault Crisis and Support Center - <http://www.silentnomore.org/male-survivors.html>

**Gay, Lesbian, Bisexual, Transgender and Questioning Support**

It Gets Better Project - <http://www.itgetsbetter.org/>

Gay, Lesbian, and Straight Education Network - <http://www.glsen.org/>

Illinois Safe Schools - <http://www.illinoissafeschools.org/resources>

**Bullying and Harassment**

National Center for Victims of Crime - <http://www.victimsofcrime.org/help-for-crime-victims/get-help-bulletins-for-crime-victims/bulletins-for-teens/bullying-and-harassment>

Stop Bullying - <http://www.stopbullying.gov/>

National Bully Prevention Center - <http://www.pacer.org/bullying/>

Not in Our School - <http://www.niot.org/nios>

National Education Association - <http://www.nea.org/home/neabullyfree.html>

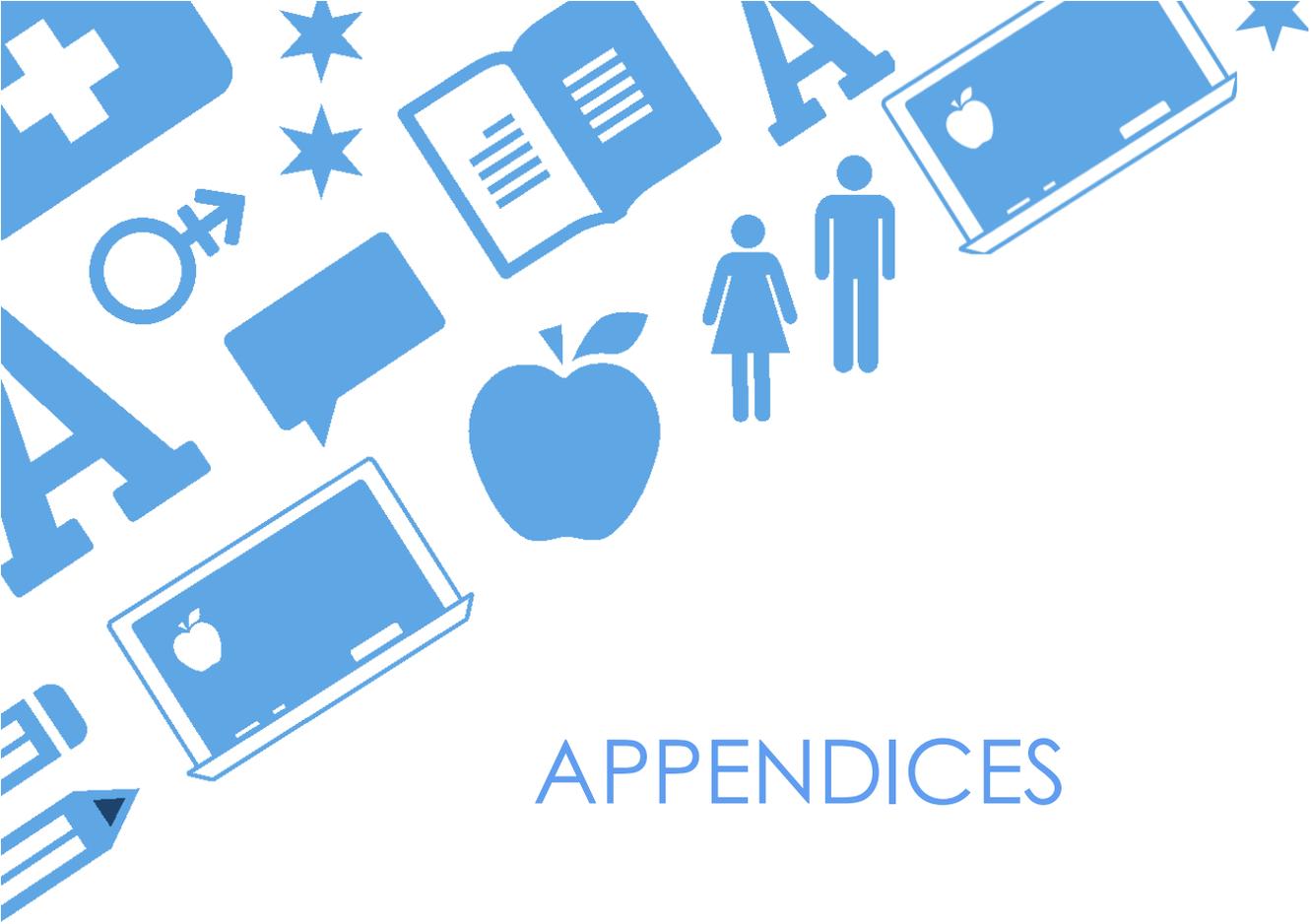
Cyberbullying Family Tip Sheet (Middle & High School) -

[https://www.common sense media.org/sites/default/files/uploads/classroom\\_curriculum/6-12-familytip-cyberbullying.pdf](https://www.common sense media.org/sites/default/files/uploads/classroom_curriculum/6-12-familytip-cyberbullying.pdf)

Connected Culture Family Tip Sheet (Middle & High School) -

[https://www.common sense media.org/sites/default/files/uploads/classroom\\_curriculum/6-12-familytip-connectedculture.pdf](https://www.common sense media.org/sites/default/files/uploads/classroom_curriculum/6-12-familytip-connectedculture.pdf)

[Back to Start](#)



# APPENDICES

# APPENDIX A: FREQUENTLY ASKED QUESTIONS FROM CPS PARENTS

## WHAT IS SEXUAL HEALTH EDUCATION?

Sexual health education is a comprehensive education program that builds a foundation of knowledge and skills relating to human development, relationships, decision making, abstinence, contraception and disease prevention. Other topics that we don't commonly think of like personal safety, internet safety, relationships, bullying, sexual violence prevention, body image, gender identity and sexual orientation are also included. In CPS, sexual health education starts in kindergarten and continues through 12<sup>th</sup> grade. At every grade level, lessons teach age-appropriate and medically-accurate information that builds upon the knowledge and skills students mastered in earlier lessons. Sexual health education respects young people's right to complete and honest information and treats sexual development as a normal, natural part of human development.

## WHAT DOES "COMPREHENSIVE SEXUAL HEALTH EDUCATION" MEAN?

Comprehensive sexual health education includes information about both contraceptives (i.e., birth control) and abstinence (i.e., choosing not to have sex). Illinois School Code requires that each class or course in sex education must include instruction on both abstinence and contraception (see [Appendix F](#)).

## WHY DO STUDENTS NEED TO LEARN ABOUT SEXUAL HEALTH?

It is important for students to learn factual information about sexual health topics in school to support what they learn at home. Whether you set aside a specific time to talk about sexual health, read books, do online activities or something else, parents educate their child(ren) every day by teaching them to respect others in their classes that are different from them, close the door when they use the restroom, avoid strangers, tell someone they trust if anyone hurts them, the names for their body parts and countless other lessons. The goal is to keep youth safe, healthy and to avoid things that could have a negative effect on their lives.

## HOW DOES SEXUAL HEALTH EDUCATION SUPPORT DELAYING FIRST SEXUAL EXPERIENCE AND REDUCING THE RISK OF SPREADING STIS?

Research has shown that sexual health education that includes information on both abstinence (i.e., not having sex) and contraceptives (i.e., birth control, condoms, etc.) is the most effective way to delay first sex and increase contraceptive use.<sup>1</sup> In a review of how well school-based programs reduced sexual risk behaviors, programs that combined decision-making and negotiation skills with medically-based education on pregnancy and spreading STIs were most effective in decreasing sexual risk behaviors.<sup>2</sup>

Throughout the CPS Sexual Health Education Curriculum, the lessons focus on decision-making and communication skills. Decision-making lessons help students think about the choices they have made or will face and talk about what happens based on their choices, which in turn helps them learn to make better choices in the future.

---

<sup>1</sup>Kirby, D. (2007). Emerging answers: research finding on programs to reduce teen pregnancy and sexually transmitted diseases. The National Campaign to Prevent Teen and Unplanned Pregnancy. Retrieved from [http://thenationalcampaign.org/sites/default/files/resource-primary-download/EA2007\\_full\\_0.pdf](http://thenationalcampaign.org/sites/default/files/resource-primary-download/EA2007_full_0.pdf)

<sup>2</sup>Kirby, D., Short, L., Collins, J. Zabin, L.S. (1994). School-based programs to reduce sexual risk behaviors: a review of effectiveness. Public Health Reports.3(109). 339-360.

### HOW CAN THE ABSENCE OF FACTUAL INFORMATION ON SEXUAL HEALTH NEGATIVELY AFFECT STUDENTS?

One possible negative effect is contracting an STI. In 2015, there were 8,036 cases of chlamydia and 2,165 cases of gonorrhea among youth aged 13-19 years old, about 25% of all newly diagnosed chlamydia and gonorrhea that year. Both of these STIs are under-diagnosed and under-reported, in part, because they do not usually have symptoms. Thus, about twice as many new infections are estimated to occur each year than are reported.<sup>3</sup> Chlamydia can permanently damage the female reproductive system if left untreated and gonorrhea can cause serious health problems in both male and female youth.

Many sexual risk-taking behaviors, including not using male or female condoms during sexual intercourse, contribute to high STI rates among youth. CPS high school students reported, through the 2015 Youth Risk Behavior Survey, that 39% have had sexual intercourse and 5% had sexual intercourse for the first time before the age of 13. For high school students who reported that they have currently chosen to have sex, 47% did not use a condom during their last sexual intercourse.<sup>4</sup> As long as Chicago youth continue sexual risk-taking behaviors and do not get tested, infection rates will continue to rise. Although we do not know yet whether students who engage in sexual risk behaviors get low grades or whether low grades lead to students engaging sexual risk behaviors, what we do know is that there is a negative link between students engaging in sexual risk-taking behaviors and how well they do in school.<sup>5</sup>

### HOW DOES TEEN PREGNANCY AFFECT YOUNG WOMEN?

Only 38% of teen mothers, who have a child before they are 18 years old, earn a high school diploma and 19% complete a GED by time they are 22. Less than 2% of those young mothers earn a college degree by time they are 30. Lack of education affects their opportunities for well-paying jobs and impacts their future earnings. Additionally, teen mothers are less likely to receive prenatal care, which in turn affects their child's development. The children of young mothers score lower on math and reading when taking school readiness tests and only two-thirds of children born to teen mothers earn a high school diploma.<sup>6</sup>

### WHO DO I CONTACT IF I HAVE QUESTIONS?

School administrators are the key decision makers in planning sexual health education. If you have questions about what your child will learn, when it will be taught, how it will be taught, field trips, guest presentations or condom demonstrations, contact your child(ren)'s instructor or school administrators, as these are school level decisions. For additional information, please feel free to contact the Office of Student Health and Wellness at [SexualHealthEd@cps.edu](mailto:SexualHealthEd@cps.edu) or 773.553.3560.

<sup>3</sup> Chicago Department of Public Health, 2016.

[https://www.cityofchicago.org/content/dam/city/depts/cdph/HIV\\_STI/2016HIV\\_STI\\_SurveillanceReport.pdf](https://www.cityofchicago.org/content/dam/city/depts/cdph/HIV_STI/2016HIV_STI_SurveillanceReport.pdf). Accessed 9/07/2017.

<sup>4</sup> Centers for Disease Control and Prevention. National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Division of Adolescent and School Health and National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. Youth Risk Behavior Survey, 2015.

<sup>5</sup> Centers for Disease Control and Prevention. National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Division of Adolescent and School Health and National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. Sexual Risk Behaviors and Academic Achievement. Accessed on 1/25/2015. [http://www.cdc.gov/healthyyouth/health\\_and\\_academics/pdf/sexual\\_risk\\_behaviors.pdf](http://www.cdc.gov/healthyyouth/health_and_academics/pdf/sexual_risk_behaviors.pdf)

<sup>6</sup> The National Campaign to Prevent Teen and Unplanned Pregnancy. Retrieved from <https://thenationalcampaign.org/sites/default/files/resource-primary-download/childbearing-education-economicwellbeing.pdf> on 7/1/15.

## CAN I JUST OPT MY CHILD OUT OF SPECIFIC LESSONS OR DO I HAVE TO OPT MY CHILD OUT OF ALL SEXUAL HEALTH EDUCATION?

You can specify that your child(ren) is only to be excluded from a specific lesson or group of lessons that will be taught in that grade level. Use this guide to see what your child(ren) will learn to decide if they should participate. Please keep in mind that the CPS Sexual Health Education Curriculum builds upon the knowledge gained by students in every grade level. We recommend that you review the missed information with your child(ren) to ensure they understand and have the knowledge they need as lessons progress.

## WHAT IF MY SCHOOL ISN'T TEACHING SEXUAL HEALTH EDUCATION?

All CPS schools are required to provide students with sexual health education at every grade level to be in compliance with the CPS Sexual Health Education Policy. If your school needs information about how to start providing sexual health education, training or technical support they can contact the Office of Student Health and Wellness at [SexualHealthEd@cps.edu](mailto:SexualHealthEd@cps.edu) or 773.553.3560.

## HOW OFTEN WILL THE CURRICULUM BE REVIEWED AND UPDATED?

The Sexual Health Education Curriculum is reviewed and updated on an ongoing basis. Once new information or corrections are found, the Office of Student Health and Wellness incorporates that information in the curriculum as soon as possible. The curriculum will continue to align with the National Sexuality Education Standards.

## HOW WILL TEACHERS HANDLE ANY QUESTIONS THAT DO NOT SEEM APPROPRIATE FOR A STUDENT'S AGE LEVEL?

The response of the instructor will vary depending on the context and nature of the question asked. In a situation where a student asks a question and they seem to have more knowledge about sexual contact than they should for their age, this may be a red flag for the instructor. All CPS employees have completed the Illinois mandated reporter training through the Department of Child and Family Services (DCFS) and are required to report any suspected child abuse. If abuse is suspected, the instructor will report the situation to DCFS for investigation. If a question is asked where a student has misinformation, the instructor will provide a correction with the medically-accurate, age-appropriate, information. Please contact your child(ren)'s instructor to learn more about how they will respond to inappropriate questions.

## MY SON SAYS HE IS A GIRL (OR DAUGHTER SAYS SHE IS A BOY). HOW DOES CPS SUPPORT GENDER NONCONFORMING STUDENTS? WHERE CAN I GET HELP AND LEARN MORE ABOUT HOW TO HELP MY GENDER NONCONFORMING CHILD?

In 2017, CPS released the updated CPS Guidelines Regarding the Support of Transgender and Gender Nonconforming Students. The goal of these Guidelines is to ensure the safety, comfort, and healthy development of students who are transgender or gender nonconforming. The Guidelines provide information and guidance to schools about privacy, pronoun usage, bathroom and locker room accessibility, and single gender activities. They also outline the role of CPS staff, which includes ensuring that any incidence of discrimination, harassment, or violence is given immediate attention, including investigating the incident, taking appropriate corrective action and providing students and staff with pertinent resources.

Parents/guardians should contact their school counselor or social worker for resources to support transgender or gender non-conforming students. They can also reach out to the Office of Student Health and Wellness at [SexualHealthEd@cps.edu](mailto:SexualHealthEd@cps.edu) or 773.553.3560 to learn about resources and initiatives.

## HOW AND WHEN WILL I BE NOTIFIED THAT MY CHILD IS STARTING SEXUAL HEALTH EDUCATION?

Your child(ren)'s school will engage parents/guardians in multiple ways to inform them about sexual health education. The Office of Student Health and Wellness requires that schools engage parents/guardians with at least one written notification letter sent home with their child(ren). The school will engage parents/guardians with at least two other notifications which can vary based on school practice and may include robo-calls, website postings or school newsletters. The last notification will be made two weeks before instruction begins. Additionally, schools

Healthy CPS — Office of Student Health & Wellness

may host an informational session during an open house, report card pick-up or another school-sponsored event that allows parents to review the lessons that will be taught and ask questions of the instructors who will be teaching the class.

#### HOW WILL THE SEXUAL HEALTH EDUCATION INSTRUCTOR BE QUALIFIED/TRAINED TO DELIVER THIS CURRICULUM IN SCHOOLS?

Any teacher or staff member who provides sexual health education to students must complete the Sexual Health Education Training prior to starting lessons. These trainings are led by the Office of Student Health and Wellness and focus on the requirements of the Sexual Health Education Policy, content of the curriculum and teaching tools. Training participants must also must pass a proficiency exam with a score of at least 80% before they are approved to teach sexual health education. The training and proficiency exam are designed to ensure that instructors are qualified to teach sexual health education in CPS. Additionally, the training provides instructors with a full understanding of the National Sexuality Education Standards. Many instructors also have other certifications to teach health and advanced degrees in biology, social work, counseling, education and physical education. Instructors must recertify every four years.

#### WILL ANYONE FROM OUTSIDE OF THE SCHOOL PROVIDE INSTRUCTION?

It is up to the school to determine how they will provide instruction to students, which may include the use of community-based organizations (CBOs). Many schools take field trips and have guest speakers with knowledge on varying topics. Schools are only allowed to partner with CBOs that have received approval from the Health and Wellness Materials Review Committee (HWMRC). The HWMRC reviews all CBOs to ensure that their programs are medically-accurate, age-appropriate, inclusive, in alignment with CPS policies and have educational value. Some CBOs have been approved to teach the CPS Sexual Health Education Curriculum in addition to their own programming. All instructors from CBOs are required to have a criminal background check and TB test, review the Sexual Health Education Policy and complete a volunteer release.

#### WHAT IF MY CHILD TELLS ME INFORMATION ABOUT HIS/HER SEX EDUCATION LESSON THAT IS INCORRECT? (EITHER IT WAS TAUGHT INCORRECTLY OR MISUNDERSTOOD)

If you have questions about information that your child is learning during sexual health education, please contact your child(ren)'s instructor or school administrator to clarify that information. For additional information, please feel free to contact the Office of Student Health and Wellness at [SexualHealthEd@cps.edu](mailto:SexualHealthEd@cps.edu) or 773.553.3560.

#### IF SEX EDUCATION IS SUPPOSED TO REDUCE STI RATES, WHY DO COOK COUNTY AND THE CITY OF CHICAGO STILL HAVE SUCH HIGH RATES?

Although Cook County has some of the highest rates of STIs in the country, we have seen a reduction in the number of teens with STIs that participate in the CHAT program, formerly known as the STI Testing and Education Project. (The CHAT program, which is run through a partnership with Chicago Department of Public Health and Planned Parenthood of Illinois provides high school students with the opportunity to learn about STIs and be tested and treated for chlamydia and gonorrhea at school.) Unfortunately, in the past, sexual health education has not been reliably taught in schools. With the start of the new Sexual Health Education Policy in February of 2013, clear expectations for education, aligned with national standards, have been set and are supported with training and resources to better serve our students' health needs.

### HOW WILL SEXUAL HEALTH EDUCATION INSTRUCTORS HANDLE DISCOMFORT WITH SEXUAL HEALTH EDUCATION TOPICS? WHAT IS DONE TO PUT STUDENTS AT EASE AND CREATE A SAFE AND SUPPORTIVE LEARNING ENVIRONMENT?

It is important to create a safe and supportive classroom environment when discussing sensitive topics. Sexual health education involves topic areas that are sometimes uncomfortable and difficult to talk about. Students have the right to “pass” on questions or discussions. They should not be pressured to participate in discussions.

To help create a safe, comfortable and respectful setting for instruction and discussion, instructors establish a set of ground rules with students for discussing sexual health education. These ground rules are in addition to school and classroom rules.

It is important for instructors to have a “values neutral” approach to instruction. Instructors always keep in mind that CPS has a very diverse student population that represents many different religious and cultural beliefs and values that influence an individual’s decisions. Instructors do not impose their personal values relating to sexuality on their students. In addition, students should be allowed to express their opinions on different topics as long as they are respectful of the diversity of their classmates.

To encourage student involvement and help gauge students’ current sexual health education knowledge base, instructors should make a “question box” that students can use to anonymously submit questions related to any of the sexual health education topic areas. Student-provided questions aid the instructor in finding out what students really have questions about, allow for time to find the correct answers and allow for alignment of the answer with the appropriate lesson to provide context and additional information.

When introducing topics like anatomy and physiology or other topics that may at first be uncomfortable or embarrassing for students and adults, the Giggle Minute exercise is used to help students relax, get out the giggles and feel more comfortable when medically accurate terms are used during sexual health education instruction.

### WILL THERE BE ANY TRAINING PROVIDED FOR PARENTS BY THE TEACHERS OR ADMINISTRATION?

At this time, training is not provided to parents/guardians, but schools should provide them an opportunity to review the lessons and ask instructors, who will teach the material, any questions they may have at a parent/guardian information session.

### HOW WILL SEXUAL HEALTH EDUCATION INSTRUCTORS TEACH THE CURRICULUM? (I.E., MIXED OR SAME GENDER CLASSES AND WHY?)

Sexual health education instruction can be provided in a co-ed or single-gender setting. Sexual health education instructors should carefully choose the appropriate setting based on their knowledge of their students and how information will be best received. Whether in a co-ed or single-gender setting, the same instruction is provided to all students.

[Back to Start](#)

## APPENDIX B: BACKGROUND

CPS, as a national leader in sexual health education, has worked for many years to offer the best sexual health education instruction to students. As part of this high-standard for excellence, the Office of Student Health and Wellness (OSHW) has created a curriculum, guidance, tools and resources to meet students' health needs.

### SEXUAL HEALTH EDUCATION POLICY

Sexual health education in CPS schools is guided by the Sexual Health Education Policy, updated and passed by the Chicago Board of Education in 2013. This policy gives schools and instructors clear guidance about what students should learn and when. CPS recognizes parents and guardians as the primary sexual health educator for their child(ren) and helps support their learning by requiring the following in the Policy:

#### **Education:**

Schools must provide students in grades K-4 with 300 minutes and students in 5-12 with 675 minutes of sexual health education every year.

Lessons must be at a level that students can understand for their age and be medically correct.

Lessons should focus on health promotion and risk reduction in the context of students' lives.

Lessons must emphasize that abstinence (i.e., not having sex) is a part of healthy sexual decision-making and the only protection that is 100% effective against unintended pregnancy STIs and sexually transmitted HIV.

Lessons Include instruction designed to promote a healthy and full understanding of the emotional, mental, physical, hygienic and social responsibilities of family life.

#### **Standards:**

Lessons must meet the Illinois State Board of Education, Illinois School Code and National Sexuality Education Standards.

Take into account the diverse make up of CPS students and supports all students regardless of gender, race, disability, sexual orientation, gender identity and gender expression.

#### **Parents/Guardians:**

Offers parents/guardians information on sexual health education that provides information on both contraception (i.e. birth control) and abstinence (i.e., not having sex) to students through Board-approved education lessons

Allow parents/guardians to opt their child(ren) out of sexual health education as required by state law.

#### **Training:**

Provides and requires all instructors to complete a seven hour training session before teaching students.

Principals must designate at least two instructors to participate in CPS Sexual Health Education Training.

#### **Tools:**

Have a committee of experts in sexual health education including teachers, CPS staff, staff from local universities, parents and community-based organizations review and approve all materials and educational resources used in CPS schools.

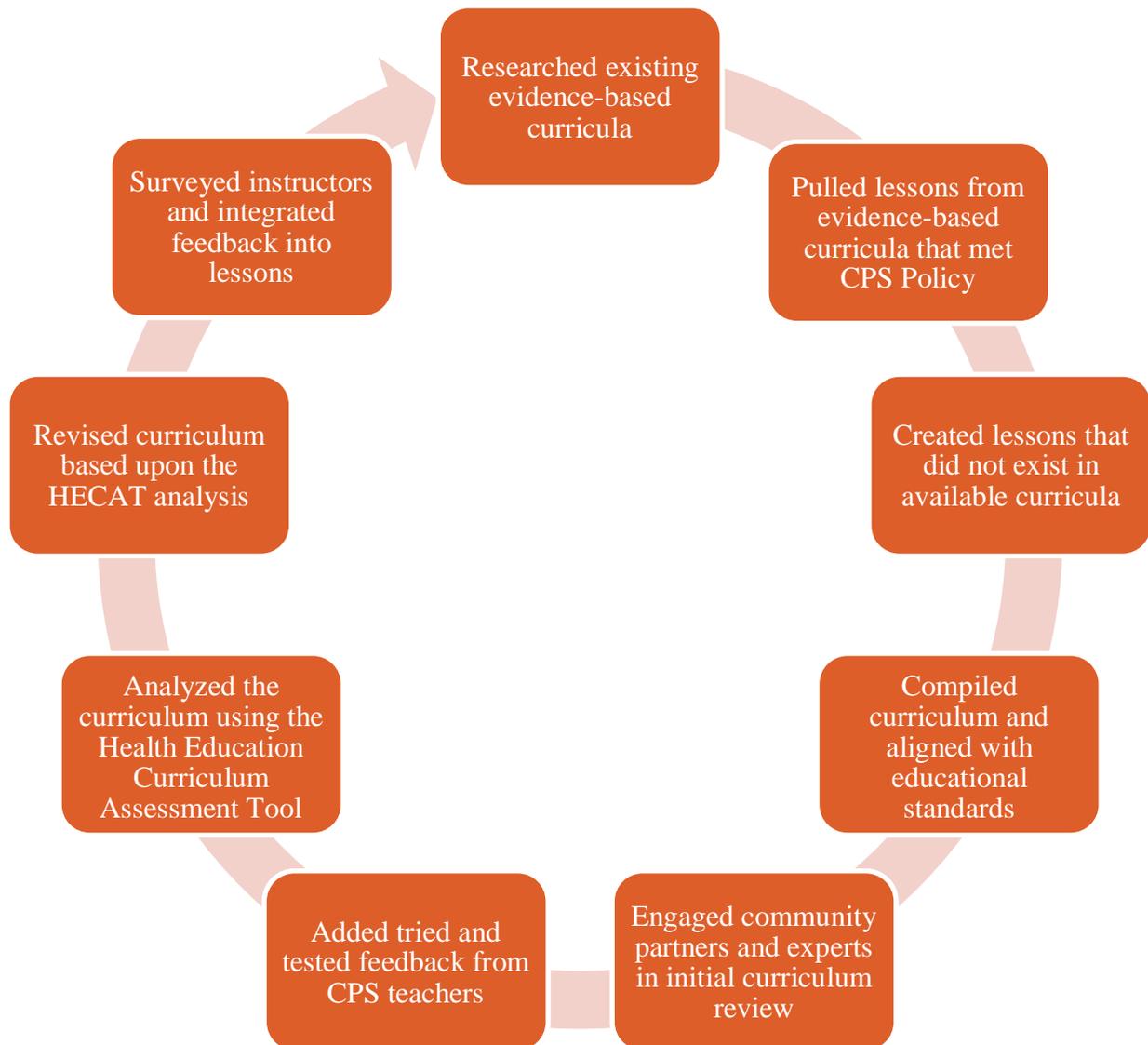
Create partnerships with community-based organizations to help provide instruction and support schools.

Offer a free and complete CPS Sexual Health Education Curriculum for schools to use and provide policy guidance and technical support.

### SEXUAL HEALTH EDUCATION CURRICULUM

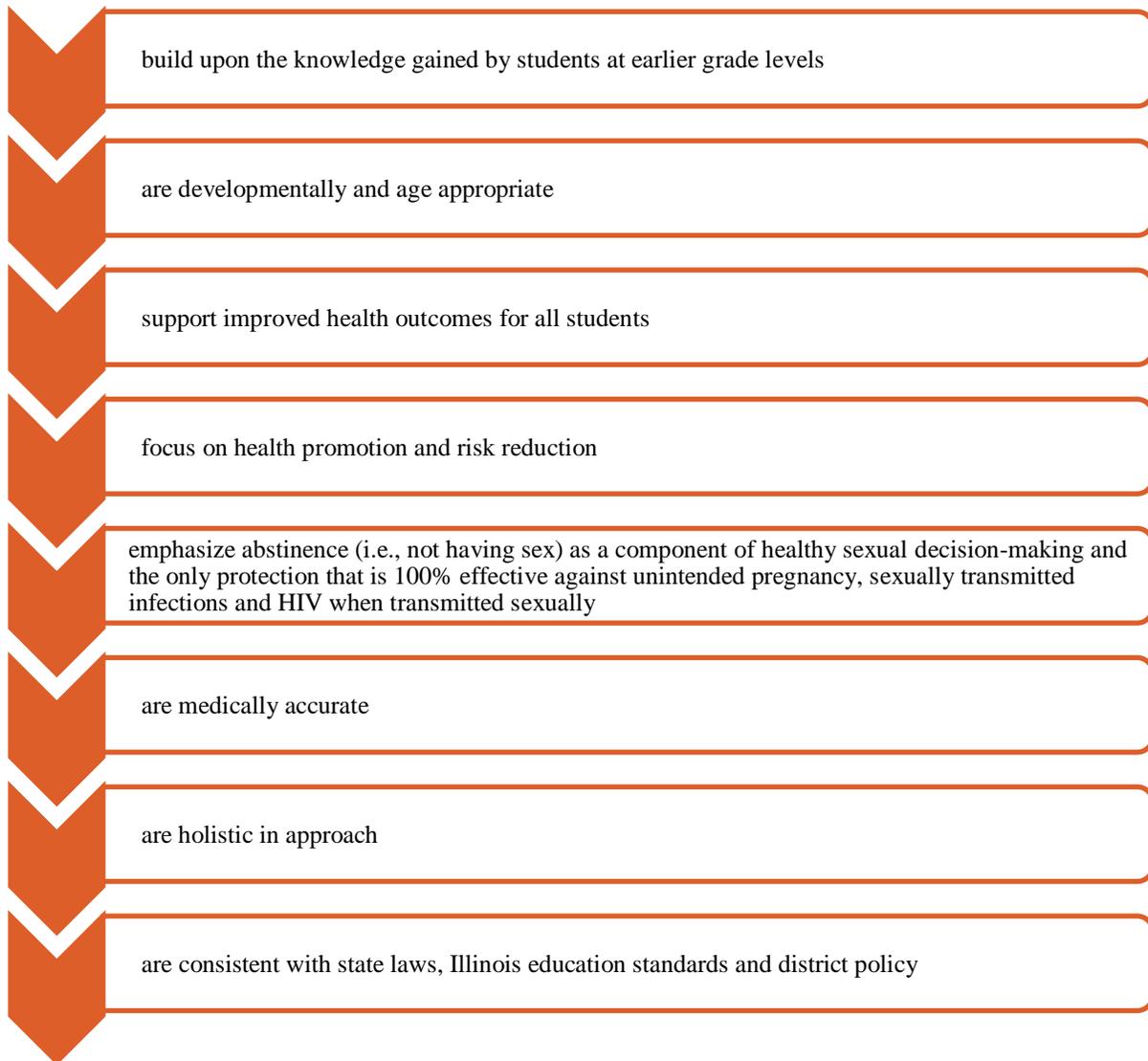
The Office of Student Health and Wellness recommends the use of the CPS Sexual Health Education Curriculum to all trained instructors. OSHW, in partnership with experts in the field, developed this CPS curriculum because no single curriculum met the minimum education requirements outlined by the CPS Sexual Health Education Policy. The CPS curriculum draws from other evidence-based programs and is aligned with the National Sexuality Education Standards.

The process to create the CPS Sexual Health Education Curriculum was systematic, thoughtful, and inclusive. It will continue to be ongoing as new information, research and best practices develop in the field of sexuality education. Below is a diagram that outlines the curriculum development process and provides detailed information on all the areas of consideration for its content and development.



We support the use of this curriculum because it is tailored to meet the requirements of the CPS Sexual Health Education Policy ([appendix A](#)), Illinois State Board of Education (ISBE) educational standards and Illinois School Code ([appendix C](#)). It is also aligned with the National Sexuality Education Standards. It provides all of the information, materials and resources that instructors need to be able to provide the lessons at every grade level with no cost to the school. By aligning CPS lessons with the goals under these standards and policies, we are able to provide students with a full and guided approach to learning and improve students' health and well-being. By teaching these lessons, CPS will work to eliminate sexually transmitted infections (STIs), including HIV, and unintended pregnancies.

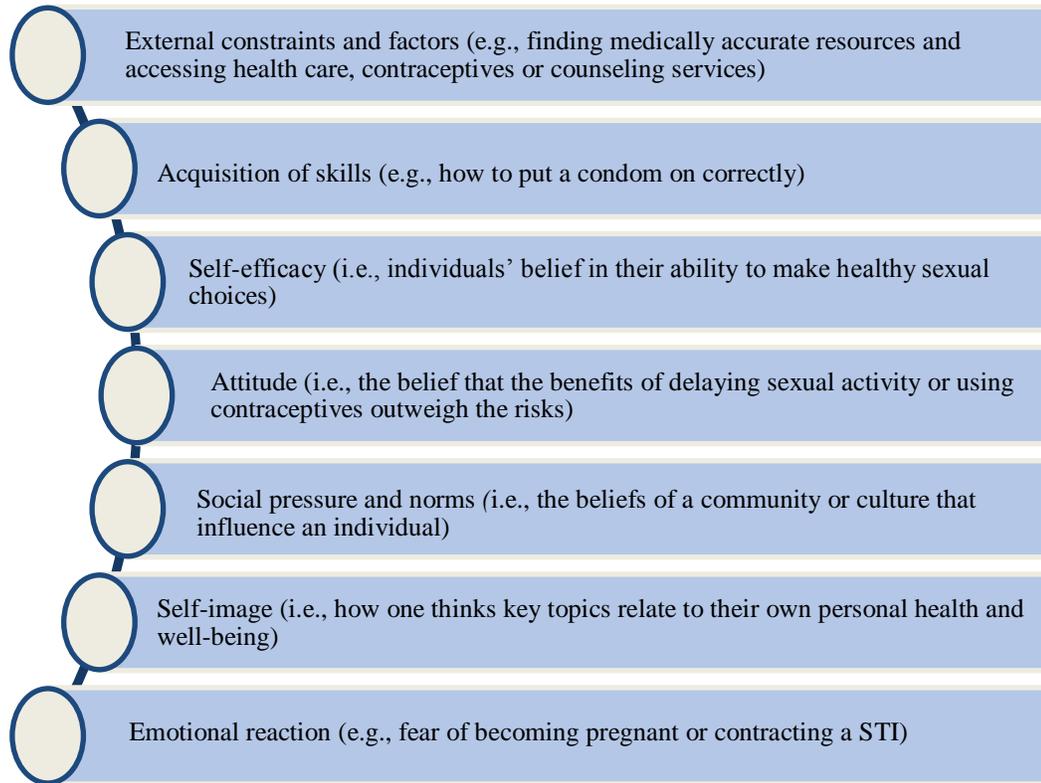
Sexual health education begins in kindergarten and goes through 12<sup>th</sup> grade. All lessons:



Through the use of classroom-based lessons and activities, extended activities and resources, students receive a minimum of 300 minutes of education per grade for K-4 and 675 minutes per grade for 5-12. The scope and sequence (i.e., lesson order for all grades) shows the progression of the education from one grade level to the next ([Appendix B](#)).

## THEORY

In public health, there are different theories (or models) that help explain how we can successfully learn about our health and change from doing things that are unhealthy to healthy. When the Sexual Health Education Curriculum was created, the Social Cognitive and Health-Behavior Theories were used to guide the lessons. The curriculum was designed to focus on the following factors:<sup>7,8,9</sup>



Research has shown that sexual health education that includes information on both abstinence (i.e., not having sex) and birth control is the best way to delay first sexual contact and increase birth control use.<sup>10</sup> In a review of how well school-based programs reduced sexual risk behaviors, programs that combined decision-making and negotiation skills with medically-based education on pregnancy and spreading STIs worked best to decrease sexual risk behaviors.<sup>11</sup> Throughout CPS lessons there is a focus on decision-making and communication skills that help students think about the choices they have made or will face and talk about what happens based on their choice. This in turn helps them learn to make better choices in the future.<sup>12</sup>

<sup>7</sup> Arnett, J. J. (1995). Adolescents' uses of media for self-socialization. *Journal of Youth and Adolescence* 24, 519-533.

<sup>8</sup> Bandura, A. (2001). SOCIAL COGNITIVE THEORY: An Argentic Perspective. *Annual Review of Psychology*, 52(1), 1.

<sup>9</sup> Janz, N. K., and Becker, M. H. (1984). The Health Belief Model: A decade later. *Health Educ. Q.* 11(1): 1-47.

<sup>10</sup> Kirby, D. (2007). Emerging answers: research finding on programs to reduce teen pregnancy and sexually transmitted diseases. The National Campaign to Prevent Teen and Unplanned Pregnancy. Retrieved from [http://thenationalcampaign.org/sites/default/files/resource-primary-download/EA2007\\_full\\_0.pdf](http://thenationalcampaign.org/sites/default/files/resource-primary-download/EA2007_full_0.pdf)

<sup>11</sup> Kirby, D., Short, L., Collins, J. Zabin, L.S. (1994). School-based programs to reduce sexual risk behaviors: a review of effectiveness. *Public Health Reports*.3(109). 339-360.

<sup>12</sup> Halpern-Felsher, B. (2009) Adolescent decision making: an overview. *The Prevention Researcher*.16(2). 3-7.

## ACCURACY

To create a curriculum with correct medical and scientific information, OSHW worked with sexual health partners and experts to help design and review the curriculum.

1. The process started by looking at sexual health education programs that have been studied and proven successful with students. With no single curriculum that could meet all of the Policy requirements, lessons were assembled from programs such as BART, All4You!, Seattle and King County’s Family Life and Sexual Health (FLASH) curriculum, Olweus’ Bullying-Prevention Program and other curricula. If there were no lessons available in these programs that met the National Sexuality Education Standards (NSES) for a specific topic, then new lessons were created.
2. Once the lessons were created and put together with existing lessons, community partners, CPS teachers and sexual health experts checked the lessons to make sure:
  - » the information was medically correct
  - » they were age-appropriate
  - » that the lessons would work well in our classrooms
  - » the lessons didn’t promote any specific information over another or include personal belief
  - » reflected the cultural diversity of our district
3. Next, the curriculum was then analyzed using the Center for Disease Control and Prevention’s Health Education Curriculum Analysis Tool (HECAT). Seventeen sexual health partners including staff from local nonprofit organizations, CPS staff, experts from Rush and Northwestern Universities and medical professionals reviewed the curriculum using the HECAT. The HECAT checks for:
  - » correct medical and scientific information
  - » that the lessons would work well with our students
  - » includes basic information and the minimum that students should learn
  - » confirmation that lessons build student’s skills through practice. (Skills practice includes goal-setting to enhance health, practicing health-enhancing behaviors and avoiding or reducing health risks and advocating for personal, family and community health.)

The HECAT process showed where the curriculum needed improvements to allow for instructors to change the lessons based on their students’ needs, engage parents and increase the variety of in-class activities and assessment activities.
4. A sexual health educator curriculum survey was then created and 167 instructors provided additional feedback that was used to further improve the lessons.

## CULTURAL COMPETENCY

Cultural competency is using the knowledge and understanding that we have of the different cultures in the CPS community to increase the quality of the CPS curriculum to meet the diverse needs of our youth to increase their success. Youth who face discrimination or lack access to medical care and other resources are overly affected by unplanned pregnancy and STIs, including HIV.<sup>13</sup> Race, socioeconomic status, ethnicity, citizenship status, gender, sexual orientation and identity can all influence students’ ability to access medical care and information about their sexual health.

Students attending CPS schools come from a wide variety of cultures, backgrounds, experiences and ethnicities. With the guidance of community partners and sexual health stakeholders, the CPS Sexual Health Education Curriculum was developed to reach students of all cultures, races, genders and sexual orientations. Self-reflection,

---

<sup>13</sup>Cultural Competency.(2008). Advocates for Youth. Retrieved from: <http://www.advocatesforyouth.org/topics-issues/culturalcompetency?task=view>.

discussion and instructor-led activities on cultural influences allow older students (grades 5-12) to explore the impact of their culture and experiences on their sexual health. Younger students (K-4) are exposed to various family make-ups, cultural images and gender expressions and encouraged to show respect for all people.

#### INTERNET SAFETY POLICY ALIGNMENT

Common Sense Media (CSM) is the adopted CPS curriculum, supported by the Office of Education Tools and Technology, which fulfills the CPS Internet Safety Policy (Board Report No. 12-0627-PO2) and the Child Internet Protection Act. Many of the sexual health education lessons are taken from the Common Sense Media (CSM) curriculum. These lessons help students evaluate websites and other media for correct information and teach about cyberbullying and internet safety which are also required under the NSES. CSM lessons are also used as extension activities that build on key concepts in the Sexual Health Education Curriculum.

#### EDUCATIONAL STANDARDS

As required by the Illinois State Board of Education, the CPS Sexual Health Education Curriculum addresses several goals under the Illinois Standards for Physical Development and Health, and Social/Emotional Learning. Including these goals helps promote student's health and well-being and prevent the spread of STIs, including HIV, and unintended pregnancy.

In addition, the CPS Sexual Health Education Curriculum aligns with the National Sexuality Education Standards (NSES). In 2012, Advocates for Youth, Answer and Sexuality Education and Information Council of the United States (SEICUS) developed the NSES with leading sexual health organizations and experts to address the variation in sexuality education nationwide and limited time given to teaching the topic. The goal of the NSES is to provide clear guidance on the minimum content for sexuality education that is developmentally and age appropriate for students in grades K–12.<sup>14</sup> The NSES outline seven essential content areas that align with the eight National Health Education Standards and provide what students should know and be able to do by the end of 2<sup>nd</sup>, 5<sup>th</sup>, 8<sup>th</sup> and 12<sup>th</sup> grades. For more information on the Illinois Standards and NSES, please see [appendix D](#).

#### ILLINOIS SCHOOL CODE

In accordance with School Code and the Critical Health Problems and Comprehensive Health Education Act passed in April 2013 ([appendix C](#)), the CPS Policy specifies that:

- » sexual health education is comprehensive and provides instruction on both abstinence (i.e., not having sex), as part of healthy decision making, and contraceptives (i.e. birth control) to prevent unplanned pregnancies and the spread of STIs including HIV;
- » information on sexual intercourse is included in grades 6-12;
- » parents/guardians have an opportunity to review instructional materials; and
- » a curriculum for instruction is provided that is developmentally and age appropriate, medically accurate and scientifically based.

Highlights from the amendments to the School Code and the Critical Health Problems and Comprehensive Health Education Act are as follows:

- » *Each class or course in comprehensive sex education offered in any of grades 6 through 12 shall include instruction on both abstinence (i.e., not having sex) and contraception (i.e. birth control) for the prevention of pregnancy and sexually transmitted diseases, including HIV/AIDS.*

---

<sup>14</sup>Future of Sex Education Initiative. (2012). National Sexuality Education Standards: Core Content and Skills, K-12 [a special publication of the Journal of School Health]. Retrieved from <http://www.futureofsexeducation.org/documents/josh-fose-standards-web.pdf>

- » *All classes that teach sex education and discuss sexual intercourse in grades 6 through 12 shall emphasize that abstinence (i.e., not having sex) from sexual intercourse is a responsible and positive decision and is the only protection that is 100% effective against unwanted teenage pregnancy, sexually transmitted diseases and acquired immune deficiency syndrome (AIDS), when transmitted sexually.*
- » *An opportunity shall be afforded to individuals (not just parents or guardians) to examine the instructional materials to be used in the class or course.*
- » *If a sex education class or course is offered in any of grades 6 through 12, the school district may choose and adapt the developmentally and age-appropriate, medically accurate, evidence-based and complete sex education curriculum that meets the specific needs of its community.*
- » *Comprehensive Health Education Program shall include the educational area of evidence-based and medically accurate information regarding sexual abstinence (i.e., not having sex) (instead of the area of sexual abstinence until marriage).<sup>15</sup>*

---

<sup>15</sup>Illinois General Assembly, House Bill 2675.

<http://www.ilga.gov/legislation/BillStatus.asp?DocNum=2675&GAID=12&DocTypeID=HB&SessionID=85&GA=98>. Accessed 8/8/2013.

<sup>1</sup>Resnick, M.D., Bearman, P.S., Blum, R.W., Bauman, K.E., Harris, K.M., Jones, J., Tabor, J., Beuhring, T., Sieving, R.E., Shew, M., Ireland, M., Bearinger, L.H., &Udry, J.R. (1997). Protecting adolescents from harm: Findings from the National Longitudinal Study on Adolescent Health. *Journal of the American Medical Association*, 278(10), 823-832.

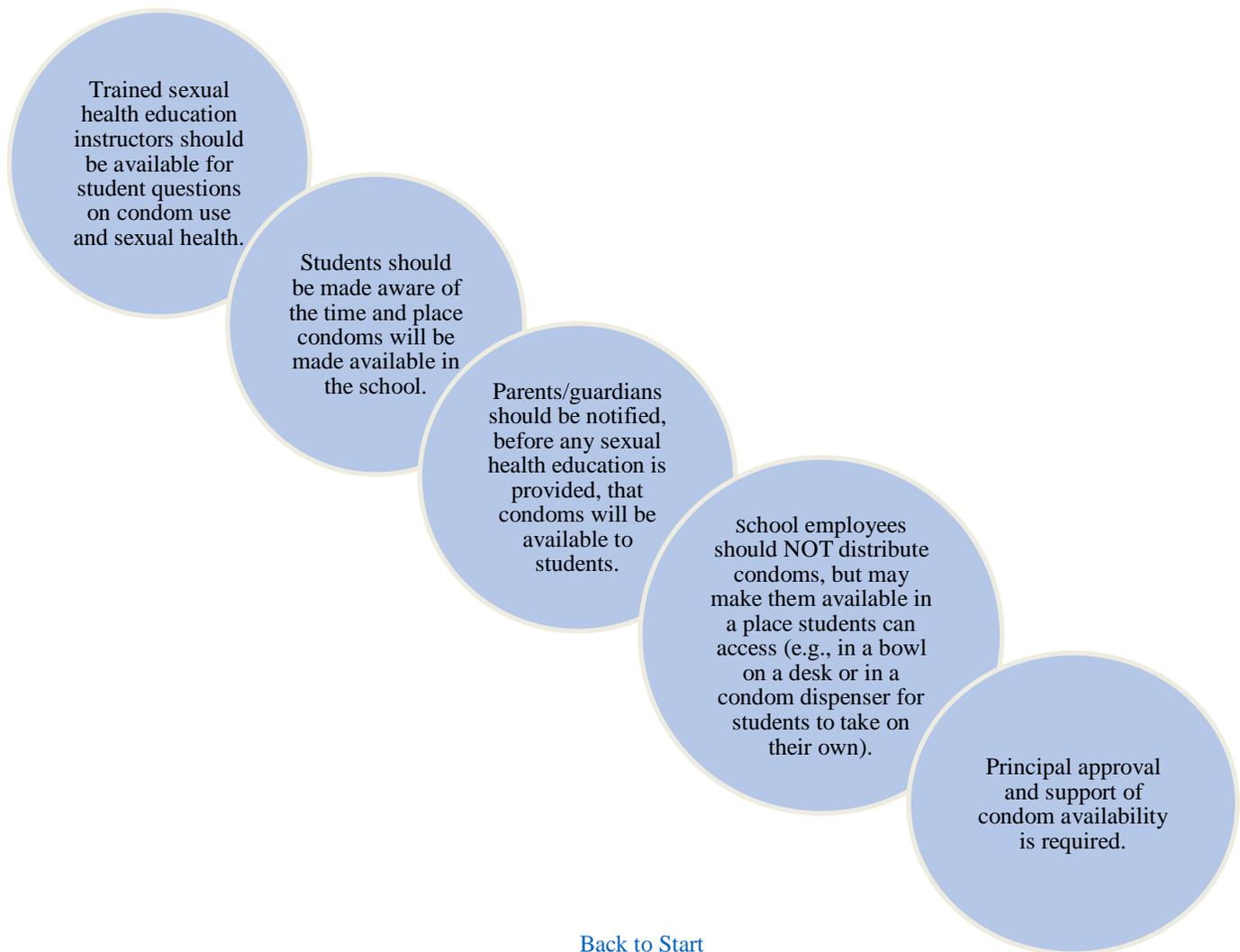
## CONDOMS

### DEMONSTRATIONS

Following the foundational instruction for sexual health education, contraceptive methods (i.e. birth control) are introduced beginning in 5<sup>th</sup> grade. Students learn that the spread of STIs and/or HIV through oral, anal and vaginal sex can be greatly reduced if a condom (latex or polyurethane) or another barrier method is used correctly each and every time a person has sex. Correct condom use is demonstrated by a person who has completed the Sexual Health Education Instructor Training or an approved community-based organization or provider. Condom demonstrations are allowed in 5<sup>th</sup> through 12<sup>th</sup> grade. Principals should be notified if condom demonstrations will occur so that they can be prepared to address any concerns.

Condom demonstration information should be included in the three parent/guardian notifications prior to the start of sexual health education and condom demonstrations.

**AVAILABILITY** If a high school seeks to make condoms available to their students as a resource, OSHW has the following recommendations in the absence of a policy and guidelines on condom availability:



[Back to Start](#)

# APPENDIX C: Chicago Public Schools Policy Manual

**Title: SEXUAL HEALTH EDUCATION**

**Section: 704.6**

**Board Report: 13-0227-PO1**

**Date Adopted: February 27, 2013**

**Policy:**

**THE CHIEF EXECUTIVE OFFICER RECOMMENDS:**

That the Board rescinds Board Report 08-0827-PO4 and adopt a new Sexual Health Education Policy (“Policy”).

**PURPOSE:** The Board recognizes the need for a comprehensive approach to sexual health education that is applied consistently throughout the District. This Policy reflects the Board’s commitment to ensure that the District’s comprehensive family life and sexual health education programming:

- » is aligned with the *National Sexuality Education Standards: Core Content and Skills, K-12*;
- » is developmentally appropriate;
- » provides strategies to support all students regardless of gender, race, disability, sexual orientation, gender identity, gender expression;
- » is culturally sensitive;
- » provides a focus on health promotion and risk reduction within the context of the world in which students live;
- » is medically accurate;
- » emphasizes abstinence as a component of healthy sexual decision-making and the only protection that is 100% effective against unintended pregnancy, sexually transmitted infections and HIV when transmitted sexually;
- » includes instruction that promotes a wholesome and comprehensive understanding of the emotional, psychological, physiological, hygienic and social responsibility aspects of sexuality and family life;
- » is consistent with State laws enacted to address the need for students to receive comprehensive health education;
- » emphasizes that parents/guardians are the primary sexual health educators for their child(ren);
- » offers parents/guardians information on comprehensive sexual health education provided to students via the District-approved education lessons; and
- » offers parents/guardians the opportunity to opt their child(ren) out of comprehensive sexual health education lessons in accordance with State law.

**POLICY TEXT:**

**A. Program Components:** The comprehensive sexual health education instructional program in grades kindergarten through 12th grade provides a foundation of knowledge and skills related to human development, relationships, decision-making, abstinence, medically recommended contraception and disease prevention. At each grade level, the instructional program teaches developmentally-appropriate, medically-accurate information that builds on the knowledge and skills that were taught in the previous grades.

In grades K-4, the foundational comprehensive sexual health education instruction is comprised of lessons on the following four topic areas specified in the *National Sexuality Education Standards*: anatomy and physiology, reproduction, healthy relationships and personal safety. This foundational instruction is often referred to as Family Life Education.

In grades 5-12, comprehensive instruction expands on the foundational lessons in grades K-4 by providing lessons on the following five topic areas specified in the *National Sexuality Education Standards*: abstinence, healthy relationships (including informed decision-making, sexual orientation, gender identity and personal safety) medically-recommended contraceptives, transmission and prevention of sexually transmitted infections, including HIV.

**B. Annual Instruction:** Schools shall annually provide developmentally-appropriate and medically-accurate sexual health education at each grade level as part of its instructional program. Lessons should be integrated into common core subjects in accordance with best practice. Schools shall select and use approved lessons and resources identified in the Guidelines to this Policy. Lessons provided to students

in grades K-4 shall total a minimum of 300 minutes per school year addressing all four topic areas outlined in Section A of this Policy. Lessons provided to students in grades 5-12 shall total a minimum of 675 minutes per school year addressing all five topic areas outlined in Section A of this Policy.

**C. Parent/Guardian Opt-Out:** No student whose parent/guardian provides a timely written objection shall be required to participate in any sexual health education lesson and no student shall be suspended or expelled for refusal to participate in any such lesson or program. Any student whose parent/guardian does not provide a written objection to participation in a sexual health education lesson or program shall be required to participate.

**D. Mandatory Training for Instructors:** Any teacher who provides sexual health education instruction and any other staff member who supports a teacher in providing such instruction must successfully complete the District's Comprehensive Sexual Health Education Instructor training prior to teaching lessons. Individuals who successfully complete this instructor training shall receive a certificate valid for a four-year period. To ensure all students at every grade level receive comprehensive sexual health instruction, each principal shall annually designate a minimum of two instructors to deliver instruction at his/her school and ensure these instructors successfully complete the required training.

**E. Use of Outside Consultants:** A school may retain the services of an approved outside consultant to provide sexual health education programming. Outside consultants must be approved in accordance with the process specified in the Guidelines prior to providing a school with sexual health education services. If an outside consultant is unable to provide a course or program that includes all comprehensive components as described in Section A herein, the school must ensure that students receive supplemental instruction to satisfy the comprehensive requirements of this Policy.

**F. Anti-Bullying:** Schools shall foster a respectful and open learning environment and take steps to support appropriate classroom behaviors and pre-empt behaviors that may disrupt sexual health education lessons. Bullying, intimidation or harassment of students will not be tolerated. Schools shall discipline students who engage in such behaviors to the fullest extent permitted under the Board's Anti-Bullying Policy and the Student Code of Conduct.

**G. Support and Oversight:** The Office of Student Health and Wellness shall oversee Policy implementation and compliance and shall:

1. Provide schools with technical assistance and support to ensure comprehensive sexual health education programming is provided to students in accordance with this Policy;
2. Offer school support services through various departments including the Office of Student Health and Wellness and the Office of Teaching and Learning to ensure full implementation of this Policy;
3. Oversee sexual health education curriculum development and materials review for alignment with research-based characteristics of effective sexual health education, the *National Sexuality Education Standards* and the purpose and objectives of this Policy; and
4. Ensure schools provide comprehensive sexual health education lessons at every grade level in accordance with this Policy by requiring schools to periodically submit implementation reports.

**H. Guidelines:** The Chief Health Officer or designee in collaboration with the Chief Teaching and Learning Officer or designee shall develop and implement guidelines, procedures and toolkits for the effective implementation of this Policy.

**Amends/Rescinds:** Rescinds 08-0827-PO4

**Cross References:** 06-0426-PO4; 96-0124-ED14; 86-0430-ED2; 79-195-7; 75-13-7; 67-810-3; 67-810-4

**Legal References:** 105 ILCS 110/3; 105 ILCS 5/27-9.1; 105 ILCS 5/27-9.2; 23 IL Admin. Code 1.420(n); *National Sexuality Education Standards: Core Content and Skills, K-12, January 2012*

[Back to Start](#)

# APPENDIX D: EDUCATIONAL STANDARDS

## ILLINOIS STANDARDS FOR PHYSICAL DEVELOPMENT AND HEALTH AND SOCIAL/EMOTIONAL LEARNING

As required by the Illinois State Board of Education, the CPS Sexual Health Education Curriculum addresses several goals under the Illinois Standards for Physical Development and Health and Social/Emotional Learning. These standards tell students, teachers and parents the basic knowledge and skills that students are expected to learn and serve them throughout their lives.

### ALL GRADE LEVELS

Under the Illinois Standards for Physical Development and Health, students should:

- » Understand principles of health promotion and the prevention and treatment of illness and injury (goal 22).
- » Understand human body systems and factors that influence growth and development (goal 23).
- » Promote and enhance health and well-being through the use of effective communication and decision-making skills (goal 24).

Under the Illinois Standards for Social/Emotional Learning, students should:

- » Develop self-awareness and self-management skills to achieve school and life success (goal 1).
- » Use social awareness and interpersonal skills to establish and maintain positive relationships (goal 2).
- » Demonstrate decision-making skills and responsible behaviors in personal, school, and community contexts (goal 3).

## NATIONAL SEXUALITY EDUCATION STANDARDS

The sexual health education topics that CPS students learn and when they learn them is guided by the National Sexuality Education Standards (NSES).

The NSES cover seven topic areas including:

1. Anatomy and Physiology (AP) – our body parts and how they work
2. Puberty and Adolescent Development (PD) – the bodily, emotional and social changes we experience as we grow
3. Identity (ID) – who we are (e.g., male, female) and how we express who we are, including who we are attracted to
4. Pregnancy and Reproduction (PR) – how babies are made and born
5. Sexually Transmitted Diseases and HIV (SH) – infections that can be spread through sexual contact
6. Healthy Relationships (HR) – what makes good friendships and romantic relationships
7. Personal Safety (PS) – how to keep yourself safe from abuse and how to help others

For each grade level below, the standards outline what students should know and the skills that they should learn by the end of each grade. The codes following each standard start with the two letters that match the seven topic areas above.

More information on the NSES and Illinois Learning Standards can be found at <http://www.futureofsexed.org> and <http://www.isbe.net/ils/>.

## KINDERGARTEN

By the end of Kindergarten, students should be able to:

- » Use proper names for body parts, including male and female anatomy (AP.2.CC.1)
- » Explain that all people, including children have the right to tell others not to touch their body when they do not want to be touched (PS.2.CC.1).
- » Demonstrate how to respond if someone is touching them in a way that makes them feel uncomfortable (PS.2.IC.1).
- » Identify parents and other trusted adults they can tell if they are feeling uncomfortable about being touched (PS.2.AI.1).
- » Demonstrate how to clearly say no, how to leave an uncomfortable situation, and how to identify and talk with a trusted adult if someone is touching them in a way that makes them feel uncomfortable (PS.2.SM.1)

## 1<sup>ST</sup> GRADE

By the end of 1<sup>st</sup> grade, students should be able to:

- » Describe the characteristics of a friend (HR.2.CC.2)
- » Identify healthy ways for friends to express feelings to each other (HR.2.IC.2)
- » Identify different kinds of family structures (HR.2.CC.1)
- » Demonstrate ways to show respect for different types of families (HR.2.IC.1)
- » Explain what bullying and teasing are (PS.2.CC.2)
- » Explain why bullying and teasing are wrong (PS.2.CC.3)
- » Identify parents and other trusted adults they can tell if they are being bullied or teased (PS.2.AI.2)
- » Demonstrate how to respond if someone is bullying or teasing them (PS.2.IC.2)

## 2<sup>ND</sup> GRADE

By the end of 2<sup>nd</sup> grade, students should be able to:

- » Use proper names for body parts, including male and female anatomy (AP.2.CC.1)
- » Describe the differences and similarities in how boys and girls may be expected to act (ID.2.CC.1)
- » Explain that all living things reproduce (PR.2.CC.1)
- » Provide examples of how friends, family, media, society and culture influence ways in which boys and girls think they should act (ID.2.INF.1)
- » Lesson 4, *Keeping My Body Healthy*, prepares students for the concept of how to prevent the spread of diseases addressed in the 3<sup>rd</sup> -5<sup>th</sup> grade lessons

### 3<sup>RD</sup> GRADE

By the end of 3<sup>rd</sup> grade, students should be able to:

- » Demonstrate positive ways to communicate differences of opinion while maintaining relationships (HR.5.IC.1)
- » Describe the characteristics of healthy relationships (HR.5.CC.1)
- » Compare positive and negative ways friends and peers can influence relationships (HR.5.INF.1)
- » Identify parents and other trusted adults they can talk to about relationships (HR.5.AI.1)
- » Persuade others to take action when someone else is being teased, harassed or bullied (PS.5.ADV.1)
- » Demonstrate ways to treat others with dignity and respect (HR.5.SM.1)
- » Define teasing, harassment and bullying and explain why they are wrong (PS.5.CC.1)
- » Explain why people tease, harass or bully others (PS.5.INF.1)
- » Identify parents and other trusted adults they can tell if they are being teased, harassed or bullied (PS.5.AI.1)
- » Demonstrate ways to communicate about how one is being treated (PS.5.IC.1)
- » Discuss effective ways in which students could respond when they are or someone else is being teased, harassed or bullied (PS.5.SM.1)

### 4<sup>TH</sup> GRADE

By the end of 4<sup>th</sup> grade, students should be able to:

- » Use proper names for body parts, including male and female anatomy (AP.2.CC.1)
- » Explain that all people, including children have the right to tell others not to touch their body when they do not want to be touched (PS.2.CC.1).
- » Demonstrate how to respond if someone is touching them in a way that makes them feel uncomfortable (PS.2.IC.1).
- » Identify parents and other trusted adults they can tell if they are feeling uncomfortable about being touched (PS.2.AI.1).
- » Demonstrate how to clearly say no, how to leave an uncomfortable situation, and how to identify and talk with a trusted adult if someone is touching them in a way that makes them feel uncomfortable (PS.2.SM.1)

### 5<sup>TH</sup> GRADE

By the end of 5<sup>th</sup> grade, students should be able to:

- » Explain the physical, social and emotional changes that occur during puberty and adolescence (PD.5.CC.1)
- » Describe how puberty prepares human bodies for the potential to reproduce (PD.5.CC.3)
- » Explain ways to manage the physical and emotional changes associated with puberty (PD.5.SM.1)
- » Describe how friends, family, media, society and culture can influence ideas about body image (PD.5.INF.1)
- » Describe male and female reproductive systems including body parts and their functions (AP.5.CC.1)
- » Describe the process of human reproduction (PR.5.CC.1)
- » By the end of 5<sup>th</sup> grade, students should be able to define HIV and identify some age appropriate methods of transmission, as well as ways to prevent transmission (SH.5.CC.1)
- » Define sexual orientation as the romantic attraction of an individual to someone of the same gender or a different gender (ID.5.CC.1)

- » Identify parents or other trusted adults of whom students can ask questions about sexual orientation (ID.5.AI.1)
- » Demonstrate ways to treat others with dignity and respect (ID.5.SM.1)
- » Demonstrate ways students can work together to promote dignity and respect for all people (ID.5.ADV.1)
- » Define sexual harassment and sexual abuse (PS.5.CC.2)
- » Identify parents or other trusted adults they can tell if they are being sexually harassed or abused (PS.5.AI.2)
- » Demonstrate refusal skills (e.g. clear “no” statement, walk away, repeat refusal) (PS.5.IC.2)
- » Identify parents or other trusted adults of whom students can ask questions about puberty and adolescent health issues (PD.5.AI.2)
- » Identify medically-accurate information and resources about puberty and personal hygiene (PD.5.AI.1)
- » Identify medically- accurate information about female and male reproductive anatomy (AP.5.AI.1)

## 6<sup>TH</sup> GRADE

By the end of 6<sup>th</sup> grade, students should be able to:

- » Describe male and female sexual and reproductive systems including body parts and their functions (AP.8.CC.1)
- » Describe the signs and symptoms of pregnancy (PR.8.CC.3) and prenatal practices that can contribute to a healthy pregnancy (PR.8.CC.6) and define sexual abstinence as it relates to pregnancy prevention (PR.8.CC.2)
- » Define sexual intercourse and its relationship to human reproduction (PR.8.CC.1) and examine how alcohol and other substances, friends, family, media, society, and culture influence decisions about engaging in sexual behaviors (PR.8.INF.1)
- » Demonstrate the use of effective communication skills to support one’s decision to abstain from sexual behaviors (PR.8.IC.1) and explain the health benefits, risks, and effectiveness rates of various methods of contraceptives, including abstinence and condoms (PR.8.CC.3)
- » Identify medically-accurate resources about pregnancy prevention and reproductive health care (PR.8.AI.1) and identify accurate and credible source of information about sexual health (AP.8.AI.1) and local STD and HIV testing and treatment resources (SH.8.AI.2)
- » Describe the steps to using a condom correctly (PR.8.SM.1 / SH.8.SM.1)
- » Define emergency contraception and its use (PR.8.CC.4) and identify medically accurate information about emergency contraception (PR.8.AI.2) and describe the steps to using a condom (PR.8.SM.1)
- » Define STDs, including HIV, and how they are and are not transmitted (SH.8.CC.1) and compare and contrast behaviors, including abstinence, to determine the potential risk of STD/HIV transmission from each (SH.8.CC.2)
- » Describe the signs, symptoms, and potential impacts of STDs, including HIV (SH.8.CC.3) and identify local STD and HIV testing and treatment resources (SH.8.AI.1) and identify medically-accurate information about STDs, including HIV (SH.8.AI.1)
- » Apply a decision making model to various sexual health decisions (PR.8.DM.1) and demonstrate the use of effective communication skills to support one’s decision to abstain from sexual behaviors (PR.8.IC.1)
- » Demonstrate the use of effective communication and negotiation skills about the use of contraception, including abstinence and condoms (PR.8.IC.2) and to reduce or eliminate risk for STDs, including HIV (SH.8.IC.1)

## 7<sup>TH</sup> GRADE

By the end of 7<sup>th</sup> grade, students should be able to:

- » Describe the physical, social, cognitive, and emotional changes of adolescence (PD.8.CC.1) and identify medically accurate sources of information about puberty, adolescent development and sexuality (PD.8.AI.1)
- » Analyze how friends, family, society, and culture can influence self-concept and body image (PD.8.INF.1)
- » Apply a decision making model to various sexual health decisions (PR.8.DM.1)
- » Compare and contrast the characteristics of healthy relationships (HR.8.CC.1), explain the criteria for evaluating the health of a relationship (HR.8.SM.1) and analyze the similarities and differences between friendships and romantic relationships (HR.8.CC.3)
- » Describe a range of ways people express affection within various types of relationships (HR.8.CC.4)
- » Describe the potential impacts of power differences such as age, status, or position within relationships (HR.8.CC.1)
- » Analyze the ways in which friends, family, media, society, and culture can influence relationships (HR.8.INF.1)
- » Demonstrate communication skills that foster healthy relationships (HR.8.IC.1) and effective ways to communicate personal boundaries and show respect for the boundaries of others (HR.8.IC.2)
- » Describe the advantages and disadvantages of communicating using technology and social media (HR.8.CC.5), analyze the impact of technology and social media on friendships and relationships (HR.8.INF.2) and demonstrate effective skills to negotiate agreements about the use of technology in relationships (HR.8.IC.3)
- » Develop a plan to stay safe when using social media (HR.8.GS.1) and describe strategies to use social media safely, legally, and respectfully (HR.8.SM.2)
- » Differentiate between gender identity, gender expression and sexual orientation (ID.8.CC.1) and explain the range of gender roles (ID.8.CC.2)
- » Analyze external influences that have an impact on one's attitudes about gender, sexual orientation and gender identity (ID.8.INF.1) and access accurate information about gender identity, gender expression, and sexual orientation (ID.8.AI.1)
- » Communicate respectfully with and about people of all gender expressions and sexual orientations (ID.8.IC.1) and develop a plan to promote dignity and respect for all people in the school community (ID.8.ADV.1)

## 8<sup>TH</sup> GRADE – RELATIONSHIP TRACK

By the end of 8<sup>th</sup> grade, students should be able to:

- » Describe situations and behaviors that constitute bullying, sexual harassment, sexual abuse, sexual assault, incest, rape and dating violence (PS.8.CC.1) and identify sources of support such as parents or other trusted adults that they can go to if they are or someone they know is being bullied, harassed, abused or assaulted (PS.8.AI.1)
- » Demonstrate ways to communicate with trusted adults about bullying, harassment, abuse or assault (PS.8.IC.1) and discuss the impacts of bullying, sexual harassment, sexual abuse, sexual assault, incest, rape and dating violence and why they are wrong (PS.8.CC.2)
- » Demonstrate ways they can respond when someone is being bullied or harassed (PS.8.SM.2)
- » Describe situations and behaviors that constitute bullying, sexual harassment, sexual abuse, sexual assault, incest, rape, and dating violence (PS.8.CC.1) and discuss the impacts of bullying, sexual harassment, sexual abuse, sexual assault, incest, rape, and dating violence and why they are wrong (PS.8.CC.2)

- » Describe ways to treat other with dignity and respect (PS.8.SM.1) and advocate for safe environments that encourage dignified and respectful treatment of everyone (PS.8.ADV.1)
- » Describe situations and behaviors that constitute bullying, sexual harassment, sexual abuse, sexual assault, incest, rape, and dating violence (PS.8.CC.1) and discuss the impacts of bullying, sexual harassment, sexual abuse, sexual assault, incest, rape, and dating violence and why they are wrong (PS.8.CC.2)
- » Identify sources of support such as parents or other trusted adults that they can go to if they are or someone they know is being bullied, harassed, abused, or assaulted (PS.8.AI.1) and demonstrate ways to communicate with trusted adults about bullying, harassment, abuse, or assault.
- » Explain that no one has the right to touch anyone else in a sexual manner if they do not want to be touched (PS.CC.3) and explain why a person who has been raped or sexually assaulted is not at fault. (PS.8.CC.4)
- » Apply a decision making model to various sexual health decisions (PR.8.DM.1), compare and contrast the characteristics of healthy relationships (HR.8.CC.1) and explain the criteria for evaluating the health of a relationship (HR.8.SM.1)
- » Analyze the similarities and differences between friendships and romantic relationships (HR.8.CC.3) and describe a range of ways people express affection within various types of relationships (HR.8.CC.4)
- » Describe the potential impacts of power differences such as age, status, or position within relationships. (HR.8.CC.1) and analyze the ways in which friends, family, media, society, and culture can influence relationships (HR.8.INF.1) and demonstrate communication skills that foster healthy relationships (HR.8.IC.1)
- » Demonstrate effective ways to communicate personal boundaries and show respect for the boundaries of others (HR.8.IC.2)
- » Differentiate between gender identity, gender expression and sexual orientation (ID.8.CC.1), explain the range of gender roles (ID.8.CC.2) and communicate respectfully with and about people of all gender identities, gender expressions and sexual orientations. (ID.8.IC.1)

## 8<sup>TH</sup> GRADE – STI/PREGNANCY PREVENTION TRACK

By the end of 8<sup>th</sup> grade, students should be able to:

- » Describe situations and behaviors that constitute bullying, sexual harassment, sexual abuse, sexual assault, incest, rape and dating violence (PS.8.CC.1) and identify sources of support such as parents or other trusted adults that they can go to if they are or someone they know is being bullied, harassed, abused or assaulted (PS.8.AI.1)
- » Demonstrate ways to communicate with trusted adults about bullying, harassment, abuse or assault (PS.8.IC.1) and discuss the impacts of bullying, sexual harassment, sexual abuse, sexual assault, incest, rape and dating violence and why they are wrong (PS.8.CC.2)
- » Demonstrate ways they can respond when someone is being bullied or harassed (PS.8.SM.2)
- » Describe situations and behaviors that constitute bullying, sexual harassment, sexual abuse, sexual assault, incest, rape, and dating violence (PS.8.CC.1) and discuss the impacts of bullying, sexual harassment, sexual abuse, sexual assault, incest, rape, and dating violence and why they are wrong (PS.8.CC.2)
- » Describe ways to treat other with dignity and respect (PS.8.SM.1) and advocate for safe environments that encourage dignified and respectful treatment of everyone (PS.8.ADV.1)
- » Describe situations and behaviors that constitute bullying, sexual harassment, sexual abuse, sexual assault, incest, rape, and dating violence (PS.8.CC.1) and discuss the impacts of bullying, sexual harassment, sexual abuse, sexual assault, incest, rape, and dating violence and why they are wrong (PS.8.CC.2)

- » Identify sources of support such as parents or other trusted adults that they can go to if they are or someone they know is being bullied, harassed, abused, or assaulted (PS.8.AI.1) and demonstrate ways to communicate with trusted adults about bullying, harassment, abuse, or assault.
- » Explain that no one has the right to touch anyone else in a sexual manner if they do not want to be touched (PS.CC.3) and explain why a person who has been raped or sexually assaulted is not at fault. (PS.8.CC.4)
- » Compare and contrast behaviors, including abstinence, to determine the potential risk of STD/HIV transmission from each (SH.8.CC.2)
- » Define emergency contraception and its use (PR.8.CC.4), sexual abstinence as it relates to pregnancy prevention (PR.8.CC.2) and STDs, including HIV, and how they are and are not transmitted (SH.8.CC.1) and demonstrate effective communication skills to reduce or eliminate risk for STDs, including HIV (SH.8.IC.1), negotiation skills about the use of contraception, including abstinence and condoms (PR.8.IC.2) and to support one's decision to abstain from sexual behaviors (PR.8.IC.1)
- » Describe the signs and symptoms of pregnancy (PR.8.CC.3), potential impacts of STDs, including HIV (SH.8.CC.3) and steps to using a condom (PR.8.SM.1)
- » Examine how alcohol and other substances, friends, family, media, society, and culture influence decisions about engaging in sexual behaviors (PR.8.INF.1)
- » Explain the health benefits, risks, and effectiveness rates of various methods of contraceptives, including abstinence and condoms (PR.8.CC.3)
- » Identify accurate and credible source of information about sexual health (AP.8.AI.1) emergency contraception (PR.8.AI.2) and local STD and HIV testing and treatment resources (SH.8.AI.1)
- » Identify medically accurate sources of pregnancy-related information and support including pregnancy options, safe surrender policies, and prenatal care (PR.8.AI.3) that can contribute to a healthy pregnancy (PR.8.CC.6)
- » Identify medically-accurate information about emergency contraception (PR.8.AI.2), STDs, including HIV (SH.8.AI.1) and resources about pregnancy prevention and reproductive health care (PR.8.AI.1)

## 9<sup>TH</sup> GRADE

By the end of 9<sup>th</sup> grade, students should be able to:

- » Access medically accurate information about pregnancy, pregnancy options (PR.12.AI.4), contraceptive methods, including abstinence, condoms (PR.12.AI.1), prenatal care services (PR.12.AI.4) and resources about emergency contraception (PR.12.AI.2)
- » Analyze factors that influence decisions about whether and when to become a parent (PR.12.INF.3), condom use and other safer sex decisions (SH.12.INF.1)
- » Describe the signs of pregnancy (PR.12.CC.4) and analyze internal and external influences on decision about pregnancy options (PR.12.INF.2)
- » Analyze individual responsibility about testing for and informing partners about STD and HIV status (SH.12.SM.1) and demonstrate skills to communicate with a partner about STD and testing (SH.12.UC.1)
- » Apply a decision making model to choices about contraception, including abstinence and condoms (PR.12.DM.1), safer sex practices, including abstinence and condoms (SH.12.DM.1) and various situations relating to sexual health (PD.12.DM.1)
- » Assess the skills and resources needed to become a parent (PR.12.DM.2)
- » Compare and Contrast the advantages and disadvantages of abstinence and other contraceptive methods, including condoms (PR.12.CC.1)

- » Identify the laws related to reproductive and sexual health care services (PR.12.CC.3) and compare and contrast the laws relating to pregnancy, adoption, abortion, and parenting (PR.12.CC.6) and describe the laws related to sexual health care services, including STD and HIV testing and treatment (SH.12.CC.3)
- » Demonstrate ways to communicate decisions about whether or when to engage in sexual behaviors (PR.12.IC.1)
- » Describe common symptoms of and treatment for STDs, including HIV (SH.12.CC.1) and explain how to access local STD and HIV treatment services (SH.12.AI.1)
- » Describe prenatal practices that can contribute to or threaten a healthy pregnancy (PR.12.CC.5)
- » Describe the steps to using a condom (PR.12.SM.1)
- » Evaluate the effectiveness of abstinence, condoms, and other safer sex methods in preventing the spread of STDs, including HIV (SH.12.CC.2) and develop a plan to eliminate or reduce risk for STDs, including HIV (SH.12.GS.1)

## 10<sup>TH</sup> GRADE

By the end of 19<sup>th</sup> grade, students should be able to:

- » Analyze how friends, family media, society and culture can influence self-concept and body image (PD.12.INF.1) and the expression of gender, sexual orientation, and identity (ID.12.INF.1)
- » Define sexual consent and explain its implications for sexual decision making (HR.12.CC.3) and analyze factors including alcohol and other substances that can affect the ability to give or perceive the provision of consent to sexual activity (HR.12.INF.2)
- » Demonstrate effective strategies to avoid or end unhealthy relationships (HR.12.IC.1) and set personal boundaries as they relate to intimacy and sexual behavior (HR.12.IC.2)
- » Demonstrate how to access valid information and resources to help deal with healthy relationships (HR.12.AI.1) and accurate information and resources that provide help for survivors of sexual abuse, incest, rape, sexual harassment, sexual assault and dating violence (PS.12.AI.2)
- » Demonstrate respect for the boundaries of others as they relate to intimacy and sexual behavior (HR.12.SM.1) and describe a range of ways to express affection in healthy relationships (HR.12.CC.2)
- » Describe characteristics of healthy and unhealthy romantic and/or sexual relationships. (HR.12.CC.10 and the potential impact of power differences (e.g. age, status or position) within sexual relationships (PS.12. INF.1) and explain why using tricks, threats or coercion in relationship is wrong (PS.12.CC.3)
- » Describe the human sexual response cycle, including the role hormones play (AP.12.CC.1)
- » Differentiate between biological sex, sexual orientation, and gender identity and expression (ID.12.CC.1)
- » Distinguish between sexual orientation, sexual behavior, and sexual identity (ID.12.CC.2)
- » Evaluate the potentially positive and negative roles of technology and social media in relationships (HR.12.CC.4), explain how media can influence one's beliefs about what constitutes a health sexual relationship (HR.12.INF.1), describe strategies to use social media safely, legally and respectfully (HR.12.SM.2) and explain how to promote safety, respect, awareness and acceptance (ID.12.SM.1)
- » Explain why a person who has been raped or sexually assaulted is not at fault (PS.12.CC.4)
- » Analyze the laws related to bullying, sexual harassment, sexual abuse, sexual assault, incest, rape and dating violence (PS.12.CC.2) and the external influences and societies message that impact attitudes about bullying, sexual abuse, sexual assault, incest, rape and dating violence (PS.12.INF.2)
- » Compare and contrast situations and behaviors that may constitute bullying, sexual harassment, sexual abuse, sexual assault, incest, rape, and dating violence (PS.12.CC.1), identify ways in which they could respond when someone else is being bullied or harassed (PS.12.IC.2), access valid resources for help if they or someone they know are being bullied or harassed, or have been sexually abused or assaulted (PS.12.AI.1) and demonstrate effective ways to communicate with trusted adults about bullying harassment, abuse or assault (PS.12.IC.1)

## 11<sup>TH</sup> GRADE

By the end of 11<sup>th</sup> grade, students should be able to:

- » Advocate for sexually active youth to get STD/HIV testing and treatment (SH.12.ADV.1)
- » Access medically accurate information about pregnancy, pregnancy options (PR.12.AI.4), contraceptive methods, including abstinence, condoms (PR.12.AI.1), prenatal care services (PR.12.AI.4) and resources about emergency contraception (PR.12.AI.2)
- » Analyze factors that influence decisions about whether and when to become a parent (PR.12.INF.3), condom use and other safer sex decisions (SH.12.INF.1)
- » Describe the signs of pregnancy (PR.12.CC.4) and analyze internal and external influences on decision about pregnancy options (PR.12.INF.2)
- » Analyze individual responsibility about testing for and informing partners about STD and HIV status (SH.12.SM.1) and demonstrate skills to communicate with a partner about STD and testing (SH.12.UC.1)
- » Apply a decision making model to choices about contraception, including abstinence and condoms (PR.12.DM.1), safer sex practices, including abstinence and condoms (SH.12.DM.1) and various situations relating to sexual health (PD.12.DM.1)
- » Assess the skills and resources needed to become a parent (PR.12.DM.2)
- » Compare and Contrast the advantages and disadvantages of abstinence and other contraceptive methods, including condoms (PR.12.CC.1)
- » Identify the laws related to reproductive and sexual health care services (PR.12.CC.3) and compare and contrast the laws relating to pregnancy, adoption, abortion, and parenting (PR.12.CC.6) and describe the laws related to sexual health care services, including STD and HIV testing and treatment (SH.12.CC.3)
- » Demonstrate ways to communicate decisions about whether or when to engage in sexual behaviors (PR.12.IC.1)
- » Describe common symptoms of and treatment for STDs, including HIV (SH.12.CC.1) and explain how to access local STD and HIV treatment services (SH.12.AI.1)
- » Describe prenatal practices that can contribute to or threaten a healthy pregnancy (PR.12.CC.5)
- » Describe the steps to using a condom (PR.12.SM.1)
- » Evaluate the effectiveness of abstinence, condoms, and other safer sex methods in preventing the spread of STDs, including HIV (SH.12.CC.2) and develop a plan to eliminate or reduce risk for STDs, including HIV (SH.12.GS.1)

## 12<sup>TH</sup> GRADE

By the end of 12<sup>th</sup> grade, students should be able to:

- » Analyze how friends, family media, society and culture can influence self-concept and body image (PD.12.INF.1) and the expression of gender, sexual orientation, and identity (ID.12.INF.1)
- » Define sexual consent and explain its implications for sexual decision making (HR.12.CC.3) and analyze factors including alcohol and other substances that can affect the ability to give or perceive the provision of consent to sexual activity (HR.12.INF.2)
- » Demonstrate effective strategies to avoid or end unhealthy relationships (HR.12.IC.1) and set personal boundaries as they relate to intimacy and sexual behavior (HR.12.IC.2)
- » Demonstrate how to access valid information and resources to help deal with healthy relationships (HR.12.AI.1) and accurate information and resources that provide help for survivors of sexual abuse, incest, rape, sexual harassment, sexual assault and dating violence (PS.12.AI.2)
- » Demonstrate respect for the boundaries of others as they relate to intimacy and sexual behavior (HR.12.SM.1) and describe a range of ways to express affection in healthy relationships (HR.12.CC.2)
- » Describe characteristics of healthy and unhealthy romantic and/or sexual relationships. (HR.12.CC.10 and the potential impact of power differences (e.g. age, status or position) within sexual relationships (PS.12. INF.1) and explain why using tricks, threats or coercion in relationship is wrong (PS.12.CC.3)

- » Describe the human sexual response cycle, including the role hormones play (AP.12.CC.1)
- » Differentiate between biological sex, sexual orientation, and gender identity and expression (ID.12.CC.1)
- » Distinguish between sexual orientation, sexual behavior, and sexual identity (ID.12.CC.2)
- » Evaluate the potentially positive and negative roles of technology and social media in relationships (HR.12.CC.4), explain how media can influence one’s beliefs about what constitutes a health sexual relationship (HR.12.INF.1), describe strategies to use social media safely, legally and respectfully (HR.12.SM.2) and explain how to promote safety, respect, awareness and acceptance (ID.12.SM.1)
- » Explain why a person who has been raped or sexually assaulted is not at fault (PS.12.CC.4)
- » Analyze the laws related to bullying, sexual harassment, sexual abuse, sexual assault, incest, rape and dating violence (PS12.CC.2) and the external influences and societies message that impact attitudes about bullying, sexual abuse, sexual assault, incest, rape and dating violence (PS.12.INF.2)
- » Compare and contrast situations and behaviors that may constitute bullying, sexual harassment, sexual abuse, sexual assault, incest, rape, and dating violence (PS.12.CC.1), identify ways in which they could respond when someone else is being bullied or harassed (PS.12.IC.2), access valid resources for help if they or someone they know are being bullied or harassed, or have been sexually abused or assaulted (PS.12.AI.1) and demonstrate effective ways to communicate with trusted adults about bullying harassment, abuse or assault (PS.12.IC.1)

[Back to Start](#)

## APPENDIX E: LESSONS BY GRADE LEVEL

### KINDERGARTEN

Lesson 1: Private vs. Public – Students identify public and private body parts using medically-accurate vocabulary.

Lesson 2: Good Touch, Bad Touch – Students learn that no one is allowed to touch their private parts without permission.

Lesson 3: Good Secrets, Bad Secrets – Students learn strategies for telling a trusted adult about a secret that makes them scared or uncomfortable.

Lesson 4: Smart About Strangers – Students learn tips for staying safe online and in the real world.

### 1ST GRADE

Lesson 1: Respecting Individuals – Students use creative drawing to show that everyone is a unique individual who deserves dignity and respect.

Lesson 2: Families – Students identify diverse family structures and brainstorm ways to treat all families with respect.

Lesson 3: Families Change – Students explore ways a family can change and how to handle feelings that come with a changing family.

Lesson 4: Bullying – Students identify forms of bullying and what to do if they or a classmate is being bullied.

### 2ND GRADE

Lesson 1: My Body – Students learn about the body including the male and female genitalia.

Lesson 2: All Living Things Reproduce – Students identify characteristics of all living things and study the life cycle of a frog.

Lesson 3: Gender and Identity – Students role play strategies for breaking down gender stereotypes and learn to treat all people in their community with respect.

Lesson 4: Keeping My Body Healthy – Students practice infection control strategies for staying healthy.

### 3RD GRADE

Lesson 1: Respecting Myself and Others – Students learn concepts of respect for others and self-respect. Students will practice communicating respectfully.

Lesson 2: Building Relationships – Students examine traits of healthy and unhealthy relationships.

Lesson 3: Building Communities/Strengths and Struggles (optional) – Students examine their own strengths and struggles, and how they can use their strengths to create a healthy classroom community.

Lesson 4: Bullying – Students learn how they can be leaders against bullying in their classroom community.

### 4TH GRADE

Lesson 1: What is Puberty – Students are introduced to the physical, social, and emotional changes of puberty.

Lesson 2: Puberty Boy, Puberty Girl – Students are split into groups of boys and girls to learn about the physical changes of puberty specific to males or females.

Lesson 3: Puberty Stress Management and Goal Setting – Students learn techniques to manage the stresses of puberty and set goals for the future.

Lesson 4: Germs and Your Immune System – Students identify the difference between bacteria and viruses and learn how the immune system keeps the body safe from infection.

Lesson 5: What is HIV? (optional) – Students are introduced to HIV as a bloodborne (i.e., a disease carried in the blood) virus, and learn universal precautions for protecting themselves from bloodborne illnesses.

### 5TH GRADE

Lesson 1: Puberty – Students learn about the physical, social, and emotional changes of puberty, including changes specific to male and female bodies.

Healthy CPS — Office of Student Health & Wellness



Lesson 2: Adolescent Health and Hygiene – Students learn proper hygiene practices to keep their growing bodies healthy.

Lesson 3: Self-esteem and Body Image – Students explore the influence of media and social culture on their changing body image.

Lesson 4: Human Reproduction – Students are introduced to concepts in human reproduction and explore how puberty prepares the body for reproduction.

Lesson 5: Abstinence and Contraceptives – Abstinence is stressed as a developmentally appropriate sexual practice. Hormonal and barrier method contraceptives are introduced as ways to prevent pregnancy and STIs.

Lesson 6: HIV/AIDS – HIV is defined as a sexually transmitted disease, and students learn ways to protect themselves from transmission of HIV and other sexually transmitted infections. Abstinence is stressed as developmentally appropriate sexual behavior.

Lesson 7: Gender and Identity – Students learn the difference between sex and gender and brainstorm ways to show respect to different ways of gender expression.

Lesson 8: Personal Safety and Abuse – Students identify behaviors of sexual abuse and harassment and learn techniques for protecting themselves against sexual abuse and harassment.

Lesson 9: Identifying Resources and Review – Students review key concepts from the unit and identify resources of medically-accurate information on puberty, human reproduction, and personal safety.

## 6TH GRADE

Lesson 1: Human Anatomy and Reproduction – Students describe male and female sexual and reproductive systems, including body parts and their functions. Students define sexual intercourse and its relationship to human reproduction.

Lesson 2: Pregnancy and Birth – Students identify signs and symptoms of pregnancy and learn prenatal practices that contribute to a healthy pregnancy.

Lesson 3: Exploring Abstinence – Students will identify abstinence as the only 100% effective method of protecting against unplanned pregnancy and sexually transmitted infections. Student will develop and communicate a plan for practicing abstinence.

Lesson 4: Contraceptives – Students will learn the benefits, risks, and effectiveness rates of various types of contraceptive methods, including abstinence, condoms, hormonal methods, and emergency contraceptives.

Lesson 5: STIs and HIV Prevention – Students will learn medically-accurate information about STIs and HIV. Students will develop a plan to reduce their risk for STIs and HIV.

Lesson 6: Decision Making – Students apply a decision making model to adolescent and sexual health scenarios.

Lesson 7: Delay Tactics and Refusal Skills – Students practice communicating effectively about their sexual health decisions.

Lesson 8: Sexual Health Resources – Students identify medically-accurate sources of information about sexual health, STIs, and HIV.

## 7TH GRADE

Grade 6 Lesson 1: Human Reproduction– (Optional- This lesson can be taught as an optional lesson in Grade 7. First, administer the Grade 7 pre-test and determine if students require instruction and/or review of Human Anatomy and Reproduction. If necessary teach this lesson and then return to Grade 7 lesson sequence.) Students describe male and female sexual and reproductive systems, including body parts and their functions. Students will define sexual intercourse and its relationship to human reproduction.

Lesson 1: Adolescent Development – Students describe the physical, social, cognitive, and emotional changes of adolescence.

Lesson 2: Body Image and Self-esteem – Students analyze how friends, family, media, and culture can influence self-esteem and body image.

Lesson 3: Decision Making – Students apply a decision making model to some of the tough decisions of adolescence.

Lesson 4: Relationships I Keeping it Healthy – Students discuss characteristics of healthy and unhealthy relationships and apply the criteria for healthy relationships to various scenarios.

Lesson 5: Relationships II Influences – Students analyze the ways friends, family, media, society, and culture can influence relationships.

Lesson 6: Relationships III Communication – Students learn and apply techniques for communicating assertively and respectfully to express what they do and do not want in relationships. Students practice saying “no” in aggressive situations.

Lesson 7: Navigating Technology and Relationships – Students discuss the role of technology in relationships and develop a plan for remaining safe while using technology and social media.

Lesson 8: Identity I-Gender Expression and Sexual Orientation – Students differentiate between gender identity, gender expression, and sexual orientation, and explore external influences that impact one’s attitude about gender expression and sexual orientation.

Lesson 9: Identity II-Respecting Differences – Students learn to communicate respectfully with and about people of all gender expressions and sexual orientations. Students develop a plan to promote dignity and respect for all people.

### 8TH GRADE (REQUIRED WITH CHOSEN TRACK)

Grade 6 Lesson 1: Human Reproduction – (Optional- This lesson can be taught as an optional lesson in Grade 8. First, administer the Grade 8 pre-test and determine if students require instruction and/or review of Human Anatomy and Reproduction. If necessary teach this lesson and then return to Grade 8 lesson sequence.) Students describe male and female sexual and reproductive systems, including body parts and their functions. Students will define sexual intercourse and its relationship to human reproduction.

Lesson 1: (Cyber) Bullying – Students describe situations that constitute real life bullying and cyber bullying. Students discuss the impacts of bullying and create a plan for communicating respectfully with everyone.

Lesson 2: Teen Dating Violence – Students will define dating violence, identify phases of the cycle of violence, and learn how to advocate for safer environments.

Lesson 3: Sexual Violence – Students will define consent in relationship to sexual violence.

After teaching Lessons 1-3, educators for grade 8 have the option of completing sexual health education using the Relationship Building Track or the STI and Pregnancy Prevention Track. Both tracks provide a review of key concepts from the 6<sup>th</sup> and 7<sup>th</sup> grade lesson sequence through use of selected lessons. Educators should evaluate students using the pre-test, as well as knowledge about the students proficiency in these topic areas and cultural and community influences. Completing either track will meet the minute requirements outlined in CPS policy.

#### Choose one

##### **8<sup>th</sup> Grade Relationship Building Track**

Lesson 4: Decision Making – Students apply a decision making model to some of the tough decisions of adolescence.

Lesson 5: Relationships I Keeping it Healthy – Students discuss characteristics of healthy and unhealthy relationships and apply the criteria for healthy relationships to various scenarios.

Lesson 6: Relationships II Influences – Students analyze the ways friends, family, media, society, and culture can influence relationships.

Lesson 7: Relationships III Communication – Students learn and apply techniques for communicating assertively and respectfully to express what they do and do not want in relationships. Students practice saying “no” in aggressive situations.

Lesson 8: Gender Expression and Sexual Orientation – Students differentiate between gender identity, gender expression, and sexual orientation, and explore external influences that impact one’s attitude about gender expression and sexual orientation.

##### **8<sup>th</sup> Grade STI and Pregnancy Prevention Track**

Lesson 4: Pregnancy and Birth – Students identify signs and symptoms of pregnancy and learn prenatal practices that contribute to a healthy pregnancy.

Lesson 5: Exploring Abstinence – Students will identify abstinence as the only 100% effective method of protecting against unplanned pregnancy and sexually transmitted infections. Student will develop and communicate a plan for practicing abstinence.

Lesson 6: Contraceptives – Students will learn the benefits, risks, and effectiveness rates of various types of contraceptive methods, including abstinence, condoms, hormonal methods, and emergency contraceptives.

Lesson 7: STIs and HIV Prevention – Students will learn medically-accurate information about sexually transmitted infections and HIV. Students will develop a plan for reducing their risk for sexually transmitted infections and HIV.

Lesson 8: Sexual Health Resources – Students identify medically-accurate sources of information about sexual health, STIs, and HIV.

Lesson 9: Delay Tactics and Refusal Skills – Students apply a decision making model to adolescent and sexual health scenarios.

## 9TH GRADE

Grade 6 Lesson 1: Human Reproduction – (Optional- This lesson can be taught as an optional lesson in Grade 9. First, administer the Grade 9 pre-test and determine if students require instruction and/or review of Human Anatomy and Reproduction. If necessary teach this lesson and then return to Grade 9 lesson sequence.) Students describe male and female sexual and reproductive systems, including body parts and their functions. Students will define sexual intercourse and its relationship to human reproduction.

Lesson 1: Decision Making – Students discuss the choices and consequences of sexual health decisions and practice using a decision making model to make healthy choices.

Lesson 2: Pregnancy and Prenatal Practices – Students study the signs and symptoms of pregnancy and research prenatal practices for a healthy pregnancy.

Lesson 3: Teens and Parenting – Students participate in activities that illustrate resources needed to care for a child and the challenges that face teen parents.

Lesson 4: Teen Sexual Health and Pregnancy Options – Students explore laws that effect sexual health care options for minors.

Lesson 5: Contraceptives – Students compare and contrast the use and effectiveness of various contraceptive methods, including abstinence.

Lesson 6: Sexually Transmitted Infections and HIV – Students learn how to lower their risk of acquiring a sexually transmitted infection and explore resources for testing and treatment.

Lesson 7: Negotiation Skills – Students role play scenarios on sexual health and practice using techniques to set sexual boundaries and delay sexual activity.

Lesson 8: Resources – Students create an annotated bibliography on topics of sexual health and access to care.

Lesson 9: External Influences and Sexual Health – Students learn how drugs, alcohol, and other external influences can affect sexual health decisions.

## 10TH GRADE

Grade 6 Lesson 1: Human Reproduction – (Optional- This lesson can be taught as an optional lesson in Grade 10. First, administer the Grade 10 pre-test and determine if students require instruction and/or review of Human Anatomy and Reproduction. If necessary teach this lesson and then return to Grade 10 lesson sequence.) Students describe male and female sexual and reproductive systems, including body parts and their functions. Students will define sexual intercourse and its relationship to human reproduction.

Lesson 1: Human Sexual Response – Students learn the physiological process of the human sexual response cycle, including the role of hormones.

Lesson 2: Healthy Relationships – Students discuss qualifications of a healthy relationship and how to effectively communicate within romantic relationships and peer relationships.

Lesson 3: Technology and Relationships – Students learn how to use technology safely, respectfully, and ethically in romantic and non-romantic relationships.

Lesson 4: Body Image and Self-esteem – Students explore how media, friends, and family can affect their self-esteem and body image.

Lesson 5: Identity – Students discuss how gender bullying and homophobia can hurt individuals and the community and create a strategy for showing respect and dignity to everyone.

Lesson 6: Bullying and Sexual Harassment – Students compare and contrast bullying, harassment, and sexual harassment and strategize ways to respond to bullying, harassment, and sexual harassment.

Lesson 7: (Cyber) Bullying – Students learn how online gossip and comments can have real life consequences.

Lesson 8: Sexual Violence – Students identify facts and myths of sexual violence and learn how media and culture can influence their perception of sexual violence.

Lesson 9: Sex and Alcohol – Students identify how alcohol and drugs can influence sexual decisions and practice strategies for maintaining personal safety.

### **Track Extension**

Lesson sequences for grades 11 and 12 provide students the opportunity to review and expand on previously covered lessons from grades 9 and 10. Selected lessons from grade 9 focusing on the prevention of sexually transmitted infections and unplanned pregnancy comprise the bulk of the 11<sup>th</sup> grade curriculum. These lessons are followed by a 135 minute peer teaching project that challenges students to be peer advocates for safer sex practices, while meeting NSES. Similarly, grade 12 curriculum pulls selected lessons from the 10<sup>th</sup> grade sequence focusing on healthy relationships and identity. Lessons cumulate in a 135 minute advocacy project.

## **11TH GRADE**

Grade 6 Lesson 1: Human Reproduction – (Optional- This lesson can be taught as an optional lesson in Grade 11. First, administer the Grade 1 pre-test and determine if students require instruction and/or review of Human Anatomy and Reproduction. If necessary teach this lesson and then return to Grade 11 lesson sequence.) Students describe male and female sexual and reproductive systems, including body parts and their functions. Students will define sexual intercourse and its relationship to human reproduction.

Lesson 1: Pregnancy and Prenatal Practices – Students study the signs and symptoms of pregnancy and research prenatal practices for a healthy pregnancy.

Lesson 2: Teens and Parenting – Students participate in activities that illustrate resources needed to care for a child and the challenges that face teen parents.

Lesson 3: Teen Sexual Health and Pregnancy Options – Students explore laws that effect sexual health care options for minors.

Lesson 4: Contraceptives – Students compare and contrast the use and effectiveness of various contraceptive methods, including abstinence.

Lesson 5: Sexually Transmitted Infections and HIV – Students learn how to lower their risk of acquiring a sexually transmitted infection and explore resources for testing and treatment.

Lesson 6: Negotiation Skills – Students role play scenarios on sexual health and practice using techniques to set sexual boundaries and delay sexual activity.

Lesson 7: External Influences and Sexual Health – Students learn how drugs, alcohol, and other external influences can affect sexual health decisions.

Final Project: Peer Teaching- STI and Pregnancy Prevention – Students work cooperatively to educate peers on safer sexual health practices.

## 12TH GRADE

Grade 6 Lesson 1: Human Reproduction – (Optional- This lesson can be taught as an optional lesson in Grade 12. First, administer the Grade 12 pre-test and determine if students require instruction and/or review of Human Anatomy and Reproduction. If necessary teach this lesson and then return to Grade 12 lesson sequence.) Students describe male and female sexual and reproductive systems, including body parts and their functions. Students will define sexual intercourse and its relationship to human reproduction.

Lesson 1: Healthy Relationships – Students discuss qualifications of a healthy relationship and how to effectively communicate within romantic relationships and peer relationships.

Lesson 2: Technology and Relationships – Students learn how to use technology safely, respectfully, and ethically in romantic and non-romantic relationships.

Lesson 3: Identity – Students discuss how gender bullying and homophobia can hurt individuals and the community and create a strategy for showing respect and dignity to everyone.

Lesson 4: Bullying and Sexual Harassment – Students compare and contrast bullying, harassment, and sexual harassment and strategize ways to respond to bullying, harassment, and sexual harassment.

Lesson 5: (Cyber) Bullying – Students learn how online gossip and comments can have real life consequences.

Lesson 6: Sexual Violence – Students identify facts and myths of sexual violence and learn how media and culture can influence their perception of sexual violence.

Lesson 7: Sex and Alcohol – Students identify how alcohol and drugs can influence sexual decisions and practice strategies for maintaining personal safety.

Final Project: Addressing Identity and Advocating for Respectful Communities – Students work cooperatively to explore differences in gender identity, gender expression, and sexual orientation and advocate for a culture of tolerance and respect in their school community.

[Back to Start](#)

## APPENDIX F: 2014 Illinois Statutes

### School Code Courses of Study—Special Instruction, Sex Education, 105 ILCS 5/27-9.1 (effective 1/1/14).

(a) In this Section:

‘Adapt’ means to modify an evidence-based program model for use with a particular demographic, ethnic, linguistic, or cultural group.

“Age appropriate” means suitable to particular ages or age groups of children and adolescents, based on the developing cognitive, emotional, and behavioral capacity typical for the age or age group.

“Evidence-based program” means a program for which systematic, empirical research or evaluation has provided evidence of effectiveness.

“Medically accurate” means verified or supported by the weight of research conducted in compliance with accepted scientific methods and published in peer-reviewed journals, if applicable, or comprising information recognized as accurate, objective, and complete.

(a-5) No pupil shall be required to take or participate in any class or course in comprehensive sex education if his parent or guardian submits written objection thereto, and refusal to take or participate in such course or program shall not be reason for suspension or expulsion of such pupil. Each class or course in comprehensive sex education offered in any of grades 6 through 12 shall include instruction on both abstinence and contraception for the prevention of pregnancy and sexually transmitted diseases, including HIV/AIDS. Nothing in this Section prohibits instruction in sanitation, hygiene or traditional courses in biology.

(b) All public school classes that teach sex education and discuss sexual intercourse in grades 6 through 12 shall emphasize that abstinence from sexual intercourse is a responsible and positive decision and is the only protection that is 100% effective against unwanted teenage pregnancy, sexually transmitted diseases, and acquired immune deficiency syndrome (AIDS) when transmitted sexually.

(c) All classes that teach sex education and discuss sexual intercourse in grades 6 through 12 shall satisfy the following criteria:

(1) Course material and instruction shall be developmentally and age appropriate, medically accurate, and complete.

(1.5) Course material and instruction shall replicate evidence-based programs or substantially incorporate elements of evidence-based programs.

(2) Course material and instruction shall teach honor and respect for monogamous heterosexual marriage.

(3) Course material and instruction shall place substantial emphasis on both abstinence, including abstinence until marriage, and contraception for the prevention of pregnancy and sexually transmitted diseases among youth and shall stress that abstinence is the ensured method of avoiding unintended pregnancy, sexually transmitted diseases, and HIV/AIDS.

(4) Course material and instruction shall include a discussion of the possible emotional and psychological consequences of preadolescent and adolescent sexual intercourse and the consequences of unwanted adolescent pregnancy.

(5) Course material and instruction shall stress that sexually transmitted diseases are serious possible hazards of sexual intercourse. Pupils shall be provided with statistics based on the latest medical information citing the failure and success rates of condoms in preventing AIDS and other sexually transmitted diseases.

(6) Course material and instruction shall advise pupils of the laws pertaining to their financial responsibility to children born in and out of wedlock.

(7) Course material and instruction shall advise pupils of the circumstances under which it is unlawful for males to have sexual relations with females under the age of 18 to whom they are not married pursuant to Article 11 of the Criminal Code of 2012.

(8) Course material and instruction shall teach pupils to not make unwanted physical and verbal sexual advances and how to say no to unwanted sexual advances. Pupils shall be taught that it is wrong to take advantage of or to exploit another person. The material and instruction shall also encourage youth to resist negative peer pressure.

(9) (Blank).

(10) Course material and instruction shall teach pupils about the dangers associated with drug and alcohol consumption during pregnancy.

(d) An opportunity shall be afforded to individuals, including parents or guardians, to examine the instructional materials to be used in such class or course.

(e) The State Board of Education shall make available resource materials, with the cooperation and input of the agency that administers grant programs consistent with criteria (1) and (1.5) of subsection (c) of this Section, for educating children regarding sex education and may take into consideration the curriculum on this subject developed by other states, as well as any other curricular materials suggested by education experts and other groups that work on sex education issues. Materials may include without limitation model sex education curriculums and sexual health education programs. The State Board of Education shall make these resource materials available on its Internet website. School districts that do not currently provide sex education are not required to teach sex education. If a sex education class or course is offered in any of grades 6 through 12, the school district may choose and adapt the developmentally and age-appropriate, medically accurate, evidence-based, and complete sex education curriculum that meets the specific needs of its community.

**School Code Courses of Study—Special Instruction, Family Life, 105 ILCS 5/ 27-9.2 (effective 1/1/90)**

If any school district provides courses of instruction designed to promote wholesome and comprehensive understanding of the emotional, psychological, physiological, hygienic and social responsibility aspects of family life, then such courses of instruction shall include the teaching of the alternatives to abortion, appropriate to the various grade levels; and whenever such courses of instruction are provided in any of grades 6 through 12, then such courses also shall include instruction on the prevention, transmission and spread of AIDS. However, no pupil shall be required to take or participate in any family life class or course on AIDS instruction if his parent or guardian submits written objection thereto, and refusal to take or participate in such course or program shall not be reason for suspension or expulsion of such pupil.

The State Superintendent of Education shall prepare and make available to local school districts courses of instruction designed to satisfy the requirements of this Section.

The State Superintendent of Education shall develop a procedure for evaluating and measuring the effectiveness of the family life courses of instruction in each local school district, including the setting of reasonable goals for reduced sexual activity, sexually transmitted diseases and premarital pregnancy. The goals shall be set by the beginning of the 1991-92 school year. The State Superintendent shall distribute a copy of the procedure to each local school district. Each local school district may develop additional procedures or methods for measuring the effectiveness of the family life courses of instruction within the district. Before the beginning of the 1993- 94 school year, the State Superintendent shall collect and evaluate all relevant data to determine whether the goals are being achieved

**Critical Health Problems and Comprehensive Health Education Act, 105 ILCS 110/3 (effective 1/1/14)**

§ 3. Comprehensive Health Education Program. The program established under this Act shall include, but not be limited to, the following major educational areas as a basis for curricula in all elementary and secondary schools in this State: human ecology and health, human growth and development, the emotional, psychological, physiological, hygienic and social responsibilities of family life, including sexual abstinence until marriage, prevention and control

of disease, including instruction in grades 6 through 12 on the prevention, transmission and spread of AIDS, age-appropriate sexual abuse and assault awareness and prevention education in grades pre-kindergarten through 12, public and environmental health, consumer health, safety education and disaster survival, mental health and illness, personal health habits, alcohol, drug use, and abuse including the medical and legal ramifications of alcohol, drug, and tobacco use, abuse during pregnancy, evidence-based and medically accurate information regarding sexual abstinence, tobacco, nutrition, and dental health. The program shall also provide course material and instruction to advise pupils of the Abandoned Newborn Infant Protection Act. The program shall include information about cancer, including without limitation types of cancer, signs and symptoms, risk factors, the importance of early prevention and detection, and information on where to go for help. Notwithstanding the above educational areas, the following areas may also be included as a basis for curricula in all elementary and secondary schools in this State: basic first aid (including, but not limited to, cardiopulmonary resuscitation and the Heimlich maneuver), heart disease, diabetes, stroke, the prevention of child abuse, neglect, and suicide, and teen dating violence in grades 7 through 12.

The school board of each public elementary and secondary school in the State shall encourage all teachers and other school personnel to acquire, develop, and maintain the knowledge and skills necessary to properly administer life-saving techniques, including without limitation the Heimlich maneuver and rescue breathing. The training shall be in accordance with standards of the American Red Cross, the American Heart Association, or another nationally recognized certifying organization. A school board may use the services of non-governmental entities whose personnel have expertise in life-saving techniques to instruct teachers and other school personnel in these techniques. Each school board is encouraged to have in its employ, or on its volunteer staff, at least one person who is certified, by the American Red Cross or by another qualified certifying agency, as qualified to administer first aid and cardiopulmonary resuscitation. In addition, each school board is authorized to allocate appropriate portions of its institute or in-service days to conduct training programs for teachers and other school personnel who have expressed an interest in becoming qualified to administer emergency first aid or cardiopulmonary resuscitation. School boards are urged to encourage their teachers and other school personnel who coach school athletic programs and other extracurricular school activities to acquire, develop, and maintain the knowledge and skills necessary to properly administer first aid and cardiopulmonary resuscitation in accordance with standards and requirements established by the American Red Cross or another qualified certifying agency. Subject to appropriation, the State Board of Education shall establish and administer a matching grant program to pay for half of the cost that a school district incurs in training those teachers and other school personnel who express an interest in becoming qualified to administer cardiopulmonary resuscitation (which training must be in accordance with standards of the American Red Cross, the American Heart Association, or another nationally recognized certifying organization) or in learning how to use an automated external defibrillator. A school district that applies for a grant must demonstrate that it has funds to pay half of the cost of the training for which matching grant money is sought. The State Board of Education shall award the grants on a first-come, first-serve basis.

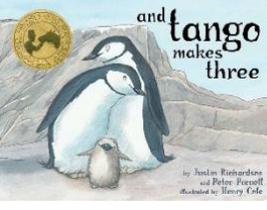
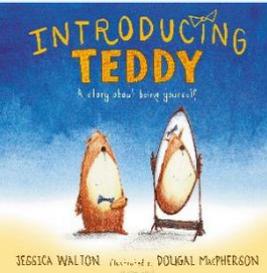
No pupil shall be required to take or participate in any class or course on AIDS or family life instruction if his parent or guardian submits written objection thereto, and refusal to take or participate in the course or program shall not be reason for suspension or expulsion of the pupil.

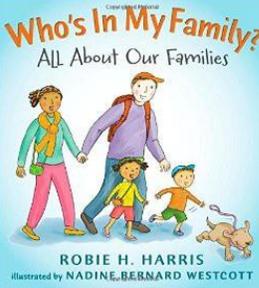
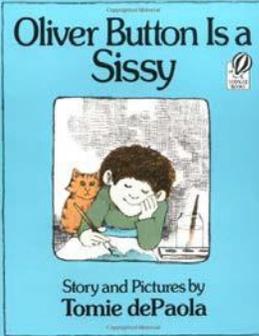
Curricula developed under programs established in accordance with this Act in the major educational area of alcohol and drug use and abuse shall include classroom instruction in grades 5 through 12. The instruction, which shall include matters relating to both the physical and legal effects and ramifications of drug and substance abuse, shall be integrated into existing curricula; and the State Board of Education shall develop and make available to all elementary and secondary schools in this State instructional materials and guidelines which will assist the schools in incorporating the instruction into their existing curricula. In addition, school districts may offer, as part of existing curricula during the school day or as part of an after school program, support services and instruction for pupils or pupils whose parent, parents, or guardians are chemically dependent.

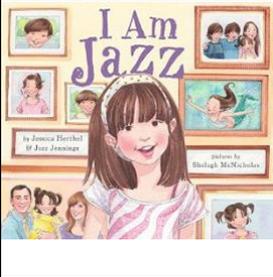
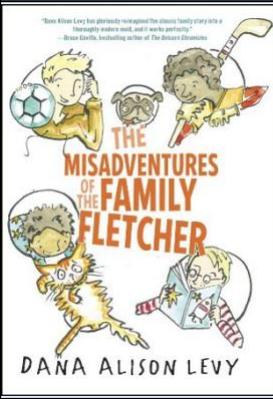
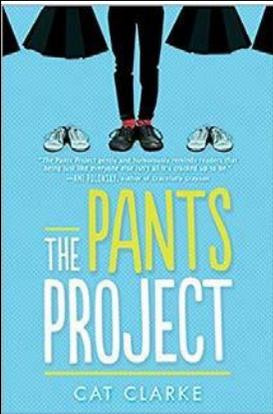
[Back to Start](#)

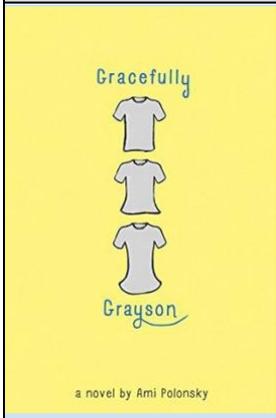
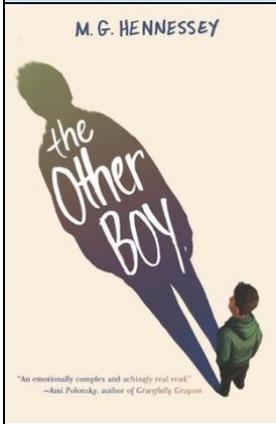
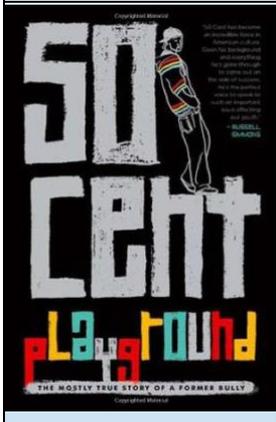
## APPENDIX G: SAFE AND SUPPORTIVE ENVIRONMENTS LIBRARY

These are books featuring lesbian, gay, bisexual, transgender and questioning identities.

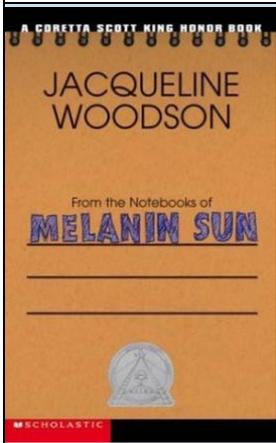
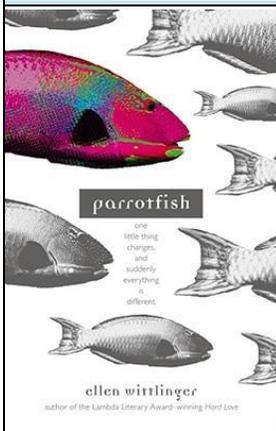
Book	Title	Copies	Grade
	<b>And Tango Makes Three</b> by Justin Richardson, Peter Parnell and Henry Cole In the zoo there are all kinds of animal families. But Tango's family is not like any of the others. It tells the true story of two male penguins who became partners and raised a penguin chick in the Central Park Zoo.	5	PK-K
	<b>Introducing Teddy: A Gentle Story About Gender and Friendship</b> by Jess Walton and Dougal MacPherson In the story, a boy and his teddy bear, Thomas, are best friends. But one day, the boy finds that Thomas the Teddy is sad, and can't figure out why until the teddy shares that she's really Tilly the Teddy.	5	PK-K
	<b>One of a Kind Like Me - Unico Como Yo (Bilingual)</b> by Laurin Mayeno and Robert Liu-trujillo On of a Kind Like Me is a sweet story about unconditional love and the beauty of individuality. It's a unique book that lifts up children who don't fit gender stereotypes, and reflects the power of a loving and supportive community.	5	PK-1

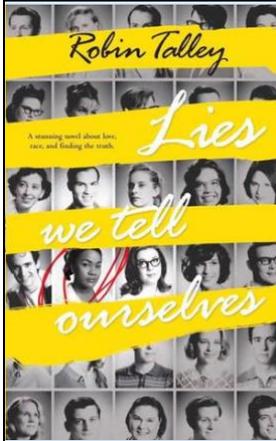
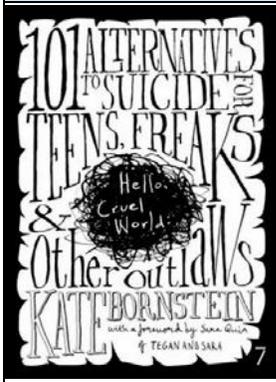
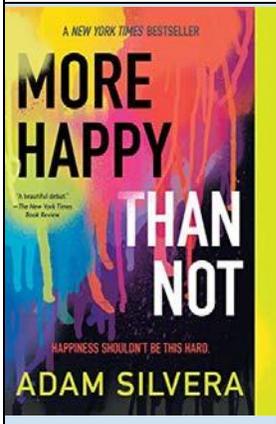
Book	Title	Grade
 <p><b>Who's In My Family?</b> All About Our Families ROBIE H. HARRIS Illustrated by NADINE BERNARD WESTCOTT</p>	<p><b>Who's in My Family</b> by Robie H. Harris and Nadine Bernard Westcott Family is important, but who's in a family? Why, the people who love you the most! This equal opportunity, open-minded picture book has no preconceptions about what makes a family a family. There's even equal time given to some of children's favorite animal families.</p>	PK-1
 <p><b>JACOB'S NEW DRESS</b> Sarah and Ian Hoffman Illustrated by Chris Case</p>	<p><b>Jacob's New Dress</b> by Sarah Hoffman and Ian Hoffman Jacob loves playing dress-up, when he can be anything he wants to be. Some kids at school say he can't wear "girl" clothes, but Jacob wants to wear a dress to school. Can he convince his parents to let him wear what he wants? This heartwarming story speaks to the unique challenges faced by boys who don't identify with traditional gender roles.</p>	PK-2
 <p><b>We All Have Different Families</b> Melissa Higgins and Donna Barkman Illustrated by Melissa Higgins</p>	<p><b>We All Have Different Families</b> by Melissa Higgins and Donna Barkman Families come in all forms and sizes. Who is in your family? Let's share and celebrate what makes each family special!</p>	PK-2
 <p><b>Oliver Button Is a Sissy</b> Story and Pictures by Tomie dePaola</p>	<p><b>Oliver Button is a Sissy (English)</b> by Tomie dePaola A little boy must come to terms with being teased and ostracized because he'd rather read books, paint pictures, and tap-dance than participate in sports.</p>	PK-3

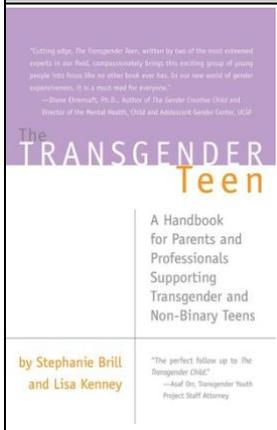
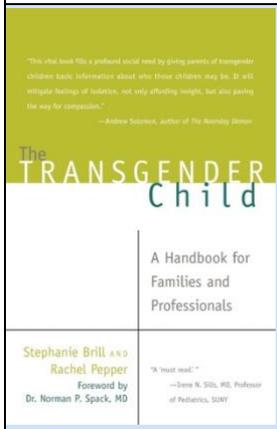
Book	Title	Grade
 <p><b>Oliver Button es una nena</b> Escrito e ilustrado por Tomie dePaola</p>	<p><b>Oliver Button Es una Nena (Spanish)</b> by Tomie dePaola and Sandra Lopez Varela          Un niño viene a la realizacion que a veces es burlado y excluido por el hecho que el prefiere leer, pintar, y bailar en vez de jugar deportes.</p>	PK-3
 <p><b>I Am Jazz</b> by Jessica Herthel and Jazz Jennings</p>	<p><b>I Am Jazz</b> by Jessica Herthel and Jazz Jennings          From the time she was two years old, Jazz knew that she had a girl's brain in a boy's body. This confused her family, until they took her to a doctor who said that Jazz was transgender and that she was born that way. Jazz's story is based on her real-life experience and she tells it in a simple, clear way that will be appreciated by picture book readers, their parents, and teachers.</p>	K-5
 <p><b>THE MISADVENTURES OF THE FAMILY FLETCHER</b> DANA ALISON LEVY</p>	<p><b>The Misadventures of the Family Fletcher</b> by Dana Alison Levy          Four lively adopted boys, two dads and a grouchy new neighbor star in this modern family comedy. The start of the school year is not going as the Fletcher brothers hoped. Each boy finds his plans for success veering off in unexpected and sometimes disastrous directions. As the year continues, the boys learn the hard and often hilarious lesson that sometimes what you least expect is what you come to care about the most.</p>	3-5
 <p><b>THE PANTS PROJECT</b> CAT CLARKE</p>	<p><b>The Pants Project</b> by Cat Clarke          Liv knows he was always meant to be a boy, but with his new school's terrible dress code, he can't even wear pants. Only skirts. Operation: Pants Project begins! The only way for Liv to get what he wants is to go after it himself. But to Liv, this isn't just a mission to change the policy—it's a mission to change his life. And that's a pretty big deal.</p>	3-6

Book	Title	Grade
	<p><b>Gracefully Grayson</b> by Ami Polonsky</p> <p>Alone at home, twelve-year-old Grayson Sender glows, immersed in beautiful thoughts and dreams. But at school, Grayson grasps at shadows, determined to fly under the radar. Because Grayson has been holding onto a secret for what seems like forever: “he” is a girl on the inside, stuck in the wrong gender’s body.</p>	5-7
	<p><b>The Other Boy</b> by M. G. Hennessey and Sfe R. Monster</p> <p>Twelve-year-old Shane Woods is just a regular boy. But Shane is keeping something private, something that might make a difference to his teammates, to his best friend Josh, and to his new crush, Madeline. And when a classmate threatens to reveal his secret, Shane’s whole world comes crashing down. It will take a lot of courage for Shane to ignore the hate and show the world that he’s still the same boy he was before.</p>	5-10
	<p><b>Playground</b> by 50 Cent and Lizzi Akana</p> <p>Thirteen-year-old Butterball doesn’t have much going for him. He’s teased mercilessly about his weight. He hates the Long Island suburb his mom moved them to and wishes he still lived with his dad in the city. And now he’s stuck talking to a totally out-of-touch therapist named Liz. A hard-hitting and inspirational novel about the redemption of a bully from international icon 50 Cent. Butterball takes readers on a journey through the moments that made him into the playground bully he is today</p>	6-9



Book	Title	Grade
	<p><b>The Misfits</b> by James Howe</p> <p>What do a 12-year-old student who moonlights as a tie salesman, a tall, outspoken girl, a gay middle schooler and a kid branded as a hooligan have in common? Best friends for years, they've all been the target of cruel name-calling and now that they're in seventh grade, they're not about to take it anymore. An upbeat, reassuring novel that encourages preteens and teens to celebrate their individuality.</p>	6-9
	<p><b>From the Notebooks of Melanin Sun</b> by Jacqueline Woodson</p> <p>Melanin Sun's mother has some big news: she's in love with a woman. Now he has many decisions to make: Should he stand by his mother even though it could mean losing his friends? Should he abandon the only family he's ever known? Either way, Melanin Sun is about to learn the true meaning of sacrifice, prejudice, and love.</p>	6-12
	<p><b>Parrotfish</b> by Ellen Wittlinger</p> <p>While coming out as transgender feels right to Grady, he isn't prepared for the reaction he gets from everyone else. Grady's life is miserable until he finds friends in some unexpected places – like the school geek, Sebastian, who explains that there is precedent in the natural world (parrotfish change gender when they need to, and the newly male fish are the alpha males), and Kita, a senior who might just be Grady's first love.</p>	7-12

Book	Title	Grade
	<p><b>Lies We Tell Ourselves</b> by Robin Talley</p> <p>In 1959 Virginia, the lives of two girls on opposite sides of the battle for civil rights will be changed forever. Sarah Dunbar is one of the first black students to attend the previously all-white Jefferson High School. Linda Hairston is the daughter of one of the town's most vocal opponents of school integration. Forced to work together on a school project, Sarah and Linda must confront harsh truths about race, power and how they really feel about one another.</p>	8-12
	<p><b>Hello Cruel World: 101 Alternatives to Suicide for Teens, Freaks, and Other Outlaws</b> by Kate Bornstein and Sara Quin</p> <p>Designed to encourage readers to give themselves permission to unleash their hearts' harmless desires, the book has only one directive: "Don't be mean." It is this guiding principle that brings its reader on a self-validating journey, which forges wholly new paths toward a resounding decision to choose life.</p>	9-12
	<p><b>More Happy Than Not</b> by Adam Silvera</p> <p>The Leteo Institute's revolutionary memory-relief procedure seems too good to be true to Aaron Soto. But Aaron can't forget how he's grown up poor or how his friends aren't always there for him. Like after his father committed suicide in their one bedroom apartment. Then Thomas shows up. He has a sweet movie-watching setup on his roof, and he doesn't mind talking about Aaron's past. But Aaron's newfound happiness isn't welcome on his block. Aaron must turn to Leteo to straighten himself out, even if it means forgetting who he is.</p>	9-12

Book	Title	Grade
 <p>The <b>TRANSGENER</b> Teen A Handbook for Parents and Professionals Supporting Transgender and Non-Binary Teens by Stephanie Brill and Lisa Kenney</p>	<p><b>The Transgender Teen: A Handbook for Parents and Professionals Supporting Transgender and Non-Binary Teens</b> by Stephanie A. Brill and Lisa Kenney</p> <p>There is a generational divide in our understandings of gender. This comprehensive guidebook helps to bridge that divide by exploring the unique challenges that thousands of families face every day raising a teen who may be transgender, non-binary, gender-fluid or otherwise gender-expansive. The authors cover pressing concerns relating to physical and emotional development, social and school pressures, medical considerations, and family communications.</p>	<p>Parents and School Staff</p>
 <p>The <b>TRANSGENER</b> Child A Handbook for Families and Professionals Stephanie Brill and Rachel Pepper Foreword by Dr. Norman P. Spack, MD</p>	<p><b>The Transgender Child: A Handbook for Families and Professionals</b> by Stephanie A. Brill and Rachel Pepper</p> <p>This comprehensive guidebook covers gender variance from birth through college. What do you do when your toddler daughter's first sentence is that she's a boy? What will happen when your preschool son insists on wearing a dress to school? Is this ever just a phase? How can you explain this to your neighbors and family? How can parents advocate for their children in elementary schools? And what is gender, anyway? These questions and more are answered in this book offering a deeper understanding of gender variant and transgender children and teens.</p>	<p>Parents and School Staff</p>

[Back to Start](#)