

BERRIEN RESA
**HEALTH &
SEX EDUCATION
RESOURCE GUIDE**

DRAFT

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Berrien Springs, MI 49103

www.berrienresa.org



BERRIEN RESA

Today's Purpose. Tomorrow's Promise.

Nondiscrimination Clause/Title IX

It is the policy of the Berrien Regional Education Service Agency not to discriminate in its policies and practices with respect to compensation, terms, or conditions of employment because of an individual's race, color, religion, sex, national origin, height, weight, marital status, political belief, genetic information, disability or handicap which does not impair an individual's ability to perform adequately in that individual's particular position or activity.

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For procedural information, please review our NEOLA Board Policy No. 2260.

Berrien RESA Health & Sex Education Resource Guide

This guide was created as a collaboration of the Health and Sex Education Advisory Board. The intent for this document is to house current, historical, and future plans surrounding the law, practices, data, implementation of health and sex education throughout the Berrien RESA Programs.

This guide will be updated every two years during the required program review.

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I. Philosophy, Rational and Overview:

a) Legal basis for sex education

School districts are required to teach about dangerous communicable diseases, including, but not limited to, HIV/AIDS. (§380.1169) Instruction regarding dangerous communicable diseases, including, but not limited to, HIV/AIDS, must be offered at least **once** a year at **every building level** (elementary, middle/junior, senior high). School districts can choose to teach sex education. If they do, they must do so in accordance with those sections of the Michigan Compiled Laws (MCL) related to sex education and reproductive health. (§380.1506, §380.1507, §380.1507a, §380.1507b, §388.1766, §388.1766a)

b) Rationale for local district decision to offer sex education

Blossomland Learning Center is a center-based program for students with moderate to severe cognitive impairments and severe multiple impairments. Due to the cognitive levels of our students, it is necessary to include instruction related to functional living skills, including personal care and daily living. Our students require repetition and visual, auditory, and kinesthetic instruction.

Lighthouse Education Center is a center based special education facility designed to provide programs and related services to meet the education requirements of students with severe emotional impairments and students with autism spectrum disorder. Lighthouse Education Center, in addition to the educational services provided by core curriculum instructors, offers the services of a technology/computer teacher and a behavior consultant. The center emphasizes positive reinforcement, personal responsibility, appropriate decision making skills and the development of socially acceptable behavior.

c) Connections to other district priorities

LEC:

K-8 uses GLCEs for Health; specifically in the areas of: Safety, Social & Emotional Health, Personal Health & Wellness, HIV Prevention, and Growth & Development.

High schools uses the Michigan Merit Curriculum standards for Health; specifically in the areas of Safety, Social & Emotional Health, Personal Health & Wellness, HIV and other Sexually Transmitted Infections Prevention, and Sexuality Education.

BLC:

The Health and Sex Education is part of our curriculum standards from the Extend Grade Level Content Expectations (EGLCEs), Performance Expectations 1,2,3,6,7, & 8.

These cover the following:

- Personal Care, Health & Fitness
- Social communication/Interpersonal Relationship Skills
- Respond Effectively to Unexpected Events & Potentially Harmful Situations.
- Managing Unstructured Time
- Proceed Appropriately toward the Fulfillment of Personal Desire

d) Definition of sex education as well as goals and objectives for program

Instruction related to reproductive health and family planning, human sexuality, emotional, physical, psychological, hygienic, economic, and social aspects of family life, venereal diseases, non-casual-contact communicable diseases such as AIDS, and abstinence from sex as a responsible method for restriction and prevention of non-casual-contact communicable diseases and as a positive life-style for unmarried young people (per board policy).

e) Berrien RESA student count (326 total students)

Blossomland Learning Center (206)				Lighthouse Education Center (52)			
MoCI/SCI	9 Students	Age 3-6	Andree, Alicia	EI	4 Students	Age 15-17	Bernick, Christopher
SCI	9 Students	Age 21-25	Barton, Kathleen	EI	7 Students	Age 13	Foster, Melanie
SXI	8 Students	Age 18-26	Betts, Dan	EI	6 Students	Age 9-11	Hawkins, Jenna
MoCI	11 Students	Age 9-12	Boyle, Julie	EI	5 Students	Age 6-9	Jasso, Amy
MoCI	9 Students	Age 6-10	Eckerly, Laurie	EI	7 Students	Age 15-21	Junk, Patricia
MoCI	6 Students	Age 17-22	Elsheikhi, Karen	EI	7 Students	Age 14-18	Park, Tyler
SCI	9 Students	Age 6-10	Halliburton, Carrie	EI	4 Students	Age 11-13	Petrella, Kristin
SCI	8 Students	Age 13-20	Hendrick, Lauren	EI	6 Students	Age 15-19	Robbins, Jennifer
MoCI	9 Students	Age 21-26	Klee, Sarah	EI	6 Students	Age 13	Shriver, Megan
MoCI	11 Students	Age 12-14	Kluge, Sarah	Autism Spectrum Disorder Programs (68)			
SCI	7 Students	Age 9-16	Langlois, Lindsey	ASD	3 Students	Age 10-11	Ellsworth, Brenda
SCI	8 Students	Age 15-24	Lubbers, Jill	ASD	5 Students	Age 15-22	Mol, Alyson
SXI	7 Students	Age 16-25	Matthews, Timothy	ASD	5 Students	Age 13-15	Schreiner, Amanda
MoCI	10 Students	Age 16-21	McAuliffe, Jessica	ASD	5 Students	Age 21-23	McGrory, Aaron
MoCI	10 Students	Age 15-17	Moskalik, Jennifer	ASD	4 Students	Age 19-22	Williams, Ann
SXI	7 Students	Age 9-16	Necas, Rochelle	ASD	4 Students	Age 6-8	Froehlich, Jessica
SXI	5 Students	Age 3-8	Nowlin, Shailah	ASD	4 Students	Age 10-11	Lemon, Andrea
MoCI	10 Students	Age 11-16	Peloquin, Jamie	ASD	5 Students	Age 11-14	Allard, Jessica
MoCI	10 Students	Age 12-15	Rubley, Aaron	ASD	9 Students	Age 15-18	Rappette, Matthew
MoCI	11 Students	Age 16-25	Shortsle, Danielle	ASD	4 Students	Age 10-11	Gano, Jennifer
Homebound	4 Students	Age 7-25	Zuraw, Kathleen	ASD	4 Students	Age 8-10	Walvort, Kerri
MoCI	7 Students	Age 18-25	Bushouse-Williams, D	ASD	4 Students	Age 5-6	Barkovich, Alyssa
MiCI	7 Students	Age 14-18	Lattak, Cheryl	ASD	6 Students	Age 6-8	Putra, Kimberly
MoCI	14 Students	Age 19-26	Barker, Linda	ASD	6 Students	Age 6-7	Redig, Kathryn

f) **Abstinence-based or abstinence-only approach for elementary, middle/junior, and high school.**

Instruction in HIV/AIDS and sex education must **stress that abstinence** from sex is a responsible and effective method of preventing unplanned or out-of-wedlock pregnancy, and that it is the only protection that is 100% effective against unplanned pregnancy, sexually transmitted disease, and sexually transmitted HIV infection and AIDS. (§380.1169, §380.1507, §380.1507b)

Instruction in HIV/AIDS must include the principal modes by which dangerous communicable diseases are spread and the **best methods for the restriction and prevention** of these diseases. (§380.1169)

Sex education material discussing sex must be **age-appropriate**, must **not be medically inaccurate**, and must do all of the following:

- a. Discuss the **benefits of abstaining** from sex until marriage and the benefits of ceasing sex if a pupil is sexually active
- b. Include a discussion of the possible emotional, economic, and legal **consequences** of sex.
- c. Stress that unplanned pregnancy and sexually transmitted diseases are **serious possibilities of sexual intercourse** that are not fully preventable except by abstinence.
- d. Advise pupils of the **laws pertaining to their responsibility as parents** to children born in and out of wedlock.
- e. Ensure that pupils are not taught in a way that **condones the violation of laws** of this state pertaining to sexuality, including, but not limited to, those relating to sodomy, indecent exposure, gross indecency, and criminal sexual conduct in the first, second, third, and fourth degrees.
- f. **Teach pupils how to say “no”** to sexual advances and that is wrong to take advantage of, harass, or exploit another person sexually.
- g. Teach **refusal skills** and encourage pupils to resist pressure to engage in risky behavior.
- h. Teach that the pupil has the **power to control personal behavior**, and teach pupils to base their actions on reasoning, self-discipline, a sense of responsibility, self-control, and ethical considerations, such as respect for self and others.
- i. Provide instruction on **healthy dating relationships** and on how to set limits and recognize a dangerous environment.
- j. Provide information for pupils about how young parents can learn more about **adoption services** and about the provisions of the Safe Delivery of Newborns Law.
- k. Include information clearly informing pupils that **having sex or sexual contact with an individual under the age of 16 is a crime** punishable by imprisonment and that one of the other results of being convicted of this crime may be to be listed on the sex offender registry for 15 years, 25 years, or life. (§380.1507b)

II. Sex Education Advisory Board

a) Role of Sex Education Advisory Board

-Establishing program goals and objectives for pupil knowledge and skills that are likely to reduce the rates of sex, pregnancy, and STDs.

-Reviewing and recommending materials and methods to the local school board, taking into consideration the district's needs, demographics, and trends including, but not limited to, teenage pregnancy rates, STD rates, and incidents of sexual violence and harassment.

-Evaluating, measuring, and reporting the attainment of program goals and objectives and making the resulting report available to parents in the district at least once every two years. (§380.1507)

b) Members

Name	Role	Building
Linda Holt	School Board Member	Berrien RESA
Tina Lawson	Supervisor	BLC
Shari Lidgard-Pullins	Supervisor	ASD
Erik Haskins	Supervisor	LEC
Craig Kuhn	Supervisor	BLC
Niki Rhew	School Nurse	BLC
David Daily	Student	LEC
Jacob Vandyke	Student	BLC
Dawn Vandyke	Parent	BLC
Stephanie Spriggs	Parent	ASD
Ron Frank	Parent	LEC
Chad Harrison	Parent	LEC
Kathy Hickok	ASD Consultant	LEC
Sally Bell	Social Worker	LEC
Emily Brumbaugh	Teacher	LEC
Jessica McAuliffe	Teacher	BLC
Aaron McGrory	Teacher	ASD
Andi Lemon	Teacher	ASD
Alyson Mol	Teacher	ASD

c) Committee process, decision making

Committee consists of members chosen by building supervisors and meet once every two years. The committee consists of students, parents, and staff across disabilities and grades. The decision making process is completed by majority vote.

d) Meeting agendas and minutes

See Appendix A

III. Needs Assessment

a) Parent survey

Our current parent survey needs to include questions related to health & sex education. The survey will be revised and additional questions included for distribution Spring 2018.

b) Student survey

Our current student survey needs to include questions related to health & sex education. The survey will be revised and additional questions included for distribution Spring 2018.

c) State and Local data on teen pregnancy, HIV, STDs.

**Average Number of Chlamydia, Gonorrhea and Syphilis Cases
by Sex and Selected Age Groups
Michigan Residents, 2011-2015**

Average Number of Chlamydia Cases							
Gender	All Ages	Less than 15	15 to 19	20 to 24	25 to 29	30 to 44	45+
Total	47,285.2	578.8	15,848.4	18,799.6	6,705.6	4,569.6	697.4
Male	13,329.0	79.0	3,302.4	5,257.4	2,374.6	1,919.0	375.6
Female	33,883.6	497.0	12,522.4	13,518.4	4,323.0	2,643.4	320.8

Average Number of Gonorrhea Cases							
Gender	All Ages	Less than 15	15 to 19	20 to 24	25 to 29	30 to 44	45+
Total	11,334.8	131.6	3,007.8	4,076.8	1,871.8	1,721.8	499.6
Male	5,063.0	23.6	931.8	1,745.4	945.0	1,020.6	388.4
Female	6,259.6	106.6	2,072.6	2,329.6	925.2	699.2	110.6

Average Number of Syphilis Cases							
Gender	All Ages	Less than 15	15 to 19	20 to 24	25 to 29	30 to 44	45+
Total	958.2	7.6	48.8	220.6	172.2	314.2	194.8
Male	778.8	4.4	35.4	185.8	146.2	248.2	158.8
Female	179.2	3.2	13.4	34.8	25.8	66.0	36.0

Average Number of Primary & Secondary Syphilis Cases							
Gender	All Ages	Less than 15	15 to 19	20 to 24	25 to 29	30 to 44	45+
Total	379.2	-	24.0	103.4	82.8	116.0	53.0
Male	349.6	-	19.8	95.4	76.8	107.2	50.4
Female	29.6	-	4.2	8.0	6.0	8.8	2.6

**Number of Live Births by Age of Mother
Michigan Residents, 2010-2015**

Year	Age of Mother									
	All Ages	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45+	Age Not Stated
2010	114,717	112	10,832	27,814	33,680	27,515	11,938	2,622	201	3
2011	114,159	94	9,655	27,907	33,703	28,175	11,719	2,720	170	16
2012	112,708	105	8,893	27,616	33,299	28,398	11,616	2,595	177	9
2013	113,732	74	7,870	27,666	33,882	29,309	12,106	2,632	188	5
2014	114,460	69	6,968	27,134	34,884	30,165	12,475	2,573	184	8
2015	113,211	60	6,352	25,727	35,104	30,403	12,889	2,485	188	3

Table 1. New HIV diagnoses by age at diagnosis, 2011-2015

Age at diagnosis	Year of diagnosis														
	2011			2012			2013			2014			2015		
	Num	%	Rate	Num	%	Rate	Num	%	Rate	Num	%	Rate	Num	%	Rate
0-12 yrs	9	1%	0.6	3	<1%	0.2	1	<1%	0.1	5	1%	0.3	1	<1%	0.1
13-19 yrs	65	8%	6.6	64	8%	6.6	62	8%	6.5	45	6%	4.8	35	5%	3.7
20-24 yrs	178	23%	25.6	192	24%	26.8	163	22%	22.5	192	24%	26.3	183	25%	25.5
25-29 yrs	117	15%	19.9	135	17%	23.0	130	17%	21.9	155	19%	25.4	136	18%	21.5
30-34 yrs	87	11%	15.0	86	11%	14.7	83	11%	14.0	97	12%	16.3	88	12%	14.9
35-39 yrs	78	10%	13.5	72	9%	12.7	62	8%	11.0	67	8%	11.9	57	8%	9.9
40-44 yrs	68	9%	10.3	80	10%	12.2	61	8%	9.5	56	7%	9.0	64	9%	10.6
45-49 yrs	77	10%	10.7	63	8%	9.0	72	9%	10.6	66	8%	10.1	60	8%	9.2
50-54 yrs	53	7%	6.9	52	6%	6.9	57	8%	7.7	44	6%	6.0	60	8%	8.3
55-59 yrs	27	3%	3.9	31	4%	4.3	29	4%	4.0	41	5%	5.6	26	4%	3.6
60 and over	30	4%	1.5	24	3%	1.2	38	5%	1.8	25	3%	1.2	26	4%	1.2
Total	789	100%	8.0	803	100%	8.1	760	100%	7.7	795	100%	8.0	736	100%	7.4

↓ 13%

TABLE FOOTNOTES:

- The number of new diagnoses shown are not reported case counts. These are estimates based on the number of reported cases that are adjusted to account for reporting delay. As a result, summed counts will not always match the column total shown due to rounding error.
- **Bold/Colored text** indicates that statistically significant trends occurred in that group. The arrow indicates the direction of change in rates over the 5-year period, while the percentage is the *average change per year* in the rates, as calculated using regression modeling.
- Rates are per 100,000 population.

Average Number of Chlamydia, Gonorrhea and Syphilis Cases by Sex and Selected Age Groups Berrien County Health Department, Michigan Residents, 2011-2015

Average Number of Chlamydia Cases							
Gender	All Ages	Less than 15	15 to 19	20 to 24	25 to 29	30 to 44	45+
Total	4,444	84	1,616	1,601	659	427	55
Male	1,157	10	340	383	214	181	28
Female	3,282	74	1,274	1,217	444	245	27

Average Number of Gonorrhea Cases							
Gender	All Ages	Less than 15	15 to 19	20 to 24	25 to 29	30 to 44	45+
Total	961	9	308	345	158	124	16
Male	397	3	86	152	78	66	11
Female	563	6	221	193	80	58	5

Average Number of Syphilis Cases							
Gender	All Ages	Less than 15	15 to 19	20 to 24	25 to 29	30 to 44	45+
Total	33	1	3	9	6	8	6
Male	21	1	2	6	5	4	3
Female	12	-	1	3	1	4	3

Average Number of Primary & Secondary Syphilis Cases							
Gender	All Ages	Less than 15	15 to 19	20 to 24	25 to 29	30 to 44	45+
Total	11	-	2	2	4	2	1
Male	10	-	2	2	4	1	1
Female	1	-	-	-	-	1	-

**Number & Rate of Live Births and Estimated Pregnancies
by Age of Woman
Berrien County Health Department,
Michigan 2015**

Age of Woman	Female Population	Live Births		Pregnancies	
		Number	Rate	Number	Rate
Total	26,937	1,730	64.2	2,262	84.0
15-19	4,756	136	28.6	189	39.7
20-29	8,942	973	108.8	1,282	143.4
30-39	8,718	584	67.0	743	85.2
40+	4,521	33	7.3	44	9.7

TABLE 1. Demographic Information on Prevalent HIV Infection Cases Living in BERRIEN CO. at Diagnosis

	REPORTED PREVALENCE [†]								CENSUS 2011 ESTIMATES	
	EST PREV* Num	HIV Infection Non-Stage 3 Num Percent		HIV Infection Stage 3 (AIDS) Num Percent		Total Num Percent		Rate per 100,000 [§]	Num	Percent
RACE/ ETHNICITY*										
White	80	24	25%	40	29%	64	27%	53.7	119,158	76%
Black	210	66	68%	90	66%	156	67%	651.8	23,932	15%
Hispanic	10	<5	**	6	4%	10	4%	136.8	7,308	5%
Asian/PI	0	0	0%	0	0%	0	0%	**	2,650	2%
Am Indian/AN	0	0	0%	0	0%	0	0%	**	743	<1%
Multi/Other/Unk	10	<5	**	<5	**	<5	**	N/A	3,150	2%
SEX & RACE										
Male	190	61	63%	79	58%	140	60%	183.1	76,459	49%
White Male	70	19	20%	33	24%	52	22%	89.2	58,281	37%
Black Male	100	37	38%	40	29%	77	33%	690.1	11,158	7%
Hispanic Male	10	<5	**	5	4%	8	3%	---	3,818	2%
Other Male	10	<5	**	<5	**	<5	**	**	3,202	2%
Female	120	36	37%	58	42%	94	40%	116.8	80,482	51%
White Female	20	5	5%	7	5%	12	5%	19.7	60,877	39%
Black Female	100	29	30%	50	36%	79	34%	618.4	12,774	8%
Hispanic Female	10	<5	**	<5	**	<5	**	**	3,490	2%
Other Female	10	<5	**	0	0%	<5	**	**	3,341	2%
RISK*										
Male-Male Sex (MSM)	80	28	29%	34	25%	62	26%	--	--	--
Injection Drug Use (IDU)	10	6	6%	5	4%	11	5%	--	--	--
MSM/IDU	10	<5	**	5	4%	7	3%	--	--	--
Blood Products	10	<5	**	0	0%	<5	**	--	--	--
Heterosexual Contact (HC)	110	35	36%	51	37%	86	37%	--	--	--
HCFR (Males)	20	9	9%	7	5%	16	7%	--	--	--
HCM (Females)	90	26	27%	44	32%	70	30%	--	--	--
Perinatal	10	<5	**	<5	**	<5	**	--	--	--
Undetermined	80	23	24%	41	30%	64	27%	--	--	--
AGE AT HIV DIAGNOSIS										
0 - 12 years	10	<5	**	<5	**	<5	**	--	--	--
13 - 19 years	20	8	8%	<5	**	12	5%	--	--	--
20 - 24 years	40	15	15%	17	12%	32	14%	--	--	--
25 - 29 years	40	13	13%	19	14%	32	14%	--	--	--
30 - 39 years	130	44	45%	51	37%	95	41%	--	--	--
40 - 49 years	60	14	14%	34	25%	48	21%	--	--	--
50 - 59 years	10	0	0%	9	7%	9	4%	--	--	--
60 years and over	10	<5	**	<5	**	<5	**	--	--	--
Unspecified	0	0	0%	0	0%	0	0%	--	--	--
TOTAL	310	97	100%	137	100%	234	100%	149	156,941	100%

*See front matter page i for descriptions of prevalence estimate calculations and risk category groupings. Risk categories used in Michigan are redefined as of January 2012. NOTE: Heterosexual contact for males includes only males whose sexual partners are known to be HIV infected or at high risk for HIV (HCFR). Heterosexual contact for females includes all females who have had sex with a male regardless of what is known about the male's HIV status or behaviors (HCM).

[†] Includes reports that contain patient name or are otherwise unduplicated. <5 and "**" = 1, 2, 3, or 4 cases.

[‡] To calculate "1 out of x" statements, divide the census number by total reported prevalence. For example, for non-Hispanic whites: 119,158 / 64 = 1,862. Thus, 1 out of every 1,862 non-Hispanic white persons in BERRIEN CO. are living with HIV. Rates and "1 out of x" statements are not reliable for <10 cases. Thus, rates for <10 cases are shown as "----".

[§] Rates are not reported for risk categories and age at diagnosis because no reliable denominator data exist for these groups.

[¶] In this report, persons described as white, black, Asian/Pacific Islander (PI), or American Indian/Alaska Native (AN) are all non-Hispanic; persons described as Hispanic might be of any race.

IV. Approved Curriculum

- a) **Curriculum in each program is based on the students' level of understanding for Elementary, Jr. High, High School, and beyond.**

See Appendix B

- b) **Supporting Documents**

- i. **Michigan's Grade Level Content Expectations (GLCEs) and Michigan Merit Curriculum Credit Guidelines for Health Education.**
Shows the alignment between GLCEs & health and sex education

See Appendix C

- ii. **Michigan Model for Health K-6 Scope and Sequence Chart**
Michigan outlines specific elements that should be addressed in each grade

See Appendix D

- iii. **Sample Logic Model for School-Based HIV/STD & Sex Education Programs**

See Appendix E

- c) **Results**

While staff have monitored students with pre/post-tests, data has not been collected and analyzed to help reflect instructional needs. As a district, we will begin collecting this data and reporting out in the following format annually:

Grade	Pre-test	Post-test	Growth

V. Public Hearings and School Board Action

- a) **Public Hearing**

See Appendix F

- b) **Berrien RESA Board meetings**

See Appendix G

- c) **Health and Sex Education Policy**

- i. **Berrien RESA**
See Appendix H

- ii. **Michigan Department of Education**
See Appendix I

VI. Teacher Qualifications and Training

a) Identified teachers

Teacher Name	Building	Grade Level	Training/Certification
Emily Brumbaugh	LEC	All ages/grades	EI & SP (PE) Endorsements (2021)
Jessica McAuliffe	BLC	All ages/grades	CI & EI Endorsement (2021) & Certification Training (2013)
Jamie Peloquin	BLC	All ages/grades	CI Endorsement (2018) & Certification Training (2011)
Sally Bell	LEC	All ages/grades	School Social Worker (2019)
Niki Rhew	BLC/LEC	All ages/grades	Registered Nurse (2019)
Diane Conover	BLC	All ages/grades	School Social Worker (2018)
Roy Wirtz	LEC	All ages/grades	School Social Worker (2019)

b) Ongoing expectations for professional development for teachers

Recommendations to consider scheduling training that would provide the 6 hours of training needed for staff instructing health and sex education in the self-contained classrooms. Following are potential trainers to consider:

- Tom Richardson (Van Buren ISD)
- Su Nottingham (Central Michigan University & Wayne State University)
- Niki Rhew (Blossomland Learning Center)

c) Guest speakers/agencies

i. Guidelines for guest speaker(s)

See Appendix J

ii. Approved guest speakers/agencies

Agency	Topic
Berrien County Health Department	STD prevention education and HIV prevention education
Healthworks!	Kids Museum Program
Planned Parenthood	Sexuality Education Series Birth Control options/presentation
Women's Care Center, Niles, MI	

VII. Forms/Documents

a) Parent Notification/Opt-out letter

See Appendix K

K-1: Lighthouse Education Center - 4th-5th grades

K-2: Lighthouse Education Center - 6th-8th grades

K-3: Lighthouse Education Center – High School

K-4: Blossomland Learning Center

K-5: Blossomland Learning Center & Personal Health & Hygiene

b) Procedures for parent review and classroom observation

In accordance with Public Acts 165 and 166 of 2004 and the School Code of the State of Michigan, parents or legal guardians have the right to observe sexual health education, including HIV/AIDS instruction, in their child's classroom.

See Appendix K (Parent notification/Opt out letter)

c) Student Assessment (Pre-/Post-tests)

See Appendix L

d) Sex Education Supervisor form

See Appendix M

e) Legal obligations regarding sex education

See Appendix N

f) Parental complaint process:

If a parent or legal guardian of a pupil enrolled in a district or intermediate district (ISD) believes that the district or intermediate district has violated the following sections of Michigan law pertaining to HIV/AIDS instruction or sex education (§380.1169, §380.1506, §380.1507, §388.1766a), the person can file a complaint with the superintendent or chief administrator of the district or ISD in which the pupil is enrolled. The district has 30 days to investigate, provide a written report, and if violations are found, develop a plan for corrective action. The district has an additional 30 days to take corrective action. If the parent is not satisfied with the investigation or findings made by the superintendent, the parent can appeal the findings to the ISD in which the district is located. The ISD has 30 days to investigate, provide a written report, and if violations are found, develop a plan for corrective action. The district has an additional 30 days to take corrective action. If the parent is not satisfied with the investigation or findings made by the ISD superintendent, the parent can appeal the findings to the MDE. The MDE has 90 days to investigate, provide a written report, and if violations are found, develop a plan for corrective action. The district has an additional 30 days to take corrective action. (§380.1766)

Per board policy:

In the event of a complaint about the program, the person or party should be made aware of the Board's complaint procedure described in Policy 9130. This policy is available at both the Superintendent's Office and the office of each school. Any such complaint is most likely to concern the program itself or its implementation rather than the particular person teaching the program. Therefore, as the policy indicates, the complaint is to be handled by the school's principal and not by a teacher. Be sure the complainant receives a copy of the procedure either through the mail or by coming to the office. Complaints that originate at the central office are to be handled in the same manner.

See Appendix O

VIII. Historical Archives

a) Sex Education Supervisors

Name	Title	Years of service
Jan Chaudoir	Registered Nurse, Berrien RESA	11
Niki Rhew	Registered Nurse, Berrien RESA	2

b) Major changes in curricula and staffing over time for elementary, middle/junior, and high school programs

**BERRIEN REGIONAL EDUCATION AGENCY
BOARD APPROVED SEX EDUCATION CURRICULUM
2011-2012**

CURRICULUM FOR: BLOSSOMLAND LEARNING CENTER
LIGHTHOUSE EDUCATION CENTER

NAME OF PROGRAM	BLC	LEC
Puberty education by Marsh Media ---A Girl's Guide to Growing Up ---A Boy's Guide to Growing Up ---A Girl's guide to Puberty and Personal Safety ---A Boy's Guide to Puberty and Personal Safety	X	X
Life Horizons Slides and Video Presentation	X	X
Berrien County Health Department ---STD prevention education and HIV prevention education	X	X
Planned Parenthood ---Sexuality Education Series ---Birth Control options/presentation	X	X

Berrien RESA Health & Sex Education Resource Guide

NAME OF PROGRAM	BLC	LEC
Life's Greatest Miracle DVD	X	X
9 Month Miracle DVD	X	X
"Getting Past the Plumbing: Sexuality Education" by Su Nottingham	X	X
Michigan Model K-8: Lesson VI-3 Lesson VI-1: Living & non-living things Lesson VI-2: New Growth Beginnings Lesson V-2: Cells, Functions, & Varieties Lesson V-4: Blood Lesson V-4: Fighting Germs	X	X
Michigan Model 7-8: "HIV, AIDS and other STDs for Grades 7-8	X	X
HEALTHWORKS! Kid's Museum program	X	X
"Taking Care of Myself" by Mary Wrobel ---Seven units of natural progression beginning with hygiene and health issues, progressing to touching personal safety and masturbation issues.	X	X
"Autism and PDD Intermediate Social Skills Lessons" by Pam Britton Reese and Nena C. Challenner. ---This curriculum is similar to "Taking Care of Myself" and also comes with a CD for producing the curriculum as well as worksheets and tracking forms	X	X
FLASH (Family Life and Sexual Health) program ---25 individual lessons ---Designed for MS & HS students with special needs ---Written by Jane Stangle, Med	X	X
Health textbook by Prentice Hall; 2010 edition		X
Health—Teaching Resources (complimentary resource guide)		X
Health—Reading and Note Taking Guide (complimentary teaching tools)		X
Health—Teens Talk video series of four DVDs with 8 units (companion to HEALTH textbook) ---Mental Health; Social Health; Nutrition; Physical Fitness; Substance Abuse; Human Development; Preventing Disease; Community Health and Safety		X
Michigan Model 9-12; Healthy and Responsible Relationships: HIV, Other STDs, and Pregnancy Prevention	X	X
Michigan Model: Growing Up and Staying Healthy: Understanding HIV and Other STDs, the new (2010) middle school curriculum. Contains ten lessons	X	X

**BERRIEN REGIONAL EDUCATION AGENCY
ADDITIONAL SEX EDUCATION CURRICULUM
2013-2014**

CURRICULUM FOR: BLOSSOMLAND LEARNING CENTER
LIGHTHOUSE EDUCATION CENTER

NAME OF PROGRAM	BLC	LEC
Movie—"Philadelphia"		X
Michigan Model HIV/AIDS 4th grade	X	X
Michigan Model HIV/AIDS 5th grade	X	X
CDC Website: Let's Stop HIV Together Shared stories: Jamar, Kelly, Hydeia	X	X
Frontline on PBS.org "End Game: Aids in Black America"		X
EPEC—Every Body is Good (c 2006) Lessons promoting positive body image		X
Puberty: The Wonder Years 2010 edition	X	X

**BERRIEN REGIONAL EDUCATION AGENCY
ADDITIONAL SEX EDUCATION CURRICULUM
2017-2018**

CURRICULUM FOR: BLOSSOMLAND LEARNING CENTER
LIGHTHOUSE EDUCATION CENTER

NAME OF PROGRAM	BLC	LEC
Teachers Pay Teachers: Dating, Relationships & Becoming Sexually Active	X	X
The Book of Life: Sexuality for Individuals with Intellectual Disabilities	X	X
HIV/AIDS Power point Presentation (Nurse designed)		
Puberty FAQ by Jillian Powell	X	X
Women's Care Center, Niles, MI	X	X
Discovery Education MI_Model: Puberty: A Boy's Journey and A Girl's Journey	X	X
Preventing Aids & Other STD's Through Sexuality Education for Students with Intellectual Disabilities	X	X
People Smart by James Stanfield	X	X
Date Smart by James Stanfield	X	X
Sexuality and Relationship Education for Children and Adolescents with Autism Spectrum Disorders by Davida Hartman	X	X
Teaching Children with Down Syndrome about Their Bodies Boundaries, and Sexuality: A Guide for Parents & Professionals by Terri Couwenhoven, M.S.	X	X

Berrien RESA Health & Sex Education Resource Guide

NAME OF PROGRAM	BLC	LEC
The Boy's Guide to Growing Up: Choices & Challenges during Puberty by Terri Couwenhoven, M.S.	X	X
The Girl's Guide to Growing Up: Choices & Challenges during Puberty by Terri Couwenhoven, M.S.	X	X
Sexuality Across the Lifespan for Children and Adolescents with Developmental Disabilities by Baxley & Zendell	X	X
Healthy Bodies: A Parent's Guide on Puberty for Boys with Disabilities by Vanderbilt Kennedy Center	X	X
Healthy Bodies: A Parent's Guide on Puberty for Girls with Disabilities by Vanderbilt Kennedy Center	X	X
Social Behavior and Self-Management: 5 Point Scales for Adolescents and Adults by Buron, Brown, Curtis, & King	X	X
Finding My Way Through Dating & Relationships	X	X
The Guide to Dating for Teenagers with Asperger Syndrome by Jeannie Uhlenkamp	X	X
The Planner Guide by Burke, Charron, and Steinkamp	X	X
Kelly Bear Teaches About Secret Touching	X	X
Tool for the Assessment of Levels of Knowledge Sexuality and Consent (TALK-SC) Mackenzie Health	X	X

c) Minutes of board actions for major programmatic changes

See Appendix P

d) Results of district-wide survey

Due to the severity of the disabilities, there is not one survey that would be appropriate for all of the students. Parent & student surveys will include questions related to health & sex education.


IX. Next Steps

Committee will reconvene in two years to review/update the Berrien RESA Health and Sex Education Curriculum. Data will be collected through pre/post-tests and measurement of growth will be determined. These results will help staff analyze the success of the instructional strategies implemented.

X. Appendix

- A. Meeting agenda and minutes**
- B. Approved Curriculum**
- C. Michigan's Grade Level Content Expectations & Michigan Merit Curriculum Credit Guidelines for Health Education**
- D. Michigan Model for Health K-6 Scope and Sequence**
- E. Sample Logic Model**
- F. Berrien RESA Public Hearing Notice**
- G. Berrien RESA Board meeting**
- H. Berrien RESA Health and Sex Education Policy**

- I. State of Michigan Health and Sex Education Policy**
- J. Guidelines for guest speaker(s)**
- K. Parent notification/opt-out letter(s)**
- L. Student assessment(s)**
- M. Sex Education Supervisor form**
- N. A Summary of Legal Obligations and Best Practices**
- O. Board policy complaint process**
- P. Minutes of board actions for major programmatic changes**

 <p>BERRIEN RESA</p>	<h2 style="margin: 0;">Berrien RESA Health/Sex Education Review</h2>
<p>“Today’s Purpose – Tomorrow’s Promise. Berrien RESA”</p>	

AGENDA

Date:	November 28, 2017	November 30, 2017
Time:	5:30 PM to 7:00 PM	5:30 PM to 7:00 PM
Location:	Lighthouse Education Center	Blossomland Learning Center

Agenda Item	Notes:
1. Welcome/Introductions	<ul style="list-style-type: none"> - Introductions
2. Overview of Process	<p>Overview & Handouts:</p> <ul style="list-style-type: none"> - Discussed information the state is working on. Limited information available and some links are not accessible.
3. Review Handouts & Purpose of meetings	<ul style="list-style-type: none"> - Reviewed <i>A Summary of Legal Obligations and Best Practices</i> highlights from MDE, last revised July 2013.
4. List of approved materials	<ul style="list-style-type: none"> - Niki Rhew completed paperwork for approval as Berrien RESA Sex Education Supervisor and submitted this to the State
5. Proposed materials/curriculum	<ul style="list-style-type: none"> - Abstinence based (legal obligations)
6. Assessments	<ul style="list-style-type: none"> - Public Hearings & Board Presentations in the process of being scheduled. (Dec./Jan.)
7. Record Keeping System/2-year report on achievement of goals/objectives	<ul style="list-style-type: none"> - Teacher qualifications reviewed and training requirements needed. Shari has a contact on this and will follow-up with potential county-wide training - Tom Richardson (Van Buren ISD)
8. Teacher training	<ul style="list-style-type: none"> - State Board Policy and NEOLA policy provided to Advisory Committee for review.
9. Supervisor application	<ul style="list-style-type: none"> - List of previously approved materials was included in packet and each item from this list was passed around for the committee to review.
10. Proposed board presentation/public hearing	<ul style="list-style-type: none"> - Horizons slides 21-25 need to be noted as not approved for use.
11. Other	<ul style="list-style-type: none"> - Berrien County Health Dept. Sexual Health Clinic (just changed names, new name is listed above). - Materials that were missing and will be brought on Thurs., 11/30 include: the FLASH Curriculum, Autism and PPD social skills lessons, James Stanfield People Smart and Date Smart kits. - Getting Past the Plumbing by Su Nottingham is another potential presenter for the county

NEW MATERIALS TO BE CONSIDERED:

- Dating, Relationships, and Sexual Health
- The Facts of Life and More (book on order & online information to be brought 11/30 by Niki Rhew)
- Power Point for HIV/AIDS training created by the RN
- Puberty Teen FAQ by Jillian Powell
- Community Resource - Women's Care Center
- A Girl's Journey(DiscoveryED video)
- A Boy's Journey (DiscoveryED video)
discoveryeducation.com username/pw:
mi_model
- Preventing HIV/AIDS and other STDs Through Sexuality Education for Students with Intellectual Disabilities
- Sexuality and Relationship Education
- Teaching Children with Down Syndrome About their Bodies, Boundaries, and Sexuality
- The Boys Guide to Growing Up/The Girls Guide to Growing Up
- Finding my Way Through Dating and Relationships
- Social Behavior and Self-Management
- Sexuality Across the Lifespan
- Healthy Bodies: Parent's Guide (for Girls/for Boys)
- The Planner Guide
- The Guide to Dating for Teenagers with Asperger Syndrome
- People Smart by James Stanfield
- Date Smart by James Stanfield

ASSESSMENTS:

- Secondary Pre/Post Test (must keep track of results for pre/post-test)
- Tool for Assessment of Levels of Knowledge Sexuality and Consent (Talk-SC) Mackenzie Health
- FLASH Curriculum Assessment

-2yr report reviewed and what is encompassed in reporting to the state.


Meeting adjourned at 7:00. Follow-up meeting scheduled for 11/30/17 @ BLC.

Health and Sex Education Meeting

Lighthouse Education Center

November 28, 2017

Signature	Name	Buidling
	Jessica McJuliffe	BLC
	Nikki Rhew	BLC
	David Davis	BLC LEC
	Emily Brumbaugh	LEC
	Aaron M'brory	LEC → off-site
	Chad Harrison	LEC
	Sally Bell	LEC/ASD
	Stephanee Spriggs	Parent
	Alyson M01	LEC
	Tina Lawson	BLC Principal
	KATHY HICKOK	RESA ASD CONSULTANT
	SHARON LEDGARD-PULLINS	RESA
	Craig A. Kuhn	BLC
	RON FRANK	LEC-PARENT
	Andrea Lemon	ASD / LEC / off-site
	ERIC HASKINS	LEC

 <p>BERRIEN RESA</p>	<h2 style="margin: 0;">Berrien RESA Health/Sex Education Review</h2>
<p>“Today’s Purpose – Tomorrow’s Promise. Berrien RESA”</p>	

AGENDA

Date:	November 28, 2017	November 30, 2017
Time:	5:30 PM to 7:00 PM	5:30 PM to 7:00 PM
Location:	Lighthouse Education Center	Blossomland Learning Center

Agenda Item	Notes:
1. Welcome/Introductions	<ul style="list-style-type: none"> - Introductions & Sign-in <p>Overview & Handouts:</p> <ul style="list-style-type: none"> - Board meeting 12/11- Added to agenda - Public Hearings scheduled 12/18 and 1/8, 3-4pm @ BLC
2. Overview of Process	
3. Review Handouts & Purpose of meetings	<p>Reviewed materials not covered Tuesday</p> <ul style="list-style-type: none"> - F.L.A.S.H - James Stanfield Date Smart and People Smart
4. List of approved materials	<ul style="list-style-type: none"> - Miracle of Live video not available, but would like to keep approved - Kelly Bear Life Skills Education Series: Kelly Bear Teaches About Secret Touching (video)
5. Proposed materials/curriculum	<ul style="list-style-type: none"> - Puberty Teen FAQ (specifically Chapters 1-3; 5-7) Jillian Powell - <u>Community Resources:</u> Women’s Care Center (Niles, MI) www.womenscarecenter.org - <u>Discovery Education:</u> https://app.discoveryeducation.com/mycontent#MyContent/Favorites
6. Assessments	
7. Record Keeping System/2-year report on achievement of goals/objectives	<ul style="list-style-type: none"> - Puberty: A Boys Journey & A girls Journey
8. Teacher training	<p>Time was then given for group to all review materials & no one had questions or concerns related to these new items. All new materials need to be at BLC on public hearing nights.</p>
9. Supervisor application	<p>Assessments:</p> <ul style="list-style-type: none"> - Health Education assessment for textbooks - Pre/Post assessment for LEC taken from materials - Pre/Post assessment for BLC - FLASH Assessment
10. Proposed board presentation/public hearing	
11. Other	<p>Training:</p> <ul style="list-style-type: none"> - Teacher Training per Shari Lidgard- Pullins was checked into with Tom Richardson from VBISD. There is a Reproductive Health/HIV/AIDS scheduled for 12/20, but this may be too soon. She will check on setting up another date after the new year.

Sex Education Supervisor:

- Application completed for Niki Rhew and sent to state. Waiting on feedback.

Record Keeping:

- Report: Berrien RESA Health and Sex Education Resource Guide
- Craig Kuhn & Tina Lawson reviewed the components currently in place and items to be added from these meetings. Final report will have all curriculum organized into one report for the district in alphabetical order.
- Statistical information was also presented in this report related to STD's, HIV, etc. by state and county.
- Some additional information from LEC includes their permission forms (3 levels), key goals of their curriculum, new assessment and teacher certification information.

Surveys:

- Additional information should be considered and added to parent/student surveys to ensure feedback is obtained.

Advisory Committee members signed participation and approval for report and agreed to come back in 2-years for review.

Meeting adjourned @ 6:58.

Health and Sex Education Meeting

Lighthouse Education Center

November 30, 2017

Signature	Name	Building
	Craig Kuhn	BLC
	LINDA HOAT	BD
	Dawn Wadley Tq 10 B	Long <i>7/11</i>
	Andrea Lemun	ASD-offsite
	Jessica McElwiff	BLC
	Sarah Logan-Rouns	ASD prog.
	SALLY BELL	ASD prog.
	Alyson Mol	LEC
	Kathy Hickok	REST-ASD
	Ron Franic	LEC PARENT
	Erik Haskins	LEC
	Emily Brumbaugh	LEC
	Mike Chew	BLC
	Aaron McGroarty	LEC
	Tina Lawson	BLC

**BERRIEN REGIONAL EDUCATION AGENCY
BOARD APPROVED SEX EDUCATION CURRICULUM
2017-2018**

NAME OF PROGRAM	BLC	LIGHTHOUSE
9 Month Miracle DVD	X	X
“Autism and PDD Intermediate Social Skills Lessons” by Pam Britton Reese and Nena C. Challenner. ---This curriculum is similar to “Taking Care of Myself” and also comes with a CD for producing the curriculum as well as worksheets and tracking forms	X	X
Berrien County Health Department --STD prevention education and HIV prevention education	X	X
CDC Website: Let’s Stop HIV Together Shared stories: Jamar, Kelly, Hydeia	X	X
Date Smart by James Stanfield	X	X
Discovery Education MI Model: Puberty: A Boy’s Journey and A Girl’s Journey	X	X
EPEC—Every Body is Good (c 2006) Lessons promoting positive body image		X
Finding My Way Through Dating & Relationships	X	X
FLASH (Family Life and Sexual Health) program ---25 individual lessons ---Designed for MS & HS students with special needs ---Written by Jane Stangle, Med	X	X
Frontline on PBS.org “End Game: Aids in Black America”		X
“Getting Past the Plumbing: Sexuality Education” by Su Nottingham	X	X
	X	X
Healthy Bodies: A Parent’s Guide on Puberty for Boys with Disabilities by Vanderbilt Kennedy Center	X	X
Health—Teaching Resources (complimentary Resource guide)		X
Health—Reading and Note Taking Guide (complimentary teaching tools)		X
Health—Teens Talk video series of four DVDs with 8 units (companion to HEALTH textbook) --Mental Health; Social Health; Nutrition; Physical Fitness; Substance Abuse; Human Development; Preventing Disease; Community Health and Safety		X
Health textbook by Prentice Hall; 2010 edition		X
HEALTHWORKS! Kid’s Museum program	X	X
Healthy Bodies: A Parent’s Guide on Puberty for Girls	X	x

with Disabilities by Vanderbilt Kennedy Center		
HIV/AIDS Power point Presentation (Nurse designed)	X	X
Kelly Bear Teaches About Secret Touching	X	X
Life Horizons Slides and Video Presentation **omit slides: 18-20 Human Reproduction & 59-121 Sexual/Reproductive Health**	X	X
<u>Life's Greatest Miracle</u> DVD	X	X
Michigan Model HIV/AIDS 4 th grade	X	X
Michigan Model HIV/AIDS 5 th grade	X	X
Michigan Model K-8: Lesson VI-3 Lesson VI-1: Living & non-living things Lesson VI-2: New Growth Beginnings Lesson V-2: Cells, Functions, & Varieties Lesson V-4: Blood Lesson V-4: Fighting Germs	X	X
Michigan Model 9-12; Healthy and Responsible Relationships: HIV, Other STIs, and Pregnancy Prevention	X	X
Michigan Model: Growing Up and Staying Healthy: Understanding HIV and Other STIs, the new (2010) middle school curriculum. Contains ten lessons	X	X
Movie—"Philadelphia"		X
People Smart by James Stanfield	X	X
Planned Parenthood --Sexuality Education Series --Birth Control options/presentation	X	X
Preventing Aids & Other STD's Through Sexuality Education for Students with Intellectual Disabilities	X	X
Puberty education by Marsh Media --A Girl's Guide to Growing Up --A Boy's Guide to Growing Up --A Girl's guide to Puberty and Personal Safety --A Boy's Guide to Puberty and Personal Safety	X	X
Puberty FAQ by Jillian Powell	X	X
Puberty: The Wonder Years 2010 edition	X	X
Sexuality Across the Lifespan for Children and Adolescents with Developmental Disabilities by Baxley & Zendell	X	X
Sexuality and Relationship Education for Children and Adolescents with Autism Spectrum Disorders by Davida Hartman	X	X
Social Behavior and Self-Management: 5 Point Scales for Adolescents and Adults by Buron, Brown, Curtis, & King	X	X
"Taking Care of Myself" by Mary Wrobel --Seven units of natural progression beginning with	X	X

hygiene and health issues, progressing to touching personal safety and masturbation issues.		
Teaching Children with Down Syndrome about Their Bodies Boundaries, and Sexuality: A Guide for Parents & Professionals by Terri Couwenhoven, M.S.	X	X
Teachers Pay Teachers: Dating, Relationships & Becoming Sexually Active	X	X
The Book of Life: Sexuality for Individuals with Intellectual Disabilities	X	X
The Boy's Guide to Growing Up: Choices & Challenges during Puberty by Terri Couwenhoven, M.S.	X	X
The Girl's Guide to Growing Up: Choices & Challenges during Puberty by Terri Couwenhoven, M.S.	X	X
The Guide to Dating for Teenagers with Asperger Syndrome by Jeannie Uhlenkamp	X	X
The Planner Guide by Burke, Charron, and Steinkamp	X	X
Tool for the Assessment of Levels of Knowledge Sexuality and Consent (TALK-SC) Mackenzie Health	X	X
Women's Care Center, Niles, MI	X	X

Grade Level Content Expectations (GLCEs) and Michigan Merit Curriculum Credit Guidelines for Health Education

Adopted by the State Board of Education, February 2007

Strands 6 and 7:

HIV Prevention (Grades 4-12)
Growth and Development (Grades 4-5)
Sexuality Education (Grades 7-12)

Note: The following are excerpts of larger documents—the Health Education GLCEs for grades K-8 and the Health Education Michigan Merit Curriculum Credit Guidelines for grades 9-12. Both the GLCEs and the Credit Guidelines cover all seven major content strands within health education. The complete documents are available online at www.michigan.gov/healthed.

Grade 4

STRAND 6: HIV PREVENTION

(Note: Course content should be reviewed to determine whether it is consistent with the district's board policies and approved curriculum. State law requires that, before adopting any revisions to the approved HIV curriculum, the local school board shall hold public hearings on the revision. For the specific language of the law, see Section 380.1169 of the Michigan Compiled Laws at www.michiganlegislature.org.)

Standard 1: Core Concepts

- 6.1** Define HIV and AIDS.
- 6.2** Explain that it is safe to be a friend of someone who is living with HIV or AIDS.
- 6.3** Explain how HIV is and is not transmitted.

Standard 3: Health Behaviors

- 6.4** Describe how people can protect themselves from infection with serious blood-borne communicable diseases, including not touching blood and not touching used needles.

STRAND 7: GROWTH AND DEVELOPMENT

(Note: Growth and Development is RECOMMENDED, but not mandated, to be taught. Course content should be reviewed by the district's Sex Education Advisory Board to determine whether it is consistent with the district's board policies and approved curriculum.)

Standard 1: Core Concepts

- 7.1** Explain that puberty and development can vary considerably and still be normal.
- 7.2** Identify personal hygiene practices and health/safety issues during puberty (e.g., showering, deodorant, use of sanitary products, and athletic supporters).
- 7.3** Describe social changes during puberty (e.g., changes in friendships, crushes/attractions, and changing expectations of parents/adults).
- 7.4** Describe emotional changes during puberty (e.g., mood shifts).
- 7.5** Describe physical changes that occur during puberty (e.g., body hair, body odor, voice, body shape, strength, hormones, and menstruation).

Standard 2: Access Information

- 7.6** Identify potential resources (e.g., parents, teacher, and other trusted adults) that can provide accurate information about puberty.

Standard 3: Health Behaviors

- 7.7** Develop plans to maintain personal hygiene during puberty.

Grade 5**STRAND 6: HIV PREVENTION**

(Note: Course content should be reviewed to determine whether it is consistent with the district's board policies and approved curriculum. State law requires that, before adopting any revisions to the approved HIV curriculum, the local school board shall hold public hearings on the revision. For the specific language of the law, see Section 380.1169 of the Michigan Compiled Laws at www.michiganlegislature.org.)

Standard 1: Core Concepts

6.1 Define HIV and AIDS.

6.2 Explain that it is safe to be a friend of someone who is living with HIV or AIDS.

6.3 Describe how HIV is and is not transmitted.

Standard 3: Health Behaviors

6.4 Describe ways people can protect themselves from infection with serious blood borne communicable diseases, including not touching blood, not touching used needles, and not having sex.

STRAND 7: GROWTH AND DEVELOPMENT

(Note: State law makes whether to offer sexuality education a local district decision. Course content must be reviewed by the district's Sex Education Advisory Board to determine whether it is consistent with the district's board policies and approved sexuality education curriculum. If the district chooses to offer sexuality education, certain content must be included in an age-appropriate fashion in the K-12 instructional program. This content is integrated into these content expectations. For the specific language of the law, see Sections 380.1507, 1507a, and 1507b of the Michigan Compiled Laws at www.michiganlegislature.org.)

Standard 1: Core Concepts

7.1 Explain that males and females develop at different rates, and there are wide variations within each sex.

7.2 Explain social changes during puberty (e.g., changes in friendships, crushes/attractions, and changing expectations of parents/adults).

7.3 Explain emotional changes during puberty (e.g., mood shifts).

7.4 Explain physical changes that occur during puberty (e.g., body hair, body odor, voice, body shape, strength, hormones, and menstruation).

7.5 Define and identify basic male and female reproductive anatomy using scientific names.

7.6 Define the functions of sperm and egg cells in human reproduction.

7.7 Describe how sperm cells are produced.

7.8 Describe the menstrual cycle and its potential for human reproduction.

7.9 Describe the functions of basic male and female reproductive anatomy.

Standard 2: Access Information

7.10 Describe criteria to determine whether resources provide accurate information about puberty; and apply these criteria to identify valid resources.

Standard 4: Influences

7.11 Explain how culture, media, and others influence what one thinks about oneself and relationships.

Grade 6**STRAND 6: HIV AND STIS PREVENTION**

See the Health Education Content Expectations for Grade 5 and Grades 7-8 at www.michigan.gov/healthed <<http://www.michigan.gov/healthed>>.

STRAND 7: SEXUALITY EDUCATION

(Note: State law makes whether to offer sexuality education a local district decision. Course content must be reviewed by the district's Sex Education Advisory Board to determine whether it is consistent with the district's board policies and approved sexuality education curriculum. If the district chooses to offer sexuality education, certain content must be included in an age-appropriate fashion in the K-12 instructional program. This content is integrated into these content expectations. For the specific language of the law, see Sections 380.1507, 1507a, and 1507b of the Michigan Compiled Laws at www.michiganlegislature.org.)

Standard 1: Core Concepts

7.1 Describe the changes in friendships that one might experience as a result of puberty, and evaluate what it means to be a boyfriend or girlfriend.

7.2 Identify changes in physical maturation during puberty as it relates to the physical capacity for human reproduction.

7.3 Describe the basic process of human reproduction, using scientific names for reproductive anatomy.

7.4 Define abstinence from sex.

7.5 Analyze reasons for young people to remain abstinent, concluding that abstinence is the only 100% effective method of protection from HIV, other serious communicable disease, and pregnancy.

Standard 2: Access Information

7.6 Locate adult resources (e.g., parent, teacher, medical professional, counselor, other adult) who can provide accurate information about friendships, dating, puberty, and human reproduction.

Standard 3: Health Behaviors

7.7 Recognize situations or behaviors that may lead to engaging in sexually risky behaviors.

7.8 Set personal boundaries and limits related to physical intimacy and sexual behavior.

Standard 4: Influences

7.9 Evaluate a variety of external influences (e.g., media, parents, culture, peers, and society) and internal influences (e.g., values, curiosity, interests, desires, and fears) and their potential to impact relationships and behavior.

Standard 5: Goal Setting

7.10 Develop personal short- and long-term goals that support abstinence.

Standard 7: Social Skills

7.11 Demonstrate how to communicate one's level of readiness to be a boyfriend or girlfriend.

7.12 Identify ways to show respect for other's boundaries and limits related to physical intimacy and sexual behavior.

7.13 Demonstrate the ability to use verbal and non-verbal ways to refuse participation in sexual behavior.

Grades 7 - 8**STRAND 6: HIV AND STIS PREVENTION**

(Note: Course content should be reviewed to determine whether it is consistent with the district's board policies and approved curriculum. State law requires that, before adopting any revisions to the approved HIV curriculum, the local school board shall hold public hearings on the revision. For the specific language of the law, see Section 380.1169 of the Michigan Compiled Laws at www.michiganlegislature.org.)

Standard 1: Core Concepts

- 6.1 Explain how HIV is and is not transmitted.
- 6.2 Distinguish between facts and myths regarding HIV infection and AIDS.

Standard 2: Access Information

- 6.3 Explain when it is important to get adult, medical, and/or counseling help.
- 6.4 Describe sources of accurate information and assistance in one's community.

Standard 3: Health Behaviors

- 6.5 Analyze behaviors and situations that may result in increased risk for HIV and other sexually transmitted infections (STIs).
- 6.6 Analyze situations where assertive communication and refusal skills can be used to avoid and escape risky situations.

STRAND 7: SEXUALITY EDUCATION

(Note: State law makes whether to offer sexuality education a local district decision. Course content must be reviewed by the district's Sex Education Advisory Board to determine whether it is consistent with the district's board policies and approved sexuality education curriculum. If the district chooses to offer sexuality education, certain content must be included in an age-appropriate fashion in the K-12 instructional program. This content is integrated into these content expectations. For the specific language of the law, see Sections 380.1507, 1507a, and 1507b of the Michigan Compiled Laws at www.michiganlegislature.org.)

Standard 1: Core Concepts

- 7.1 Summarize the benefits of staying within behavioral limits and remaining abstinent.
- 7.2 Compare characteristics of healthy and unhealthy relationships, and describe ways to express caring for a boyfriend or girlfriend while staying abstinent.

Standard 3: Health Behaviors

- 7.3 Set personal boundaries and limits related to physical intimacy and sexual behavior.
- 7.4 Demonstrate skills to avoid and escape risky situations.

Standard 4: Influences

- 7.5 Examine viewpoints of parents and other trusted adults regarding teen relationships, abstinence, and sexual decisions.
- 7.6 Evaluate the impact of alcohol and other drug use on decisions regarding sexual behavior.

Standard 5: Goal Setting

- 7.7 Create a plan to stay within behavioral limits which protect one from HIV and STIs.

Standard 7: Social Skills

- 7.8 Demonstrate the ability to communicate one's behavioral limits and to show respect for the limits of others related to physical intimacy and sexual behavior.
- 7.9 Demonstrate the ability to use verbal and non-verbal ways to refuse participation in sexual behavior.

Standard 8: Advocacy

- 7.10 Demonstrate the ability to be positive peer role models in the school and community.

Grades 9 - 12**STRAND 6: HIV AND OTHER STIs PREVENTION**

Note: Course content should be reviewed to determine whether it is consistent with the district's board policies and approved curriculum. State law requires that, before adopting any revisions to the approved HIV curriculum, the local school board shall hold public hearings on the revision. For the specific language of the law, see Section 380.1169 of the Michigan Compiled Laws at www.michiganlegislature.org.

Standard 1: Core Concepts

- 6.1** Analyze the rates of sexually transmitted infections (STIs) among teens.
- 6.2** Summarize the symptoms, modes of transmission, consequences, and methods to prevent HIV and other STIs, and conclude that abstinence is the most effective way to avoid HIV or other STIs.
- 6.3** Summarize the criteria for who should be tested and the advantages of early diagnosis and treatment of HIV and other STIs.

Standard 2: Access Information

- 6.4** Identify services and trustworthy adults that provide health information and testing regarding HIV and other STIs, analyze the validity of such resources, and describe how to access valid services.

Standard 3: Health Behaviors

- 6.5** Analyze common behaviors and situations to eliminate or reduce risks related to HIV and other STIs.
- 6.6** Evaluate one's personal perception of risk for HIV and other STIs.

Standard 7: Social Skills

- 6.7** Demonstrate communication, negotiation, and refusal skills to protect oneself from situations that could transmit HIV or other STIs.

RECOMMENDED**Standard 7: Social Skills**

- 6.8** Demonstrate acceptance for individuals living with HIV.

STRAND 7: SEXUALITY EDUCATION

Note: State law makes whether to offer sexuality education a local district decision. Course content must be reviewed by the district's Sex Education Advisory Board to determine whether it is consistent with the district's board policies and approved sexuality education curriculum. If the district chooses to offer sexuality education, certain content must be included in an age-appropriate fashion in the K-12 instructional program. This content is integrated into these guidelines. For the specific language of the law, see Sections 380.1507, 380.1507a, and 380.1507b of the Michigan Compiled Laws at www.michiganlegislature.org.

Standard 1: Core Concepts

- 7.1** Summarize and explain laws related to the sexual behavior of young people.
- 7.2** Compare and contrast the pros and cons of methods used for pregnancy and disease prevention, including abstinence and use of contraception.
- 7.3** Describe routine medical screening and examinations for maintaining reproductive health, and medical tests for pregnancy, HIV, and other STIs: who should be tested, the procedures used, and the importance of early detection and care.

Standard 2: Access Information

- 7.4** Identify resources that provide information, counseling, and testing related to relationships, sexual violence, pregnancy, and contraception, including options for teens who are unable to care for a baby; analyze the validity of these resources; and describe how to access valid resources.

Standard 3: Health Behaviors

7.5 Apply strategies, including refusal and assertiveness skills to avoid, manage, and escape situations that are high risk for pregnancy, HIV, and other STIs.

Standard 4: Influences

7.6 Explain how stereotypes, norms, peer influence, alcohol and other drug use, media, and personal responsibility can impact sexual decision making and the consequences of such decisions.

7.7 Evaluate the physical, social, emotional, legal, and economic impacts of teen pregnancy, teen parenting, HIV infection, or other STIs on personal lifestyle, goal achievement, friends, and family members.

Standard 5: Goal Setting

7.8 Develop personal goals and a specific plan for using the best contraceptive or disease-prevention method, including abstinence, for individual circumstances.

Standard 6: Decision Making

7.9 Apply decision-making skills to avoid situations that are high risk for pregnancy, HIV, and other STIs.

Standard 7: Social Skills

7.10 Demonstrate the ability to establish positive relationships, communicate caring and love without sexual intercourse, and communicate personal, sexual limits and values to a girlfriend or boyfriend.

Critical Health Content Areas

The Centers for Disease Control and Prevention (CDC) has identified the risk behavior areas that have the greatest effect on the short-term and long-term health of young people. Patterns of unhealthy eating, physical inactivity, and tobacco use are often established in childhood and adolescence, and are by far the leading causes of death among adults. Injury and violence, including suicide and alcohol-related traffic crashes, are the leading causes of death among youth. Each year approximately three million cases of sexually transmitted infections (STIs) occur among teenagers, and one in four Michigan high school students report having consumed five or more drinks in a row during the previous month. The CDC recommends that the following critical behavioral areas be emphasized in an effective health education program for high school: healthy eating, physical activity, tobacco prevention, alcohol and other drug prevention, injury and violence prevention, and the prevention of sexual behaviors leading to HIV, STIs, and pregnancy.

State Board of Education Policies

In its ***Policy on Comprehensive School Health Education*** (2004), the State Board of Education addresses these risks by recommending that Michigan schools do the following:

- Provide at least 50 hours of health at each grade, Pre-kindergarten through Grade 12, to give students adequate time to learn and practice health habits and skills for a lifetime.
- Focus on helping young people develop and practice personal and social skills, such as communication and decision making, in order to deal effectively with health-risk situations.
- Address social and media influences on student behaviors and help students identify healthy alternatives to specific high-risk behaviors.
- Emphasize critical knowledge and skills that students need in order to obtain, understand, and use basic health information and services in ways that enhance healthy living.
- Focus on behaviors that have the greatest effect on health, especially those related to nutrition; physical activity; violence and injury; alcohol and other drug use; tobacco use; and sexual behaviors that lead to HIV, STIs, or unintended pregnancy, as developmentally appropriate.
- Build functional knowledge and skills, from year to year, that are developmentally appropriate.
- Include accurate and up-to-date information, and be appropriate to students' developmental levels, personal behaviors, and cultural backgrounds.

The ***Policy to Promote Health and Prevent Disease and Pregnancy*** (2003), adopted by the State Board of Education, acknowledges that effective sexuality programs are best implemented in the context of Comprehensive School Health Education. Therefore, the above recommendations also apply to sexuality education. In addition, the *Policy to Promote Health and Prevent Disease and Pregnancy* recommends that sexuality education programs:

- Are consistent with school and community standards and support positive parent/child communication and guidance.
- Include medically accurate and current information.
- Stress abstinence from risky sexual behavior as the only certain way to avoid HIV, other STIs, and pregnancy; instruction also needs to address methods to reduce risks for HIV, other STIs, and unintended pregnancy.
- Be planned to meet the prevention needs of all students, with due attention to those who might be at greater risk for HIV, other STIs, and pregnancy.
- Are initiated early, before students reach the age when they may adopt risky behaviors, and be reinforced throughout middle and high school.
- Center on a positive, healthy definition of sexual health rather than one that focuses only on avoiding negative outcomes.

To access the complete *Policy on Comprehensive School Health Education* (2004) and *Policy to Promote Health and Prevent Disease and Pregnancy* (2003), go to the Michigan Department of Education (MDE) website, www.michigan.gov/mde, click "State Board of Education", click "Policies", and click the year the policy was passed.

The Grade Level Content Expectations and Credit Guidelines for Health Education are intended to help schools address these recommendations. Critical health content areas are organized in the Guidelines by strand, as follows:

Strand 1: Nutrition and Physical Activity**Strand 2: Alcohol, Tobacco, and Other Drugs****Strand 3: Safety****Strand 4: Social and Emotional Health****Strand 5: Personal Health and Wellness****Strand 6: HIV Prevention****Strand 7: Sexuality Education****Content Standards**

Through health education, students learn to obtain, interpret, and apply health information and services in ways that protect and promote personal, family, and community health. All students will show competence in the following eight health education content standards:

Standard 1: Core Concepts

Apply health promotion and disease prevention concepts and principles to personal, family, and community health issues.

Standard 2: Access Information

Access valid health information and appropriate health promoting products and services.

Standard 3: Health Behaviors

Practice health enhancing behaviors and reduce health risks.

Standard 4: Influences

Analyze the influence of cultural beliefs, media, and technology on health.

Standard 5: Goal Setting

Use goal setting skills to enhance health.

Standard 6: Decision Making

Use decision-making skills to enhance health.

Standard 7: Social Skills

Demonstrate effective interpersonal communication and other social skills which enhance health.

Standard 8: Advocacy

Demonstrate advocacy skills for enhanced personal, family, and community health.

Please note that, while all the Content Standards are addressed in the Credit Guidelines for Health Education as a whole, not all standards will be addressed in each strand.

	Kindergarten	Grade One	Grade Two	Grade Three	Grade Four	Grade Five	Grade Six	
Social and Emotional Health	<ul style="list-style-type: none"> - Showing respect and caring - Making and keeping friends - Caring touch in positive relationships - Identifying and describing feelings - Managing strong feelings - Recognizing and expressing feelings - Giving and receiving compliments and appreciation - Being responsible at home and school - Identifying people who can help 	<ul style="list-style-type: none"> - Skills for predicting potential feelings of others - Skills for finding out how others feel - Showing courtesy to others - Demonstrate giving and receiving compliments or appreciation - Ways family members and friends help each other - Listening skills for friendships - Decision-making and problem-solving skills 	<ul style="list-style-type: none"> - Identifying and expressing feelings - Handling mixed feelings - Expressing feelings respectfully - Listening with respect - Everyone deserves respect - Showing respect - Managing strong feelings - Making good decisions: WIN - Practicing WIN 	<ul style="list-style-type: none"> - Positive role models and friends - Making and keeping friends - Everyone has special talents - Respecting differences - Helping others by protecting them from bullies - Helping others and getting help - Expressing thanks and appreciation - Expressing annoyance respectfully 	<ul style="list-style-type: none"> - Managing strong feelings, including messages - Positive self-talk - Effects of teasing and bullying and what to do to protect self and others - Listening skills - Identifying situations that could lead to trouble - Importance of being adults, leader or others are in dangerous situations - Non-violent conflict resolution skills - Goal setting - Advocate for a healthy school environment 	<ul style="list-style-type: none"> - Identifying feelings of different intensities in self and others - Managing strong feelings, including messages & positive self-talk - Effects of teasing and bullying & what to do to protect self and others - Listening skills - Identifying situations that could lead to trouble - Importance of being adults, leader or others are in dangerous situations - Non-violent conflict resolution skills - Goal setting - Advocate for a healthy school environment 	<ul style="list-style-type: none"> - Positive and negative risks of friendships - Listening skills - Appreciation - Assertive communication, including messages - Managing strong feelings - Angry feelings versus angry behavior - Decision-making and problem-solving skills - Criteria for evaluating situations - Non-violent conflict resolution skills - Stress management - Prevention of foodborne illness - Benefits of healthy eating and physical activity - Dietary guidelines applied to individuals - Body image and healthy weight - Influences on eating, activity and sleep - Use of Dietary Guidelines to make a personal plan - Supporting others to eat healthy and be active 	
Nutrition and Physical Activity	<ul style="list-style-type: none"> - Variety in foods and snacks for good health - Drinking water for good health - Choosing foods and snacks into the five food groups - Importance of physical activity for good health - Examples of ways to be physically active 	<ul style="list-style-type: none"> - Importance of eating a variety of foods from all the food groups - Benefits of healthy snacks - Benefits of drinking water - Benefits of physical activity - How sleep, rest, and physical activity maintain health 	<ul style="list-style-type: none"> - Food groups - Combining foods and foods to limit - Benefits of physical activity - Types of physical activity - Developing a plan to be physically active - Advocate for healthy eating and daily activity 	<ul style="list-style-type: none"> - Magic Numbers: 5 and 60 - Food advertising and its impact on eating - Daily amounts to eat from each food group and how to estimate amounts - Use of Dietary Guidelines when choosing foods - The Four Plate "visual" - Daily recommended amounts of physical activity and sleep - Personal assessment and goal setting to get adequate sleep, rest, and physical activity 	<ul style="list-style-type: none"> - Food groups and their benefits - Daily amounts to eat from each food group and how to estimate amounts - Use of Dietary Guidelines when choosing foods - The Four Plate "visual" - Daily recommended amounts of physical activity and sleep - Personal assessment and goal setting to get adequate sleep, rest, and physical activity 	<ul style="list-style-type: none"> - Six nutrients and their benefits - Using food labels to determine information about a food - Water as a preferred beverage - Use of Dietary Guidelines when choosing foods - The Four Plate "visual" - Daily recommended amounts of physical activity and sleep - Evaluate a pair's meal and make recommendations for improvement 	<ul style="list-style-type: none"> - Prevention of foodborne illness - Benefits of healthy eating and physical activity - Dietary guidelines applied to individuals - Body image and healthy weight - Influences on eating, activity and sleep - Use of Dietary Guidelines to make a personal plan - Supporting others to eat healthy and be active 	
Safety	<ul style="list-style-type: none"> - Dangerous and destructive situations that need adult help - Pedestrian safety - Rule for dangerous objects and weapons - How and when to dial 911 - Avoiding inappropriate touch - Trusted adults who can help 	<ul style="list-style-type: none"> - Wheeled recreation hazards, safety, and safety gear - Fire safety - Actions to take in a fire emergency - Situations that are dangerous, destructive, and disturbing and need adult help - Escaping dangerous situations - Define emergency and how to make emergency phone call - Avoiding inappropriate touch - Trusted adults who can help 	<ul style="list-style-type: none"> - Wheeled recreation safety: bicycles, skateboards, skates - Water safety - Internet safety - Personal safety - Practicing personal safety skills 	<ul style="list-style-type: none"> - Three keys to passenger safety: safety belts, booster seats, back seat - Home alone safety strategies - How to make emergency phone call - Home alone safety strategies - Define emergency and how to make emergency phone call - How to prevent injury from dangerous objects, including weapons - Child sexual abuse and abduction prevention 	<ul style="list-style-type: none"> - Safe/bait safety and impact of car passenger behavior - Safety strategies when in public places, including escaping when weapons are present - School procedures for school crisis situations - School procedures for using the internet - How to get adult help - Advocacy for others to practice safe behaviors - Child sexual abuse and abduction prevention 	<ul style="list-style-type: none"> - Safe/bait safety and impact of car passenger behavior - Safety strategies when in public places, including escaping when weapons are present - School procedures for school crisis situations - School procedures for using the internet - How to get adult help - Advocacy for others to practice safe behaviors - Child sexual abuse and abduction prevention 	<ul style="list-style-type: none"> - Possible reasons people use or don't use drugs - Negative health effects of drug use - Analysis of drug use data - Persuasion skills for encouraging others to stay drug free - Influence of family, society and peers on drug use - School drug use on goals - School drug use and how related to tobacco - Refusal skills - Valid resources for drug problems - Ways to avoid riding with a driver who has been drinking and what to do if it can't be avoided - Benefits of remaining drug free and making a drug-free commitment 	
Alcohol, Tobacco, and Other Drugs	<ul style="list-style-type: none"> - How to safely use over-the-counter and prescription medicines - Illicit drugs - Household products that can be dangerous - Rules for avoiding poisons - Trustworthy sources of information - Harmful chemicals in tobacco products - Dangers of secondhand smoke and ways to avoid or reduce exposure 	<ul style="list-style-type: none"> - How to safely use over-the-counter and prescription medicines - Illicit drugs - Household products that can be dangerous - Rules for avoiding poisons - Trustworthy sources of information - Harmful chemicals in tobacco products - Dangers of secondhand smoke and ways to avoid or reduce exposure 	<ul style="list-style-type: none"> - Caffeine - Staying away from nicotine and alcohol - Saying "No" to secondhand smoke 	<ul style="list-style-type: none"> - Medicines and poisons - Negative effects of tobacco use - Tobacco and media - Alcohol and alcoholism - Positive influences - Refusal skills 	<ul style="list-style-type: none"> - Dangers of inhaled use and how to avoid exposure - Influence of family and peers on drug use - Rules for safely around dangerous or unknown products - Effects of smoking tobacco, secondhand smoke, & use of spit tobacco - Advocate for someone to avoid tobacco use or quit using - Analyze tobacco advertisements - Refusal skills - Effects of alcohol, especially on driving a vehicle - Impact of alcohol and tobacco use on friends and family - Ways to avoid riding with a driver who has been drinking and what to do if it can't be avoided 	<ul style="list-style-type: none"> - Dangers of inhaled use and how to avoid exposure - Influence of family and peers on drug use - Rules for safely around dangerous or unknown products - Effects of smoking tobacco, secondhand smoke, & use of spit tobacco - Advocate for someone to avoid tobacco use or quit using - Analyze tobacco advertisements - Refusal skills - Effects of alcohol, especially on driving a vehicle - Impact of alcohol and tobacco use on friends and family - Ways to avoid riding with a driver who has been drinking and what to do if it can't be avoided 	<ul style="list-style-type: none"> - Dangers of inhaled use and how to avoid exposure - Influence of family and peers on drug use - Rules for safely around dangerous or unknown products - Effects of smoking tobacco, secondhand smoke, & use of spit tobacco - Advocate for someone to avoid tobacco use or quit using - Analyze tobacco advertisements - Refusal skills - Effects of alcohol, especially on driving a vehicle - Impact of alcohol and tobacco use on friends and family - Ways to avoid riding with a driver who has been drinking and what to do if it can't be avoided 	<ul style="list-style-type: none"> - Possible reasons people use or don't use drugs - Negative health effects of drug use - Analysis of drug use data - Persuasion skills for encouraging others to stay drug free - Influence of family, society and peers on drug use - School drug use on goals - School drug use and how related to tobacco - Refusal skills - Valid resources for drug problems - Ways to avoid riding with a driver who has been drinking and what to do if it can't be avoided - Benefits of remaining drug free and making a drug-free commitment
Personal Health and Wellness	<ul style="list-style-type: none"> - Hand washing GERMS - Taking care of teeth to make positive choices for personal health 	<ul style="list-style-type: none"> - Skills for stopping the spread of germs: covering sneezes and washing hands - Taking care of teeth 	<p>For more information about the Michigan Model for Health®, contact your local Health Coordinator or visit www.emc.edu/mmm</p>	<ul style="list-style-type: none"> - Basic hygiene: Care of the Body - Hand washing GERMS - Planning for good hygiene 	<p>The Michigan Model for Health® is a skills-based, evidence-based, K-12 curriculum.</p>	<ul style="list-style-type: none"> - Importance of oral rationale for keeping the body clean - Hygiene concerns and solutions - Influence of media, including advertisements on products purchased and on body image - Analyze advertisements for information 	<ul style="list-style-type: none"> - Importance of oral rationale for keeping the body clean - Hygiene concerns and solutions - Influence of media, including advertisements on products purchased and on body image - Analyze advertisements for information 	<ul style="list-style-type: none"> - Skills for reducing the spread of germs
HIV	<p>Michigan Model for Health® K-6 Scope & Sequence Chart</p>							



Sample Logic Model for School-Based HIV/STD and Sex Education Programs

Goal: To equip students with the knowledge and skills to develop healthy relationships and to avoid sexual behaviors that put them at risk for HIV, STDs, and unintended pregnancy.

Philosophy/Assumptions	Resources	Activities	Objectives (Student knowledge and skills)	Long-Term Outcomes
<p>Parents are the primary sex educators for our youth.</p> <p>Schools have a duty, in concert with families and communities, to implement effective sexuality education programs that will help students make responsible decisions during their school years and into their adult lives.</p> <p>Education programs should address the needs of all students, including those at greatest risk for HIV/STD and unintended pregnancy.</p> <p>District curriculum should be age, developmentally, linguistically, and culturally appropriate.</p> <p>Abstinence from intimate sexual contact should be stressed as the only certain way to avoid HIV, other STDs, and pregnancy.</p> <p>Programs are most effective when they are initiated before students reach the age when they may adopt risky behaviors, and are reinforced throughout middle and high school.</p> <p>Sexuality instruction is best provided by well-trained and supported school staff members. Outside speakers can enhance, but should not replace, instruction.</p>	<p>Data on educational outcomes gathered by the school district (e.g., School Infrastructure Database; Single Record Student Database), health risk behaviors (e.g., Michigan Profile for Healthy Youth (MIPHY), Youth Risk Behavior Survey (YRBS); Alcohol, Tobacco, and Other Drug surveys), and youth data collected by community agencies (e.g., health department, juvenile justice system, Uniform Crime Reports).</p> <p>Parent input and support provided through surveys, focus groups, committees, parent volunteers, parent organizations, etc.</p> <p><i>Michigan Model for Health</i> curricula developed by the Michigan Departments of Education and Community Health and aligned with research and best practice.</p> <p>Regional and local health coordinators who provide resources, training, and technical assistance to school staff.</p> <p>HIV/STD and sex education taught within a broader comprehensive health education curriculum and supported by the district, its board, and the community.</p> <p>Trained and supported school staff including not only teachers, but also school nurses, school counselors, and other specialists.</p> <p>Community agencies that support and enhance classroom instruction through education, support groups, health services, and other ancillary programs.</p>	<p>The district sex education advisory board meets periodically to review and recommend curricula for adoption and implementation that align with student needs, community norms, the law, and research and best practice.</p> <p>The advisory committee composition is periodically reviewed to ensure that members are consistent with state law and are representative of the broader community.</p> <p>A comprehensive, medically accurate and developmentally appropriate HIV/STD and sex education curriculum is implemented at successive grade levels in the district and is regularly evaluated and updated. Enhancements to the curriculum are provided by community agencies.</p> <p>Educators are trained and updated regularly by state and regional health coordinators to learn the latest information and strategies for skills-based, student-centered instruction and authentic assessment.</p> <p>Parents are notified in advance of the content of the instruction, their right to review materials, observe instruction, and excuse their child without penalty.</p> <p>Parent programs and activities are implemented to build support and collaboration with schools for effective sex education.</p>	<p>At the end of the K-12 HIV/STD and sex education program of instruction, students will be able to:</p> <ul style="list-style-type: none"> Analyze characteristics of healthy and unhealthy relationships. Evaluate positive and negative influences on sexual decisions. Evaluate the possible emotional, physical, and legal consequences of early sexual activity. Advocate for abstinence as the only 100% effective way to avoid pregnancy, HIV, and STDs. Accurately assess their risks for HIV, other STDs, and pregnancy. Demonstrate effective skills for avoiding or escaping risky sexual situations. Demonstrate effective skills to access and correctly use condoms and other risk reduction methods. Communicate with parents and other trusted adults regarding reproductive health, relationships and sexual decisions. Seek additional information, support, and services as needed. 	<p>Students will seek out healthy relationships.</p> <p>Students will delay sexual activity or return to abstinence.</p> <p>Those students who are sexually active will use condoms consistently and correctly.</p> <p>Students will avoid HIV and other sexually transmitted disease infections.</p> <p>Students will avoid unintended pregnancy.</p> <p>Students will seek family support, accurate information, and regular health care to maintain their reproductive health.</p>



TODAY'S PURPOSE • TOMORROW'S PROMISE.

711 ST. JOSEPH AVENUE • PO BOX 364 • BERRIEN SPRINGS, MI 49103
PHONE: 269-471-7725 • FAX: 269-471-2941 • WWW.BERRIENRESA.ORG

NOTICE OF PUBLIC HEARING

Please take notice that a Public Hearing will be held to elicit parent comments regarding the proposed revisions to the District's Sex Education Curriculum on:

Dates: Monday, Dec. 18, 2017
Monday, Jan. 8, 2018

Time: 3:00-4:00 p.m.

Place: Blossomland Learning Center
711 St. Joseph Avenue
Berrien Springs, MI 49103
(269) 473-2600

A handwritten signature in cursive script, reading "Kevin M. Ivers". The signature is written in black ink and is positioned above a horizontal line.

Dr. Kevin M. Ivers, Superintendent

Date posted: December 11, 2017

“Today’s Purpose - Tomorrow’s Promise. Berrien RESA”

Mission: “We support our school community with respect and compassion through quality programs, leadership and dedicated partnerships.”

AGENDA
REGULAR MEETING
BERRIEN REGIONAL EDUCATION SERVICE AGENCY
BOARD OF EDUCATION
MONDAY, JANUARY 8, 2018

1:00 PM
Berrien RESA Conference Room D

“This meeting is a meeting of the Board of Education in public for the purpose of conducting the School District’s business and is not to be considered a public community meeting. There is a time for public participation during the meeting as indicated in the agenda. Upon prior request to the Superintendent, the District shall make reasonable accommodation for a person with disabilities to be able to participate in this meeting.”

I. Call to Order and Roll Call

II. Consent Agenda - Items on consent agenda to be voted on as a single item by the Board. Board members may remove items from the consent agenda prior to vote. Items removed from the consent agenda will be discussed individually.

A. Approval of Minutes

1. Minutes of Regular Meeting of December 11, 2017

B. Board Authorized Employment

1. Employment of Academic Support Specialist (Replacement)-Amanda Lezotte-
Agenda Report #1

III. Financial Matters

A. Routine Bills

B. Financial Statements

IV. Communications

V. Old Business

Agenda – Regular Meeting

January 8, 2018

VI. Reports of Committees

A. MASB

B. Berrien/Cass School Boards Association

C. Building & Site

D. Personnel/Policy

VII. Reports, Recommendations of Superintendent and Information Items

A. Reports

1. Activities Calendar

B. Recommendations of Superintendent

1. Superintendent Appointments

a. Pamela Buford-Paraprofessional-ASD- Coloma (Replacement)

C. Information Items

1. Board Policy Update Revisions - Mailed December 18,2017- Agenda Report #2

VIII. New Business

A. General Administration

B. Approval of Contract with Miller-Davis Company- Agenda Report #3

C. IRS Mileage Rate for 2018-Agenda Report #4

D. Special Education

IX. Presentations & Administrative Reports

Agenda – Regular Meeting

January 8, 2018

A. BLC Project Bid Process-Amanda Mason and Michelle Wreggelsworth, Miller-Davis

B. Sex Education Curriculum Revisions-Tina Lawson, Principal

C. School Board Recognition Month - Superintendent Dr. Kevin Ivers

X. Hearing of Citizens Present

XI. Adjournment

2414 - REPRODUCTIVE HEALTH AND FAMILY PLANNING

These guidelines have been developed to assist staff in implementing the district's program for sex education and AIDS education. The term sex education will include instruction related to reproductive health and family planning, human sexuality, emotional, physical, psychological, hygienic, economic, and social aspects of family life, venereal diseases, noncasual-contact communicable diseases such as AIDS, and abstinence from sex as a responsible method for restriction and prevention of noncasual-contact communicable diseases and as a positive life-style for unmarried young people.

The District curriculum shall emphasize:

- A. Instruction on human immunodeficiency virus infection and acquired immunodeficiency syndrome shall emphasize that abstinence from sex is a positive lifestyle for unmarried young people because abstinence is the only protection that is 100% effective against unplanned pregnancy, sexually transmitted disease, and sexually transmitted human immunodeficiency virus infection and acquired immunodeficiency syndrome;
- B. Use of material and instruction in the sex education curriculum that discusses sex shall be age-appropriate, shall be medically accurate, and shall do at least all of the following:
 1. Discuss the benefits of abstaining from sex until marriage and the benefits of ceasing sex if a student is sexually active.
 2. Include a discussion of the possible emotional, economic, and legal consequences of sex.
 3. Stress that unplanned pregnancy and sexually transmitted diseases are serious possibilities of sex that are not fully preventable except by abstinence.
 4. Advise students of the laws pertaining to their responsibility as parents to children born in and out of wedlock.
 5. Ensure that students are not taught in a way that condones the violation of the laws of this State pertaining to sexual activity, including, but not limited to first, second, third, and fourth degree criminal sexual conduct; gross indecency between male and female persons, between male persons, between female persons as well as sodomy with mankind or with any animal.
 6. Teach students how to say "no" to sexual advances and that it is wrong to take advantage of, harass, or exploit another person sexually.
 7. Teach refusal skills and encourage students to resist pressure to engage in risky behavior.
 8. Teach that the student has the power to control personal behavior. Students shall be taught to base their actions on reasoning, self-discipline, a sense of responsibility, self-control, and ethical considerations such as respect for self and others.
 9. Provide instruction on healthy dating relationships and on how to set limits and recognize a dangerous environment.
 10. Provide information for students about how young parents can learn more about adoption services and about the provisions of the safe delivery of newborns.
 11. Include information clearly informing students that having sex or sexual contact with an individual under the age of sixteen (16) is a crime punishable by imprisonment and that conviction of this crime requires listing on the sex offender registry on the Internet for up to twenty-five (25) years.

- C. Include behavioral risk reduction strategies, as defined by law, that are not 100% effective against unplanned pregnancy, sexually transmitted disease, and sexually transmitted human immunodeficiency virus infection and acquired immunodeficiency syndrome.

Sex Education Advisory Board

The Board of Education shall not offer instruction in sex education, including family planning and human sexuality, prior to appointment and meeting of the Advisory Board.

The Board shall appoint and shall determine terms of service for the Sex Education Advisory Board, the number of members to serve on the advisory board, and a membership selection process that reasonably reflects the District population, and shall appoint two (2) co-chairs for the Advisory Board, at least one (1) of whom is a parent of a child attending a school in the District.

At least one-half (1/2) of the members of the Sex Education Advisory Board shall be parents who have a child attending a school operated by the District, and a majority of these parent members shall be individuals who are not employed by the District. The Advisory Board shall include students of the District, educators, local clergy, and community health professionals.

Written or electronic notice of a Sex Education Advisory Board meeting shall be sent to each member at least two (2) weeks before the date of the meeting.

Role of the Sex Education Advisory Board

The Advisory Board shall do all of the following:

- A. Establish program goals and objectives for student knowledge and skills that are likely to reduce the rates of sex, pregnancy, and sexually transmitted diseases.
- B. Review the materials and methods of instruction used and make recommendations to the Board of the School District for implementation. The Advisory Board shall take into consideration the school district's needs, demographics, and trends, including, but not limited to, teenage pregnancy rates, sexually transmitted disease rates, and incidents of student sexual violence and harassment.
- C. At least once every two (2) years, evaluate, measure, and report the attainment of program goals and objectives established by Sex Education Advisory Board (SEAB). The Board of a School District shall make the resulting report available to parents in the School District.
- D. Before adopting any revisions in the materials or methods used in instruction including, but not limited to, revisions to provide for the teaching of abstinence from sex as a method of preventing unplanned or out-of-wedlock pregnancy and sexually transmitted disease, public hearings must be held. At least two (2) public hearings on the proposed revisions must be held. The hearings shall be held at least one (1) week apart and public notice of the hearings shall be given in the manner required under the Open Meetings Act.

A person shall not dispense or otherwise distribute in a public school or on public school property a family planning drug or device.

A Confirmation Checklist Form 2413/[Form 2414 F2](#) has been prepared which is based on the Michigan Department of Education's sex education guidelines and is designed to ensure that the program is implemented properly and minimizes concern by parents or other interested parties.

Each principal should use the Checklist in working with the school staff at the beginning of each school year. Prior to the start of the program each year, the principal should inform parents of their rights concerning the program. (See [Form 2414 F1](#)). Also, whenever any additions or modifications are made to the program, the Board shall conduct two (2) public hearings before the program can be approved and implemented. Once the program has been started, a copy of the completed confirmation should be sent to the Superintendent's Office by no later than September 15th and the original should be maintained in the school office.

In the event of a complaint about the program, the person or party should be made aware of the Board's complaint procedure described in Policy [9130](#). This policy is available at both the Superintendent's Office and the office of each school. Any such complaint is most likely to concern the program itself or its implementation rather than the particular person teaching the program. Therefore, as the policy indicates, the complaint is to be handled by the school's principal and not by a teacher. Be sure the complainant receives a copy of the procedure either through the mail or by coming to the office. Complaints that originate at the central office are to be handled in the same manner.

Although the law allows a student to be excused from classes but not the course, no student is to be excused from a lesson or activity in either program unless and until the parent has come to the school, reviewed the program lessons and materials, had the opportunity to observe the instruction, if so desired, and filed a complaint in accordance with Policy [9130](#). The principal is to make sure the materials are available and that any complaint is focused on a particular topic or type of activity rather than on general reactions.

M.C.L.A. 380.1507

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**Current Revised School Code (PA 451 of 1976) and State School Aid Act (PA 94 of 1979)
Provisions Regarding the Teaching of HIV/AIDS, Sex Education,
Health Education, and Physical Education in Michigan Schools**

380.1169 Dangerous communicable diseases; human immunodeficiency virus infection and acquired immunodeficiency virus infection; teacher training; teaching materials; curricula; teaching of abstinence from sex.

Sec. 1169. (1) The principal modes by which dangerous communicable diseases, including, but not limited to, human immunodeficiency virus infection and acquired immunodeficiency syndrome, are spread and the best methods for the restriction and prevention of these diseases shall be taught in every public school in this state. Subject to subsection (3) and section 1507b, the teaching under this section shall stress that abstinence from sex is a responsible and effective method for restriction and prevention of these diseases and is a positive lifestyle for unmarried young people.

(2) Except for licensed health care professionals who have received training on human immunodeficiency virus infection and acquired immunodeficiency syndrome, each person who teaches K to 12 pupils about human immunodeficiency virus infection and acquired immunodeficiency syndrome pursuant to subsection (1) shall have training in human immunodeficiency virus infection and acquired immunodeficiency syndrome education for young people. The superintendent of public instruction, in cooperation with the department of public health, shall train trainers to provide the teacher training required by this subsection and shall provide for the development and distribution to school districts of medically accurate material on the teaching of human immunodeficiency virus infection and acquired immunodeficiency syndrome to young people.

(3) The choice of curricula to be used for human immunodeficiency virus infection and acquired immunodeficiency syndrome education required to be taught under subsection (1) shall be approved by the appropriate school board and implemented in the school setting not later than October 1, 1990. Before adopting any revisions to the curriculum implemented under this section, including, but not limited to, revisions to provide for the teaching of abstinence from sex as a responsible method for restriction and prevention of disease, a school board shall hold at least 2 public hearings on the proposed revisions. The hearings shall be held at least 1 week apart and public notice of the hearings shall be given in the manner required under section 1201 for board meetings. A public hearing held pursuant to this section may be held in conjunction with a public hearing held pursuant to section 1507.

380.1170 Physiology and hygiene; instruction; development of comprehensive health education programs; conflict with religious beliefs.

Sec. 1170. (1) Instruction shall be given in physiology and hygiene, with special reference to substance abuse, including the abusive use of tobacco, alcohol, and drugs, and their effect upon the human system.

(2) Comprehensive health education programs shall be developed as prescribed by Act No. 226 of the Public Acts of 1969, being sections 388.381 to 388.385 of the Michigan Compiled Laws.

(3) A child upon the written statement of parent or guardian that instruction in the characteristics or symptoms of disease is in conflict with his or her sincerely held religious beliefs shall be excused from attending classes where such instruction is being given and no penalties as to credit or graduation shall result therefrom.

380.1502 Health and physical education; establishment; course in physical education required; extracurricular athletics as meeting requirement.

Sec. 1502. (1) Health and physical education for pupils of both sexes shall be established and provided in all public schools of this state. Subject to subsection (2), each pupil attending public school in this state who is physically fit and capable of doing so shall take the course in physical education.

(2) A school district may credit a pupil's participation in extracurricular athletics or other extracurricular activities involving physical activity as meeting the physical education requirement for the pupil under subsection (1).

380.1506 Program of instruction in reproductive health; supervision; request to excuse pupil from attendance; "reproductive health" defined.

Sec. 1506. (1) A program of instruction in reproductive health shall be supervised by a registered physician, a registered nurse, or other person certified by the state board as qualified. Upon the written request of a pupil or the pupil's parent or guardian, a pupil shall be excused, without penalty or loss of academic credit, from attending classes in which the subject of reproductive health is under discussion.

(2) As used in subsection (1) and sections 1507 and 1508, "reproductive health" means that state of an individual's well-being which involves the reproductive system and its physiological, psychological, and endocrinological functions.

380.1507 Instruction in sex education; instructors, facilities, and equipment; stressing abstinence from sex; elective class; notice to parent or guardian; request to excuse pupil from attendance; qualifications of teacher; sex education advisory board; public hearing; distribution of family planning drug or device prohibited; "family planning," "class," and "course" defined.

Sec 1507. (1) The board of a school district may engage qualified instructors and provide facilities and equipment for instruction in sex education, including family planning, human sexuality, and the emotional, physical, psychological, hygienic, economic, and social aspects of family life. Instruction may also include the subjects of reproductive health and the recognition, prevention, and treatment of sexually transmitted disease. Subject to subsection (7) and section 1507b, the instruction described in this subsection shall stress that abstinence from sex is a responsible and effective method of preventing unplanned or out-of-wedlock pregnancy and sexually transmitted disease and is a positive lifestyle for unmarried young people.

(2) The class described in subsection (1) shall be elective and not a requirement for graduation.

(3) A pupil shall not be enrolled in a class in which the subjects of family planning or reproductive health are discussed unless the pupil's parent or guardian is notified in advance of the course and the content of the course, is given a prior opportunity to review the materials to be used in the course and is notified in advance of his or her right to have the pupil excused from the class. The state board shall determine the form and content of the notice required in this subsection.

(4) Upon the written request of a pupil or the pupil's parent or legal guardian, a pupil shall be excused, without penalty or loss of academic credit, from attending a class described in subsection (1).

(5) A school district that provides a class as permitted by subsection (1) shall offer the instruction by teachers qualified to teach health education. A school district shall not offer this instruction unless a sex education advisory board is established by the board of the school district. The board of a school district shall determine terms of service for the sex education advisory board, the number of members to serve on the advisory board, and a membership selection process that reasonably reflects the school district population, and shall appoint 2 co-chairs for the advisory board, at least 1 of whom is a parent of a child attending a school operated by the school district. At least 1/2 of the members of the sex education advisory board shall be parents who have a child attending a school operated by the school district, and a majority of these parent members shall be individuals who are not employed by a school district. The board of a school district shall include pupils of the school district, educators, local clergy, and community health professionals on the sex education advisory board. Written or electronic notice of a sex education advisory board meeting shall be sent to each member at least 2 weeks before the date of the meeting. The advisory board shall do all of the following:

(a) Establish program goals and objectives for pupil knowledge and skills that are likely to reduce the rates of sex, pregnancy, and sexually transmitted diseases. This subdivision does not prohibit a school district from establishing additional program goals and objectives that are not contrary to this section, section 1169, or section 1507b.

(b) Review the materials and methods of instruction used and make recommendations to the board of the school district for implementation. The advisory board shall take into consideration the school district's needs, demographics, and trends, including, but not limited to, teenage pregnancy rates, sexually transmitted disease rates, and incidents of student sexual violence and harassment.

(c) At least once every 2 years, evaluate, measure, and report the attainment of program goals and objectives established under subdivision (a). The board of a school district shall make the resulting report available to parents in the school district.

(6) Before adopting any revisions in the materials or methods used in instruction under this section, including, but not limited to, revisions to provide for the teaching of abstinence from sex as a method of preventing unplanned or out-of-wedlock pregnancy and sexually transmitted disease, the board of a school district shall hold at least 2 public hearings on the proposed revisions. The hearings shall be held at least 1 week apart and public notice of the hearings shall be given in the manner required under section 1201 for board meetings. A public hearing held pursuant to this section may be held in conjunction with a public hearing held pursuant to section 1169.

(7) A person shall not dispense or otherwise distribute in a public school or on public school property a family planning drug or device.

(8) As used in this section, "family planning" means the use of a range of methods of fertility regulation to help individuals or couples avoid unplanned pregnancies; bring about wanted births; regulate the intervals between pregnancies; and plan the time at which births occur in relation to the age of parents. It may include the study of fetology. It may include marital and genetic information. Clinical abortion shall not be considered a method of family planning, nor shall abortion be taught as a method of reproductive health.

(9) As used in this section and sections 1506 and 1507a:

(a) "Class" means an instructional period of limited duration within a course of instruction and includes an assembly or small group presentation.

(b) "Course" means a series of classes linked by a common subject matter.

380.1507a Notice of excuse from class; enrollment.

Sec. 1507a. If a parent or legal guardian of a pupil files with the public school in which the pupil is enrolled a continuing written notice that the pupil is to be excused from a class described in section 1507, the pupil shall not be enrolled in a class described in section 1507 unless the parent or legal guardian submits a written authorization for that enrollment.

380.1507b Sex education and instruction; curriculum requirements.

Sec. 1507b. (1) Instruction under section 1507 in sex education and instruction under section 1169 on human immunodeficiency virus infection and acquired immunodeficiency syndrome shall emphasize that abstinence from sex is a positive lifestyle for unmarried young people because abstinence is the only protection that is 100% effective against unplanned pregnancy, sexually transmitted disease, and sexually transmitted human immunodeficiency virus infection and acquired immunodeficiency syndrome.

(2) Material and instruction in the sex education curriculum under section 1507 that discusses sex shall be age-appropriate, shall not be medically inaccurate, and shall do at least all of the following:

- (a) Discuss the benefits of abstaining from sex until marriage and the benefits of ceasing sex if a pupil is sexually active.
- (b) Include a discussion of the possible emotional, economic, and legal consequences of sex.
- (c) Stress that unplanned pregnancy and sexually transmitted diseases are serious possibilities of sex that are not fully preventable except by abstinence.
- (d) Advise pupils of the laws pertaining to their responsibility as parents to children born in and out of wedlock.
- (e) Ensure that pupils are not taught in a way that condones the violation of the laws of this state pertaining to sexual activity, including, but not limited to, sections 158, 335a, 338, 338a, 338b, and 520b to 520e of the Michigan penal code, 1931 PA 328, MCL 750.158, 750.335a, 750.338, 750.338a, 750.338b, and 750.520b to 750.520e.
- (f) Teach pupils how to say "no" to sexual advances and that it is wrong to take advantage of, harass, or exploit another person sexually.
- (g) Teach refusal skills and encourage pupils to resist pressure to engage in risky behavior.
- (h) Teach that the pupil has the power to control personal behavior. Pupils shall be taught to base their actions on reasoning, self-discipline, a sense of responsibility, self-control, and ethical considerations such as respect for self and others.
- (i) Provide instruction on healthy dating relationships and on how to set limits and recognize a dangerous environment.
- (j) Provide information for pupils about how young parents can learn more about adoption services and about the provisions of the safe delivery of newborns law, chapter XII of the probate code of 1939, 1939 PA 288, MCL 712.1 to 712.20.
- (k) Include information clearly informing pupils that having sex or sexual contact with an individual under the age of 16 is a crime punishable by imprisonment and that 1 of the other results of being convicted of this crime is to be listed on the sex offender registry on the internet for up to 25 years.

(3) This section does not prohibit a public school from offering sex education with behavioral risk reduction strategies, as defined by law, that are not 100% effective against unplanned pregnancy, sexually transmitted disease, and sexually transmitted human immunodeficiency virus infection and acquired immunodeficiency syndrome.

388.1766 Dispensing or distributing family planning or drug or device, dispensing prescriptions for family planning drug, or making referrals for abortion; forfeiture.

Sec. 166. A district in which a school official, member of a board, or other person dispenses or otherwise distributes a family planning drug or device in a public school in violation of section 1507 of the revised school code, being section 380.1507 of the Michigan Compiled Laws, dispenses prescriptions for any family planning drug, or makes referrals for abortions shall forfeit 5% of its total state aid appropriation.

388.1766a Instruction in reproductive health or other sex education; complaint process.

Sec. 166a.

(1) In order to avoid forfeiture of state aid under subsection (2), the board of a district or intermediate district providing reproductive health or other sex education instruction under section 1169, 1506, or 1507 of the revised school code, MCL 380.1169, 380.1506, and 380.1507, or under any other provision of law, shall ensure that all of the following are met:

(a) That the district or intermediate district does not provide any of the instruction to a pupil who is less than 18 years of age unless the district or intermediate district notifies the pupil's parent or legal guardian in advance of the instruction and the content of the instruction, gives the pupil's parent or legal guardian a prior opportunity to review the materials to be used in the instruction, allows the pupil's parent or legal guardian to observe the instruction, and notifies the pupil's parent or legal guardian in advance of his or her rights to observe the instruction and to have the pupil excused from the instruction.

(b) That, upon the written request of a pupil's parent or legal guardian or of a pupil if the pupil is at least age 18, the pupil shall be excused, without penalty or loss of academic credit, from attending class sessions in which the instruction is provided.

(c) That the sex education instruction includes age-appropriate information clearly informing pupils at 1 or more age-appropriate grade levels that having sex or sexual contact with an individual under the age of 16 is a crime punishable by imprisonment, and that 1 of the other results of being convicted of this crime is to be listed on the sex offender registry on the internet for up to 25 years.

(2) If a parent or legal guardian of a pupil enrolled in a district or intermediate district believes that the district or intermediate district has violated this section or section 1169, 1506, or 1507 of the revised school code, MCL 380.1169, 380.1506, and 380.1507, he or she may file a complaint with the superintendent or chief administrator of the district or intermediate district in which the pupil is enrolled. Upon receipt of the complaint, the superintendent or chief administrator of the district or intermediate district shall investigate the complaint and, within 30 days after the date of the complaint, provide a written report of his or her findings to the parent or legal guardian who filed the complaint and to the superintendent of public instruction. If the investigation reveals that 1 or more violations have occurred, the written report shall contain a description of each violation and of corrective action the district or intermediate district will take to correct the situation to ensure that there is no further violation. The district or intermediate district shall take the corrective action described in the written report within 30 days after the date of the written report.

(3) If a parent who has filed a complaint with a district under subsection (2) believes that the district is still not in compliance with law based on the findings made by the superintendent or chief administrator of the district, the parent may appeal the findings to the intermediate district in which the district is located. If there is an appeal to an intermediate district under this subsection, the intermediate superintendent of the intermediate district shall investigate the complaint and, within 30 days after the date of the appeal, provide a written report of his or her findings to the parent or legal guardian who filed the appeal and to the superintendent of public instruction. If the investigation by the intermediate superintendent reveals that 1 or more violations have occurred, the intermediate superintendent in consultation with the local district shall develop a plan for corrective action for the district to take to correct the situation to ensure that there is no further violation, and shall include this plan for corrective action with the written report provided to the parent or legal guardian and the superintendent of public instruction. The district shall take the corrective action described in the plan within 30 days after the date of the written report.

(4) If a parent who has filed a complaint with an intermediate district under subsection (2) or a parent who has filed an appeal with an intermediate district under subsection (3) believes that the district or intermediate district is still not in compliance with law based on the findings made by the intermediate superintendent of the intermediate district, the parent may appeal the findings to the department. If there is an appeal to the department under this subsection, the department shall investigate the complaint and, within 90 days after the date of the appeal, provide a written report of its findings to the parent or legal guardian who filed the appeal, to the superintendent of public instruction, and to the district and intermediate district. If the department finds 1 or more violations as a result of its investigation, then all of the following apply:

(a) The department shall develop a plan for corrective action for the district or intermediate district to take to correct the situation to ensure that there is no further violation, and shall include this plan for corrective action with the written report provided to the parent or legal guardian, the superintendent of public instruction, and the district or intermediate district. The district or intermediate district shall take the corrective action described in the plan within 30 days after the date of the written report.

(b) In addition to withholding the percentage of state school aid forfeited by the district or intermediate district under subsection (5), the department may assess a fee to the district or intermediate district that committed the violation in an amount not to exceed the actual cost to the department of conducting the investigation and making the reports required under this subsection.

(5) If an investigation conducted by the department under subsection (4) reveals that a district or intermediate district has committed 1 or more violations of this section or section 1169, 1506, or 1507 of the revised school code, MCL 380.1169, 380.1506, and 380.1507, the district or intermediate district shall forfeit an amount equal to 1% of its total state school aid allocation under this act.

(6) The department, with the approval of the superintendent of public instruction, shall establish a reasonable process for a complainant to appeal to the department under subsection (4). The process shall not place an undue burden on the complainant, the district or intermediate district, or the department.

(7) The department shall track the number of complaints and appeals it receives under this section for the 2004-2005 school year and, not later than the end of that school year, shall submit a report to the standing committees and appropriations subcommittees of the legislature having jurisdiction over education legislation and state school aid that details the number and nature of those complaints and appeals and the cost to the department of handling them.

HIV and Sex Education Guidelines for Guest Speakers

1. Background Information for Speakers

- ◆ Be familiar with **state laws** governing both HIV/STD education and sex education in Michigan public schools.
- ◆ Know that most decisions about the content of programs are made at **the district level**. This means that **teachers** need to follow the **district's approved program**.
- ◆ Understand that school districts need to go through a **multi-step approval process when changing** the content or methods of their HIV/STD and/or sex education programs.
- ◆ **Provide schools in advance** with as much information as possible regarding content, methods, and educational materials that will be included in a presentation.
- ◆ Understand that the scope of the presentation needs to **stay within the outlined curriculum objectives** for the grade level(s) being addressed. When in doubt, speakers should err on the side of caution.
- ◆ Be sure a trained **teacher stays in the room** during a guest presentation.

2. Questions to Ask in Advance to Stay within School Policy

- ◆ What topics are covered at each of the grade levels?
- ◆ Are there certain topics that cannot be discussed at all?
- ◆ Are there topics that can only be discussed in a **limited fashion**?
- ◆ Are there topics that can be discussed **only if students ask questions**?

3. Questions to Ask in Advance to Maximize Effectiveness of the Presentation

- ◆ How does this presentation fit into the larger HIV/STD prevention program? Where does it fall? What has already been covered? What is still going to be covered?
- ◆ What does the school/teacher see as the **major goal of this presentation**?
 - Building empathy?
 - Increasing students' sense of vulnerability?
 - Conveying information? About what topics/issues?

Questions? Call Laurie Bechhofer, HIV/STD Education Consultant, Michigan Department of Education, BechhoferL@Michigan.Gov or 517-335-7252.

Berrien Regional Education Service Agency
Lighthouse Education Center
379 W. Glenlord Road
St. Joseph, MI 49085
(269) 429-2351

[DATE]

NOTIFICATION TO PARENTS/GUARDIANS

The Berrien Regional Education Service Agency Board of Education has established a program of instruction, which includes HIV/AIDS and other serious communicable disease prevention education, to comply with state requirements.

According to Michigan law, you have the right to review the materials and curriculum content to be used in HIV and other serious communicable disease prevention education. The local board of education, in compliance with the statute, has made the materials or curriculum guides available for your review. If you wish to review the materials or curriculum content, please contact your school to arrange a time for your review. You also have the right to observe instruction in your child's classroom. If you wish to do this, please call your school to make arrangements.

Instruction will include basic guidelines to stay safe from germs, blood, and how to get help. If you have any questions regarding this information, please contact the PE & Health teacher, Mrs. Brumbaugh, at emily.brumbaugh@berrienresa.org or 269-429-2351.

This statute allows you to excuse your child from participation in the classes that include HIV and other serious communicable disease prevention instruction, if you choose. If you wish to exercise your right to excuse your child from instruction without penalty, please send written notice to the principal of your child's school.

Sincerely,

Erik Haskins, Principal
Lighthouse Education Center
(269) 429-2351

Parent Request to Excuse Student From HIV/AIDS Education

1. My child **MAY BE INCLUDED** in this instruction. If you choose this option, you **DO NOT** need to return this form to school.

- _____ 2. My child **WILL BE EXCUSED** from the instruction and all future HIV/AIDS and other serious communicable disease prevention education instruction this year, until I further notify the principal of my child's school.

Student Name: _____

Parent Signature

Date

Berrien Regional Education Service Agency
Lighthouse Education Center
379 W. Glenlord Road
St. Joseph, MI 49085
(269) 429-2351

NOTIFICATION TO PARENTS/GUARDIANS

[DATE]

The Berrien Regional Education Service Agency Board of Education has established a program of instruction, which includes HIV/AIDS and other serious communicable disease prevention education and healthy sexuality education.

According to Michigan law, you have the right to review the materials and curriculum content to be used in HIV and other serious communicable disease prevention education, as well as healthy sexuality education. The local board of education, in compliance with the statute, has made the materials or curriculum guides available for your review. If you wish to review the materials or curriculum content, please contact your school to arrange a time for your review. You also have the right to observe instruction in your child's classroom. If you wish to do this, please call your school to make arrangements.

The HIV/AIDS prevention and Healthy Sexuality Unit will be primarily be taught throughout the months of April and May but also addressed at is pertains to other areas of Health that will be taught throughout the Second Semester, February-May. **Instruction will include information how to be safe in a variety of situations, with regard to disease and relationships. They will also be taught how to be appropriate regarding this subject matter, especially with peers and in school.** If you have any questions, please contact the PE & Health teacher, Mrs. Brumbaugh, at emily.brumbaugh@berrienresa.org or 269-429-2351.

This statute allows you to excuse your child from participation in the classes that include HIV and other serious communicable disease prevention instruction, as well as sex education if you choose. If you wish to exercise your right to excuse your child from instruction without penalty, please send written notice to the principal of your child's school.

Sincerely,

Erik Haskins, Principal
Lighthouse Education Center
(269) 429-2351

Parent Request to Excuse Student From HIV Education and/or Healthy Sexuality Education

1. My child **MAY BE INCLUDED** in this instruction. If you choose this option, you **DO NOT** need to return this form to school.
2. My child **WILL BE EXCUSED** from the instruction and all future reproductive health education instruction until I further notify the principal of my child's school.

Student Name: _____

Parent Signature

Date

NOTIFICATION TO PARENTS/GUARDIANS

The Berrien Regional Education Service Agency Board of Education has established a program of instruction, which includes HIV/AIDS and other serious communicable disease prevention education and sexuality education.

According to Michigan law, you have the right to review the materials and curriculum content to be used in HIV and other serious communicable disease prevention education, as well as sex education. The local board of education, in compliance with the statute, has made the materials or curriculum guides available for your review. If you wish to review the materials or curriculum content, please contact your school to arrange a time for your review. You also have the right to observe instruction in your child’s classroom. If you wish to do this, please call your school to make arrangements.

This statute allows you to excuse your child from participation in the classes that include HIV and other serious communicable disease prevention instruction, as well as sex education if you choose. If you wish to exercise your right to excuse your child from instruction without penalty, please send written notice to the principal of your child’s school.

Sincerely,

Tina Lawson, Principal
 Blossomland Learning Center
 (269) 473-2600

**Parent Request to Excuse Student From
 Reproductive Health and/or HIV Education**

- ___ 1. My child may be included in this instruction. If you choose this option, you do not need to return this form to school.

- ___ 2. My child will be excused from the instruction and all future reproductive health education instruction until I further notify the principal of my child’s school.

Student Name: _____

 Parent Signature Date

September 5, 2017

Dear Parents and Caregivers,

We will be working on personal health and hygiene skills in Teen Pod. In order to teach self-care skills, we will need to use hand over hand instruction that will lead to independent self care. However, we need your permission **prior** to allowing your student to be involved in the hands on learning needed in teaching such skills to your student.

The following is a list of skills your student will be working on:

- Nail Care (no nail clipping is allowed at school due to potential health reasons.)
- Hair Care
- Brushing Teeth
- Make up (ladies only)
- Personal Hygiene Products
- Skin Care
- Shaving (by demonstration via curriculum video, not in class).

I look forward to working with the young ladies and young men in teen pod. If you have any questions or concerns please give us a call at (269) 473-2600.

Sincerely,

Jessica McAuliffe, Danielle Shortsle, Jenny Moskalik, Sarah Klee, Linda Barker, DeLynn Williams.

Please Return to School as soon as possible.

Student's Name: _____

____ Has my permission to participate in the class and the activities described above.

____ **I don't** give permission for my student to participate in this class or activities.

____ I would like my student to participate BUT with these exceptions.

Parent/Guardian: _____

Date: _____



HIV Infection and AIDS

HIV stands for Human Immunodeficiency Virus. It is the virus that causes people to become sick and eventually get AIDS.

AIDS stands for Acquired Immune Deficiency Syndrome. This is the name of the disease caused by HIV.

**Fact
or
Myth?**

Directions:

Part 1: Mark your answers in the Pre-Test column on the right side of this page. Fold your page on the dotted line.

Part 2: After the video, mark your answers in the Post-Test column. Unfold your page and compare your answers.

	Post-Test	Pre-Test
1. HIV and AIDS keep the immune system from fighting diseases and infections.	_____	_____
2. People who take care of themselves and take their medicine will be cured of AIDS.	_____	_____
3. Only people who inject drugs need to know about AIDS.	_____	_____
4. It is safe to go to school with someone who has AIDS.	_____	_____
5. When a person has AIDS, he or she is always sick or in the hospital.	_____	_____
6. Once people know the facts about AIDS, they usually react with fear and panic.	_____	_____
7. The main ways people get HIV are from injecting drugs or having sex with someone who is infected.	_____	_____
8. HIV attacks the cells of the skin, and then the person gets better.	_____	_____
9. HIV is hard to get if a person isn't sharing needles or having sex with an infected person.	_____	_____
10. It is possible for a person to have HIV, and not have AIDS.	_____	_____
11. Scientists are studying HIV and AIDS so they can find a cure or treatment.	_____	_____
12. People who have AIDS should be left alone.	_____	_____

NAME: _____ DATE: _____

1. What is the only 100% effective way to NOT become/get a female pregnant or contract an STI?

2. HIV causes

- a. Syphilis
- B. AIDS
- c. The common cold
- d. Pneumonia

3. HIV is transmitted by

- a. Toilet seats and mosquitoes
- b. Tears, urine, and sweat
- c. Kissing and shaking hands
- d. Blood and sex fluids

4. Which statement is true?

- a. Anyone can be infected with HIV
- b. Only drug users get HIV
- c. People under 25 don't get HIV
- d. People in small towns rarely get HIV

5. Medications to treat HIV infection

- a. Can cure the disease
- b. Slow down the disease
- c. Don't have much effect
- d. Only work for men

6. HIV attacks the

- a. Heart
- b. Sex Organs
- c. Immune System
- d. Lungs

7. Identify 3 ways you can show your partner you LOVE them, without putting yourself or them at risk of pregnancy or an STI.

Sex Ed Test- Middle School 2017

*Adapted from Human Relations Media, *Understanding HIV And AIDS*

NAME: _____

DATE: _____

8. An HIV test shows if you have

- a. AIDS
- b. HIV
- c. A healthy immune system
- d. Healthy blood

9. How many people under 25 get HIV infections each year?

- a. Very few
- b. About a quarter of all new cases
- c. About half of all new cases
- d. About three-quarters of all new cases

10. Which activities can spread HIV?

- a. Unprotected sex, sharing needles, breast-feeding a baby
- b. Eating in a restaurant where people with HIV work
- c. Playing sports with a person with HIV
- d. Sneezing, coughing, and spitting

11. Statutory rape:

- a. Is impossible when one or both partners is willing.
- b. Refers to having sexual feelings that do not result in sexual activity.
- c. Is a crime that can only be committed by males.
- d. Is having sex with anyone who has not reached the legal age of consent.

12. Practicing abstinence from sex protects:

- a. Your health
- b. Your future
- c. Your reputation
- d. All of the above

13. Identify 2 ways to refuse sex, sexual activities, and/or risky situations. (What can you say/do?)

NAME: _____ DATE: _____

- 14. Identify one resource in your local community that can provide information, counseling, and testing related to relationships, sexual violence, pregnancy, STIs/HIV, and contraception?

- 15. Make a healthy and positive goal for yourself, regarding sexual activity decision making. How will you make sure to keep yourself on track to accomplish this goal?

GOAL: _____

How I will accomplish this goal:

NAME: _____ DATE: _____

1. What is the only 100% effective way to NOT become/get a female pregnant or contract an STI?

2. To avoid the risk of fetal alcohol syndrome (FAS) in babies, a pregnant female should:
 - a. avoid alcohol use during pregnancy.
 - b. drink only lightly to combat the stress of pregnancy.
 - c. drink caffeine to combat the effects of alcohol.
3. For most females, ovulation occurs:
 - a. During menstruation.
 - b. Near days 13 or 14 of the menstrual cycle.
 - c. When the unfertilized ovum disintegrates.
4. The hormone responsible for causing the sudden emotional changes and sexual feelings that occur in males during puberty is:
 - a. Estrogen.
 - b. LH.
 - c. Testosterone.
 - d. Progesterone.
5. It is impossible to become pregnant:
 - a. If it is the female's first time.
 - b. If it is the male's first time.
 - c. If a couple uses birth-control methods.
 - d. Only if a person practices abstinence from sexual activity.
6. Because of changes during puberty, a male may:
 - a. Have powerful changes in feelings.
 - b. Be unaccountable for his emotions.
 - c. Experience a decrease in testosterone.
7. Miscarriages occur most often:
 - a. Because of inadequate prenatal care.
 - b. In the first trimester of pregnancy.
 - c. In the second trimester of pregnancy.
8. Human papillomavirus (HPV) has been associated with an increased risk of:
 - a. Prostate cancer.
 - b. Cervical cancer.
 - c. Uterine cancer.
 - d. Breast cancer.

*Portions of this exam were adapted from LPS

*Updated 11/30/17

NAME: _____ DATE: _____

- 9. Waiting until marriage to have sex:
 - a. Protects against unwanted pregnancy.
 - b. Leads to the breakdown of family life.
 - c. Threatens emotional health.

- 10. An opportunistic infection is one that:
 - a. Is sexually transmitted.
 - b. Develops when new strains of pathogens enter the body.
 - c. May not appear for years after infection.
 - d. Develops in a person with a weakened immune system.

- 11. Smoking during pregnancy might cause a developing baby:
 - a. To be oversized.
 - b. To have a low birth weight.
 - c. To be delivered late.

- 12. What type of pathogen causes diseases such as Lyme disease, strep throat, tuberculosis, and gonorrhea?
 - a. Bacteria.
 - b. Fungi.
 - c. Viruses.
 - d. Protozoa.

- 13. Symptoms of viral hepatitis include:
 - a. Flu-like conditions and jaundice.
 - b. Sore throat and swollen lymph glands.
 - c. Discharge from the penis or vagina.
 - d. Pelvic inflammatory disease (PID).

- 14. Identify 3 ways you can show your partner you LOVE them, without putting yourself or them at risk of pregnancy or an STI.
 - a. _____
 - b. _____
 - c. _____

- 15. A white blood cell that surrounds and destroys pathogens is a:
 - a. B cell.
 - b. T cell.
 - c. Macrophage.
 - d. Rickettsia.

*Portions of this exam were adapted from LPS
*Updated 11/30/17

NAME: _____ DATE: _____

16. Which of the following statements about Chlamydia is NOT true?
- a. Chlamydia bacteria can continue to multiply in a male who does not know he is infected.
 - b. A painless open sore may develop at the site where the bacteria entered the body.
 - c. Symptoms in females include inflammation of the vagina and cervix, a burning sensation during urination, and an unusual discharge from the vagina.
 - d. One-fourth of infected males and one-half of infected females have no symptoms.
17. Blood from the mother-to-be carries nutrients and oxygen to the embryo through the:
- a. Placenta.
 - b. Fallopian tubes.
 - c. Umbilical cord.
 - d. Endometrium.
18. _____ is the most common STI in the United States.
- a. Genital herpes
 - b. Gonorrhea
 - c. Chlamydia
 - d. Trichomoniasis
19. Statutory rape:
- a. Is impossible when one or both partners is willing.
 - b. Refers to having sexual feelings that do not result in sexual activity.
 - c. Is a crime that can only be committed by males.
 - d. Is having sex with anyone who has not reached the legal age of consent.
20. Practicing abstinence promotes health by:
- a. Reducing the risk of becoming infected with HIV & developing AIDS.
 - b. Reducing the risk of becoming infected with sexually transmitted infections (STIs).
 - c. Preventing teenage pregnancy.
 - d. All of the above.
21. HIV tests:
- a. Predict accurately whether a person has or will develop AIDS.
 - b. Measure the number of helper T cells in the bloodstream.
 - c. Detect HIV antibodies that develop as the immune system responds to the pathogen.
 - d. Are expensive and often have unpleasant side effects.

*Portions of this exam were adapted from LPS

*Updated 11/30/17

NAME: _____ DATE: _____

22. Practicing abstinence from sex protects:

- a. Your health.
- b. Your future.
- c. Your reputation.
- d. All of the above.

23. The first symptom of syphilis is usually:

- a. A chancre.
- b. A painless discharge.
- c. A skin rash.
- d. Fever.

24. If a teen has been sexually active and is infected with an STI:

- a. He/she should hide the condition from a potential marriage partner.
- b. He/she should seek treatment from a medical professional but tell no one.
- c. He/she should avoid allowing parents or guardians to learn of the condition.
- d. He/she should seek treatment from a medical professional and tell a parent or trusted adult immediately.

25. Who is responsible for controlling your behavior?

- a. Yourself
- b. The person that influenced you
- c. Your parents
- d. Your friends

26. Anti-retroviral drugs combat AIDS by

- a. Decreasing the HIV virus and increasing helper T cell counts.
- b. Killing the HIV virus.
- c. Causing the HIV virus to reproduce wildly.
- d. Preventing the side effects of other HIV/AIDS treatments.

27. Identify 2 ways to refuse sex, sexual activities, and/or risky situations.

(Think about: what you can say or do)

- a. _____
- b. _____

*Portions of this exam were adapted from LPS

*Updated 11/30/17

NAME: _____ DATE: _____

28. Steps teens, who have been sexually active, can take to change their behavior include

- a. Maintaining the same guidelines for expressing affection.
- b. Hiding the truth about being sexually active from parents or guardians.
- c. Breaking off a relationship with a partner who will not agree to practice abstinence.
- d. Spending more time with friends who are enablers.

29. A female can help reduce the symptoms of premenstrual syndrome by

- a. Increasing caffeine intake.
- b. Eating large amounts of salt.
- c. Exercising regularly.
- d. Drinking alcohol.

30. Sperm cells are produced by males in the

- a. Penis
- b. Vas deferens
- c. Testes
- d. Prostate gland

31. Parasitic STIs can be spread by

- a. Closed-mouth kissing
- b. Shaking or holding hands
- c. Contact with linens or clothing
- d. Using a telephone or computer that an infected person has used

32. Teen females who have babies

- a. Become the center of attention
- b. Are more likely to stay married to the baby's father than women who have babies later in life
- c. Are unlikely to further their education
- d. Usually are well prepared for parenthood

33. HIV could be transmitted by

- a. Closed-mouth kissing
- b. Coughing or sneezing
- c. Sharing bathroom facilities or water fountains
- d. Sharing a toothbrush or razor

34. Today, a cure for genital warts and herpes

- a. Is simple if the viruses are diagnosed early
- b. Consists of a few prescription medications
- c. Is much less painful than in the past
- d. Does not exist

*Portions of this exam were adapted from LPS

*Updated 11/30/17

NAME: _____ DATE: _____

35. To date, there have been no documented cases of HIV transmission through
- a. Semen
 - b. Breast milk
 - c. Saliva
 - d. Vaginal secretions

36. Compare and contrast 2 methods of birth control/contraception. Explain how it works and whether it protects 100% against pregnancy, STIs, and/or HIV.

- a. _____

37. If fertilization occurs, it usually occurs in

- a. A Fallopian tube
- b. The uterus
- c. The cervix
- d. An ovary

38. HIV is a pathogen that destroys infection-fighting

- a. T cells
- b. B cells
- c. Lymphocytes
- d. Bacteria

39. To avoid being pressured to be sexually active

- a. give reasons why you practice abstinence
- b. spend time with people who pressure you to be sexually active
- c. don't worry about whether your nonverbal behavior matches your message

40. When you practice abstinence, other teens

- a. Will know that you respond to peer pressure
- b. Will disrespect you
- c. Will respect you and be comfortable dating you because you do not pressure them to be sexually active
- d. Will worry that you will pressure them to be sexually active

*Portions of this exam were adapted from LPS

*Updated 11/30/17

NAME: _____ DATE: _____

41. Identify 2 resources (at least one local, in your community) that provide information, counseling, and testing related to relationships, sexual violence, pregnancy, and contraception. Include options for teens who are unable to care for a baby.

42. Make a healthy and positive goal for yourself, regarding sexual activity decision making. How will you make sure to keep yourself on track to accomplish this goal (At least 2 sentences)?

GOAL: _____

How I will accomplish this goal:

*Portions of this exam were adapted from LPS
*Updated 11/30/17

HEALTH & SEX EDUCATION

1. WE SHOULD SHOWER AND USE DEODORANT...
 - A. 1X A WEEK
 - B. ONLY AFTER WE EXERCISE
 - C. 1X A DAY
2. WE SHOULD BRUSH OUR TEETH...
 - A. AFTER EVERY MEAL
 - B. 1X A DAY
 - C. 1X A WEEK
3. WE CAN PREVENT GERMS FROM SPREADING BY WASHING OUR...
 - A. FEET
 - B. HANDS
 - C. HAIR
4. IS IT APPROPRIATE TO WEAR THE SAME SHIRT 2 DAYS IN A ROW?
YES OR NO
5. WHEN YOU ARE MEETING SOMEONE FOR THE FIRST TIME DO YOU...
 - A. HUG THEM
 - B. SHAKE THEIR HAND
 - C. IGNORE THEM
6. IS THERE EVER A GOOD REASON TO HIT SOMEONE?
YES OR NO
7. WHICH OF THE FOLLOWING SHOWS THAT WE RESPECT OURSELVES?
SMILING WEARING DIRTY CLOTHES HAVING GOOD MANNERS
EATING HEALTHY TAKING SHOWERS HITTING FRIENDS
8. THE BEST WAY TO PREVENT HIV IS...
 - A. ABSTINENCE
 - B. WEARING A CONDOM

TEEN POD – HEALTH & SEX EDUCATION

*** PRE TEST**

1ST. SEMESTER

HYGIENE / GROOMING

WEIGHT AND HEIGHT BEGINNING OF THE YEAR

SHOWERING

SHAVING

BRUSHING TEETH

NAILS

HAIR

WASHING HANDS

PUBERTY (BOYS/GIRLS)

EATING RIGHT

CLOTHING

CLEAN CLOTHES

CLOTHES THAT FIT PROPERLY

CLOTHES THAT MATCH

APPROPRIATE CLOTHES FOR SCHOOL/WORK

SOCIAL SKILLS

MANNERS

SOCIAL RELATIONSHIPS

HOW WE TREAT OTHERS

RESPECTING OURSELVES

SELF-ESTEEM

FEELINGS

2ND SEMESTER

SEXUAL ABUSE

HIV

BIRTH CONTROL

ABSTINENCE

SEXUAL EDUCATION

*** POST TEST**

Assessment Tool

The following assessment tool is based on the learning objectives covered in *Special Education: Secondary FLASH*. This assessment is designed to cover specific skills and topics presented in the lesson plans outlined. The questions are intended for use as part of a final assessment. If you wish to use them as a pretest, substitute the questions provided in parentheses when they occur.

- The questions are offered for your use, in creating your own individualized assessment tool to cover content you have chosen to teach in your class. Feel free to pick and choose from the questions presented, in order to cover the topics you have taught/plan to teach. Reword them if you like, to address specific aspects of the material you covered/plan to cover. Then combine them to meet your individual needs, retyping and leaving room for your students to respond, or use them as a verbal assessment tool, asking the questions and noting responses.
- In order for both the student and the interviewer to use this tool effectively, both must be as relaxed as possible. Since the subject matter is often private, it is advisable that the assessment be administered in a quiet, private, undisturbable location with few distractions. Spend some time "warming up" prior to beginning the assessment, and allow as much time as is necessary (usually 30-45 minutes) for the student to be sure they understand the questions and have as much time as they need to respond to the best of their ability. It is also important for both student and interviewer to be conscious that this is NOT a test, or something to get nervous or upset about - it's more like a measuring stick, or a prompter for a discussion about something that's not always easy to talk about. So be casual in presentation.
- Prior to administering this assessment for the first time, the interviewer should familiarize him/ herself with all of the questions, consider the range of appropriate answers, and plan ahead for any changes in language or method of administration that may be necessary to adapt this tool to meet individual student needs.
- When used as a PRETEST, it is important that the interviewer not supply answers or try to educate during administration. Answers can only be partial given the limited time available and may simply confuse the student. Explain that these questions are about information that will be discussed in a class coming soon. Answers to the questions should be recorded verbatim as much as possible, and the interviewer should not use facial gestures or body language to prompt or cue the student about the correctness of answers. The exceptions to this general rule come in the section on abuse, rape and signs of STDs. If the interviewer suspects from the answer that any of these issues are present in the student's life now or in the past, they should respond with the appropriate referral.
- When used as a POSTTEST, it is important again to not supply answers for a student's first attempt to answer the question - after all, we are trying to measure the knowledge they have gained through participating in the class. It is, however, appropriate to correct confusion and direct a student to resources about any incorrect answers after they have finished their answer. Be sure to note that you have done this on the form, and summarize your help/support/educational efforts/ thoughts for further education, at the end of the Posttest. Because time may be spent in education during the Posttest, try to allow for a longer block of time for administration.

Special Ed: Secondary FLASH Assessment

(For pretest, substitute the questions in parentheses)

1. Ground rules are important for a unit about social skills and sexuality because they make the classroom a safe and comfortable place to discuss hard topics. One of our class ground rules is: (A possible ground rule might be...)
2. The main difference between public and private is:
3. Label the following places as public or private:
 - A. bathroom
 - B. living room
 - C. on the bus
 - D. classroom
 - E. bedroom
4. Label the following parts of the body as private or not private:
 - A. eyes
 - B. arm
 - C. breast
 - D. knee
 - E. penis
5. Label the following behaviors as public or private:
 - A. picking your nose
 - B. riding the bus
 - C. adjusting your underwear
 - D. brushing your teeth
 - E. watching TV
6. If you do a private thing (behavior) in a public place, people who see you may think:
7. Families are important because:
8. For each of the following restroom signs tell which one a male would use, which one a female would use:
 - A. Ladies
 - B. M
 - C. W
 - D. Family
 - E. Boys
9. There are three different sets of feelings associated with self-esteem. They are:
 - A. I belong
 - B. I can do things
 - C. People appreciate me

Choose one of these sets of feelings and describe something that recently happened to you that made you feel this way.

10. What is a friend?
11. List three things you might do with a friend.
12. Name four different types of relationships.
13. What type(s) of touching is appropriate/OK for each of the above types of relationships?
14. List three different types of decisions.
(Some types of decisions are easy, others are harder and require more thought. Can you give me an example of a choice that's easy to make? Can you give me an example of a decision that might be harder - require more thought?)
15. What are the four steps of decision-making for decisions that need more thought?
(What might you want to think about if you were making an important decision that required a lot of thought?)
16. There are three different types of touch - Always fair, sometimes fair, never fair. Label each of the examples.
 - A. tickling
 - B. hitting
 - C. pinching
 - D. hugging
 - E. touching private parts without permission
17. If you are touched in a way that makes you feel uncomfortable or scared, you should:
18. Name two different types of communication.
19. Paraphrase means: _____. Give an example of a paraphrase.
20. The two steps involved in asking honestly for what you want are:
(What's a good way to ask for something that you want?)
21. The two steps involved in taking "No" for an answer are:
(What could you do if someone says "No" to you?)
22. The three steps involved in saying "No" are:
(What words could you use to say "No" to someone else?)
23. List three body changes that occur during puberty as girls become women.
24. List three body changes that occur during puberty as boys become men.
25. List two feelings that may change or emerge during puberty.
26. What is hygiene and why is it important?
27. List five hygiene tools which should be used daily.

28. What parts of the body are involved in human reproduction?
29. Would it be appropriate/okay to discuss birth control or reproduction at the dinner table when guests are present?
30. Using words you have learned, define fertilization.
(What is fertilization?)
31. List three different methods of birth control and explain a little about how they work.
32. Number the following terms in the order in which they occur.
fertilization
parenthood
pregnancy
sexual intercourse
birth
33. Pregnancy lasts for _____ months.
34. List two ways that babies are born.
35. List five responsibilities of parenthood.
36. Label the following as STDs or NOT STDs:
 - A. cold
 - B. measles
 - C. AIDS
 - D. flu
 - E. herpes
 - F. diarrhea
 - G. syphilis
37. How do you get STDs?
38. How can you tell if you have an STD?
39. What should you do if you are worried about STDs?
40. Name three community resources you could call if you had a question about sexuality.
41. Name two people you could ask questions about sexuality.
42. Name three topics you would like to learn more about.

MICHIGAN DEPARTMENT OF EDUCATION
COORDINATED SCHOOL HEALTH AND SAFETY PROGRAM

Request for Approval of Sex Education Supervisor

Date:	Name of School District:
Name of Candidate for Supervisor of Sex Education:	
Address:	Phone:
	Email:

The above candidate for Supervisor of Sex Education is: (Check all that apply)

- a **physician** licensed to practice in Michigan
- a **nurse** licensed to practice in Michigan
- an **educator** who possesses a **valid Michigan teaching certificate** and has **3 years of experience in health education instruction** or related area

Please specify the related area _____
↓

If the **candidate is an educator** possessing the above certification and teaching experience, please identify his or her preservice or inservice **training in sex education:** (Check all that apply)

- An undergraduate or graduate course in sex education or human sexuality, which included information on human reproduction, family planning, marriage and family relations, and sexually transmitted diseases including HIV infection.
- A twenty (20) clock hour inservice in Human Reproductive Health.
Date and Location of training: _____
- Other preparation that meets district's requirements to teach sex education.
(Please attach copy of district requirements and briefly describe preparation below)

<i>I have reviewed the credentials of the above named candidate for Supervisor of the Sex Education Program in my school district and certify that the above information is correct.</i>	
District Administrator Reviewing the Candidate's Credentials	
Name:	Signature:
Title:	
Address:	Phone Number:

Please send completed form to:
Laurie Bechhofer, Michigan Department of Education, PO Box 30008, Lansing, MI 48909

**A Summary of Legal Obligations and Best Practices
HIV/STI and Sex Education in Michigan Public Schools**



This document is a summary of legal statutes, departmental interpretations, and best practices pertaining to HIV/STI and sex education in Michigan public schools. This summary should not be used to replace statute. For the exact language of the MCL, go to www.michiganlegislature.org. Concerns regarding interpretation should be directed to legal counsel.

Key Components, the Law, and Best Practice	
Mandated HIV and Allowed Sex Education	<p>School districts are required to teach about dangerous communicable diseases, including, but not limited to, HIV/AIDS. (§380.1169) Instruction regarding dangerous communicable diseases, including, but not limited to, HIV/AIDS, must be offered at least once a year at every building level (elementary, middle/junior, senior high).</p> <p>School districts can choose to teach sex education. If they do, they must do so in accordance with those sections of the Michigan Compiled Laws (MCL) related to sex education and reproductive health. (§380.1506, §380.1507, §380.1507a, §380.1507b, §388.1766, §388.1766a)</p>
Parental Rights and Exclusion From Instruction	<p>For HIV/AIDS and sex education instruction, parents and/or legal guardians must be notified in advance of:</p> <ul style="list-style-type: none"> • The content of the instruction. • Their right to review materials in advance. • Their right to observe instruction. • Their right to excuse their child without penalty. (§380.1507, §388.1766) <p>For sex education only, if a parent or legal guardian files a continuing written notice (i.e., a request to have their child permanently excluded from sex education classes), the student shall not be enrolled in the class(es) unless the parent or legal guardian submits a written authorization for that enrollment. (§380.1507a)</p>
Sex Education Advisory Board Membership	<p>Every district that chooses to implement sex education must have a sex education advisory board (SEAB).</p> <ul style="list-style-type: none"> • The local school board determines the terms of service, the number of members, and a membership selection process that reasonably reflects the school district population. • The SEAB must include: parents of children attending the district’s schools, pupils in the district’s schools, educators, local clergy, and community health professionals. • At least half of the members must be parents who have a child attending a school operated by the school district. A majority of those parent members must not be employed by a school district. • Members must be given two weeks written or electronic notice of meetings. (§380.1507)
SEAB Chairs	<p>Two co-chairs must be appointed by the school board to chair the SEAB, at least one of whom is a parent of a child attending a school operated by the school district. (§380.1507)</p>
SEAB Role	<p>The SEAB is responsible for:</p> <ul style="list-style-type: none"> • Establishing program goals and objectives for pupil knowledge and skills that are likely to reduce the rates of sex, pregnancy, and STDs. • Reviewing and recommending materials and methods to the local school board, taking into consideration the district’s needs, demographics, and trends including, but not limited to, teenage pregnancy rates, STD rates, and incidents of sexual violence and harassment. • Evaluating, measuring, and reporting the attainment of program goals and objectives and making the resulting report available to parents in the district at least once every two years. (§380.1507)
Sex Education Supervisor	<p>Every district choosing to have a sex education program must have a sex education supervisor, approved by the Michigan Department of Education (MDE), who oversees the program of instruction. (§380.1506, §380.1507)</p>

<p>Required Content, Including Emphasis on Abstinence</p>	<p>Instruction in HIV/AIDS and sex education must stress that abstinence from sex is a responsible and effective method of preventing unplanned or out-of-wedlock pregnancy, and that it is the only protection that is 100% effective against unplanned pregnancy, sexually transmitted disease, and sexually transmitted HIV infection and AIDS. (§380.1169, §380.1507, §380.1507b)</p> <p>Instruction in HIV/AIDS must include the principal modes by which dangerous communicable diseases are spread and the best methods for the restriction and prevention of these diseases. (§380.1169)</p> <p>Sex education material discussing sex must be age-appropriate, must not be medically inaccurate, and must do all of the following:</p> <ol style="list-style-type: none"> Discuss the benefits of abstaining from sex until marriage and the benefits of ceasing sex if a pupil is sexually active. Include a discussion of the possible emotional, economic, and legal consequences of sex. Stress that unplanned pregnancy and sexually transmitted diseases are serious possibilities of sexual intercourse that are not fully preventable except by abstinence. Advise pupils of the laws pertaining to their responsibility as parents to children born in and out of wedlock. Ensure that pupils are not taught in a way that condones the violation of laws of this state pertaining to sexuality, including, but not limited to, those relating to sodomy, indecent exposure, gross indecency, and criminal sexual conduct in the first, second, third, and fourth degrees. Teach pupils how to say "no" to sexual advances and that it is wrong to take advantage of, harass, or exploit another person sexually. Teach refusal skills and encourage pupils to resist pressure to engage in risky behavior. Teach that the pupil has the power to control personal behavior, and teach pupils to base their actions on reasoning, self-discipline, a sense of responsibility, self-control, and ethical considerations, such as respect for self and others. Provide instruction on healthy dating relationships and on how to set limits and recognize a dangerous environment. Provide information for pupils about how young parents can learn more about adoption services and about the provisions of the Safe Delivery of Newborns Law. Include information clearly informing pupils that having sex or sexual contact with an individual under the age of 16 is a crime punishable by imprisonment and that one of the other results of being convicted of this crime may be to be listed on the sex offender registry for 15 years, 25 years, or life.¹ (§380.1507b)
<p>Allowed Content Regarding Risk Reduction</p>	<p>School districts must teach about the best methods for the restriction and prevention of dangerous communicable diseases, including, but not limited to HIV/AIDS. (§380.1169)</p> <p>Districts are not prohibited from teaching about behavioral risk reduction strategies, including the use of condoms, within their sex education program. (§380.1507)</p>
<p>Prohibited Content or Actions</p>	<p>Clinical abortion cannot be considered a method of family planning, nor can abortion be taught as a method of reproductive health. (§380.1507) "Family planning" means to regulate the number and spacing of children in a family through the practice of contraception or other methods of birth control. "Reproductive health" means that state of an individual's well-being which involves the reproductive system and its physiological, psychological, and endocrinological functions. (§380.1506)</p> <p>A person cannot dispense or otherwise distribute a family planning drug or device, dispense prescriptions for a family planning drug, or make referrals for abortions in a public school or on public school property. (§380.1507, 388.1766)</p>

¹ The wording of "k" has been revised to be consistent with changes to the Sex Offender Registry Act passed with Public Acts 17-19 of 2011. See http://www.michigan.gov/documents/mde/memo_2011_SORA_and_Sex_Ed_366707_7.pdf

<p>Sex Education Program Parameters</p>	<p>The definition determines which content and materials are considered “sex education” and need to go through the approval and parent notification process detailed in §380.1507 and §388.1766a. Many districts have found it useful to develop or adopt a definition of sex education that aligns with existing definitional language in the law.</p>
<p>Approval Process</p>	<p>Curricula, materials, and methods used as a part of HIV/STI or sex education instruction offered by a school district must go through the formal approval process, including two public hearings and school board approval (§380.1169, §380.1507), in advance of instruction regardless of the:</p> <ul style="list-style-type: none"> • class in which it is taught (e.g., health class, school-wide assembly, English class); • person providing the instruction (teacher, school nurse, guest speaker); or • place the instruction takes place (within the building versus off the school premises).
<p>Teacher Qualifications</p>	<p>Each person who teaches K-12 pupils about HIV/AIDS shall have training in HIV and AIDS education for young people. (§380.1169) Any certified teacher who has completed this training may teach HIV/AIDS prevention.</p> <p>In order to teach sex education, teachers must be qualified to teach health.² (§380.1507) At the secondary level, this means teachers must have either the MA (health), MX (health, physical education, recreation and dance), or KH (family and consumer science) endorsement. If course content and lessons are being taught outside of the classroom setting, but within the instructional day, state law regarding teacher qualification applies. Because the classroom teacher is ultimately responsible for all instruction, the teacher must always be in the classroom if guest speakers are presenting.</p> <p>Trainings in both HIV/AIDS and sex education/reproductive health are usually offered through the regional school health coordinator that serves that school district. The MDE therefore recommends that teachers of sexuality education receive a minimum of six clock-hours of professional development in sexuality education content, teaching methods, and Michigan laws at least once every five years. The Office of Professional Preparation Services at MDE accepts applications from districts for full-year permits that allow certified teachers to teach without the required endorsements, while pursuing coursework toward earning the endorsement.</p>
<p>Complaint Process</p>	<p>If a parent or legal guardian of a pupil enrolled in a district or intermediate district (ISD) believes that the district or intermediate district has violated the following sections of Michigan law pertaining to HIV/AIDS instruction or sex education (§380.1169, §380.1506, §380.1507, §388.1766a), the person can file a complaint with the superintendent or chief administrator of the district or ISD in which the pupil is enrolled. The district has 30 days to investigate, provide a written report, and if violations are found, develop a plan for corrective action. The district has an additional 30 days to take corrective action.</p> <p>If the parent is not satisfied with the investigation or findings made by the superintendent, the parent can appeal the findings to the ISD in which the district is located. The ISD has 30 days to investigate, provide a written report, and if violations are found, develop a plan for corrective action. The district has an additional 30 days to take corrective action.</p> <p>If the parent is not satisfied with the investigation or findings made by the ISD superintendent, the parent can appeal the findings to the MDE. The MDE has 90 days to investigate, provide a written report, and if violations are found, develop a plan for corrective action. The district has an additional 30 days to take corrective action. (§380.1766)</p>

² See the section on teacher qualifications at www.michigan.gov/hived

<p>Penalties</p>	<p>If an investigation conducted by MDE (see Complaint Process section) reveals that a district or ISD has committed one or more violations of the following sections of the Revised School Code or State School Aid Act (§380.1169, §380.1506, §380.1507, §388.1766a) the district or intermediate district shall forfeit an amount equal to 1% of its total state school aid allocation. (§388.1766a)</p> <p>A district in which a school official, member of a board, or other person dispenses or otherwise distributes a family planning drug or device, dispenses prescriptions for any family planning drug, or makes referrals for abortions shall forfeit 5% of its total state aid appropriation. (§388.1766)</p>
<p>State Board Policy</p>	<p>The Michigan State Board of Education adopted a Policy to Promote Health and Prevent Disease and Pregnancy in September of 2003. The policy recommends that local school boards select, adopt, and implement comprehensive sexuality education programs that are based on sound science and proven principles of instruction. For a copy, go to www.michigan.gov/hived, under Law and Policy; click "State Board of Education Policy to Promote Health and Prevent Disease and Pregnancy."</p>
<p>Health Education Standards and Model Curricula</p>	<p>In 2007, the Michigan State Board of Education adopted the Grade Level Content Expectations (GLCEs) for Grades K-8 and Michigan Merit Curriculum Credit Guidelines (MMC) for Grades 9-12 for Health Education. The GLCEs and MMC for Health Education provide recommendations for content and skills to include in HIV prevention (Strand 6), and growth and development and sex education (Strand 7) at specific grade levels.</p> <p>Michigan’s model health education curriculum, the <i>Michigan Model for Health</i>[®], is aligned with the GLCEs and MMC and is used by a majority of school districts in Michigan. It includes model curricula on HIV/STI prevention for Grades 4 and 5, 7-8, and 9-12. Districts can choose to adopt, adapt, or disregard the model curriculum and implement commercially or locally developed curricula.</p>

Key to Michigan Compiled Laws Regarding HIV/STI and Sex Education

MCL No.	Public Act	Last Action	Focus
380.1169	School Code	Amended 6/2004	Dangerous communicable diseases; human immunodeficiency virus infection and acquired immunodeficiency virus infection; teacher training; teaching materials; curricula; teaching of abstinence from sex.
380.1506	School Code	Amended 11/1977	Program of instruction in reproductive health; supervision; request to excuse pupil from attendance; "reproductive health" defined.
380.1507	School Code	Amended 6/2004	Instruction in sex education; instructors, facilities, and equipment; stressing abstinence from sex; elective class; notice to parent or guardian; request to excuse pupil from attendance; qualifications of teacher; sex education advisory board; public hearing; distribution of family planning drug or device prohibited; "family planning," "class," and "course" defined.
380.1507a	School Code	Added 7/1996	Notice of excuse from class; enrollment.
380.1507b	School Code	Amended 6/2004	Sex education and instruction; curriculum requirements.
388.1766	State Aid Act	Amended 7/1996	Dispensing or distributing family planning or drug or device, dispensing prescriptions for family planning drug, or making referrals for abortion; forfeiture.
388.1766a	State Aid Act	Added 6/2004	Instruction in reproductive health or other sex education; complaint process.

For more information on HIV/STI and sex education in Michigan public schools, go to the MDE web site, www.michigan.gov/hived. Questions should be directed to Laurie Bechhofer, MDE HIV/STD Consultant, at 517-335-7252 or BechhoferL@michigan.gov

Berrien Regional Education Service Agency
Bylaws & Policies

9130 - PUBLIC COMPLAINTS

Any person or group, having a legitimate interest in the operations of this District shall have the right to present a request, suggestion, or complaint concerning District personnel, the program, or the operations of the District. At the same time, the Board of Education has a duty to protect its staff from unnecessary harassment. It is the intent of this policy to provide the means for judging each public complaint in a fair and impartial manner and to seek a remedy where appropriate.

It is the desire of the Board to rectify any misunderstandings between the public and the District by direct discussions of an informal type among the interested parties. It is only when such informal meetings fail to resolve the differences, shall more formal procedures be employed.

Any requests, suggestions, complaints reaching the Board, Board members, and the administration shall be referred to the Superintendent for consideration according to the following procedure.

Matters Regarding a Professional Staff Member

A. First Level

If it is a matter specifically directed toward a professional staff member, the matter must be addressed, initially, to the concerned staff member who shall discuss it promptly with the complainant and make every effort to provide a reasoned explanation or take appropriate action within his/her authority and District administrative guidelines.

This level does not apply if the matter involves suspected child abuse, substance abuse, or any other serious allegation which may require investigation or inquiry by school officials prior to approaching the professional staff member.

The staff member shall report the matter and whatever action may have been taken to their supervisor.

B. Second Level

If the matter cannot be satisfactorily resolved at the First Level, it shall be discussed by the complainant with the staff member's supervisor and in compliance with provisions of a collective bargaining agreement, if applicable.

C. Third Level

If a satisfactory solution is not achieved by discussion with the supervisor, a (written) request for a conference shall be submitted to the Superintendent. This request should include:

1. the specific nature of the complaint and a brief statement of the facts giving rise to it;
2. the respect in which it is alleged that the complainant (or child of the complainant) has been affected adversely;
3. the action which the complainant wishes taken and the reasons why it is felt that such action be taken;
4. Should the matter be resolved in conference with the Superintendent, the Board shall be advised of the resolution.

D. Fourth Level

Should the matter still not be resolved, or if it is one beyond the Superintendent's authority and requires a Board decision or action, the complainant shall request, in writing, a hearing by the Board.

The Board, after reviewing all material relating to the case, may provide the complainant with its written decision.

The complainant shall be advised, in writing, of the Board's decision, no more than ten (10) business days following the next regular meeting. The Board's decision will be final on the matter, and it will not provide a meeting to other complainants on the same issue.

If the complainant contacts an individual Board member to discuss the matter, the Board member shall inform the complainant that s/he has no authority to act in his/her individual capacity and that the complainant must follow the procedure described in this policy.

Matters Regarding the Educational Program

If the request, suggestion, complaint, or grievance relates to a matter of District program, it should be addressed, initially, to the Superintendent and then brought, in turn, to higher levels of authority in the manner prescribed in "Matters Regarding Professional Staff Member."

Matters Regarding Instructional Materials

The Superintendent shall prepare administrative guidelines to ensure that students and parents are adequately informed each year regarding their right to inspect instructional materials and the procedure for completing such an inspection.

(see AG [9130A](#) and [Form 9130 F3](#))

Complaints about materials provided by the Regional Educational Media Centers (R.E.M.C.) shall be handled in accordance with the policy of the R.E.M.C. Board.

If the request, suggestion, complaint, or grievance relates to instructional materials such as textbooks, library books, reference works, and other instructional aids used in the District, the following procedure shall be followed:

- A. The criticism is to be addressed to the Director of Special Education, in writing, and shall include:
 1. author;
 2. title;
 3. publisher;
 4. the complainant's familiarity with the material objected to;
 5. sections objected to, by page and item;
 6. reasons for objection.
- B. Upon receipt of the information, the Director of Special Education shall, after advising the Superintendent of the complaint, and upon the Superintendent's approval, appoint a review committee consisting of three (3) or more professional staff members including the Director of Special Education.
- C. The Superintendent shall be an ex officio member of the committee.
- D. The committee, in evaluating the questioned material, shall be guided by the following criteria:
 1. the appropriateness of the material for the age and maturity level of the students with whom it is being used

2. the accuracy of the material
 3. the objectivity of the material
 4. the use being made of the material
- E. The material in question may not be withdrawn from use pending the committee's recommendation to the Superintendent.
- F. The committee's recommendation shall be reported to the Superintendent in writing within thirty (30) business days following the formation of the committee. The Superintendent will advise the complainant, in writing, of the committee's recommendation and advise the Board of the action taken or recommended.
- G. The complainant may appeal this decision within thirty (30) business days to the Board through a written request to the Superintendent, who shall forward the request and all written material relating to the matter to the Board.
- H. The Board shall review the case and advise the complainant, in writing, of its decision within thirty (30) business days.

No challenged material may be removed from the curriculum or from a collection of resource materials except by action of the Board, and no challenged material may be removed solely because it presents ideas that may be unpopular or offensive to some. Any Board action to remove material will be accompanied by the Board's statement of its reasons for the removal.

20 U.S.C. 1232h

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BERRIEN REGIONAL EDUCATION SERVICE AGENCY
BOARD OF EDUCATION
MINUTES OF REGULAR MEETING
MONDAY, January 8, 2018

A Regular meeting of the Berrien Regional Education Service Agency Board of Education was held Monday, January 8, 2018 in Conference Room D of the Administrative Center, 711 St. Joseph Avenue, Berrien Springs, Michigan.

I. Call to Order

The meeting was called to order by President Sharon Kalling at 1:01 p.m.

Board members present:

President: Sharon Kalling
Vice President: Cathy Bair
Treasurer: Linda Holt
Trustee: J. Allene Smith

RESA Staff:

Superintendent: Kevin Ivers
Asst. Superintendent: Eric Hoppstock
Dir. of Business & Finance: Scott Knoll
Administrative Assistant: Irma Hines

Board members absent:

Secretary: Thomas Fanning

Other RESA staff members present: Karen Heath, Lynda Hurlow, Chris Machiniak, Tina Lawson, Cyndi Ursprung, Doug Montey, Craig Kuhn, Amanda Lezotte

Visitors: David Holt, Amanda Mason and Michele J. Wreggelsworth from Miller Davis, Joan Rodell

II. Consent Agenda

Motion by Mrs. Bair and supported by Mrs. Smith that the Consent Agenda be approved.

The Motion carried unianimously.

A. Approval of Minutes

1. Minutes of Regular Meeting of December 11, 2017.

B. Board Authorized Employment

1. Employment of Academic Support Specialist (Replacement)-Amanda Lezotte-Agenda Report #1-that Amanda Lezotte be offered a probationary contract for the 2017-2018 school year as an Academic Support Specialist in accordance with the Master Agreement and the Policies and Practices of the Board at a salary of \$78,030 (prorated for the remainder of the school year) for 200 days.

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III. Financial Matters

- A. Routine Bills- will be reviewed next month.
- B. Financial Statements- will be reviewed next month.

IV. Communications- There were no Communications.

V. Old Business- There was no Old Business.

VI. Reports of Committees

- A. MASB- No report
- B. Berrien/Cass School Boards Association- No report
- C. Building & Site- No report
- D. Personnel/Policy-No report

VII. Reports, Recommendations of the Superintendent and Information Items

A. Reports

- 1. Activities Calendar

B. Recommendations of the Superintendent

- 1. Possible Employment of Staff
 - a. Board Authorized Employment (New)-There was no Board authorized employment.
 - b. Superintendent Appointments-President Kalling acknowledged that Pamela Buford of Benton Harbor has been employed as Paraprofessional-ASD-Coloma(Replacement)

C. Information Items

- 1. Board Policy Update Revisions-Mailed December 18, 2017- Agenda Report #2-Revised

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Motion by J. Allene Smith and supported by Cathy Bair that the Board of Education adopt the revised and new Policies.

The motion carried 3 to 1. (opposed by Linda Holt)

VIII. New Business

- A. General Administration- Due to Tom Fanning’s illness, J Allene Smith was nominated to be Acting Secretary.

Motion by Mrs. Bair and supported by Mrs. Holt that the Board of Education approve J. Allene Smith to be the Acting Secretary.

The motion carried unanimously.

- B. Approval of Contract with Miller-Davis Company- Agenda Report #3-

Motion by Mrs. Bair and supported by Mrs. Holt that AIA standard form of Agreement between Berrien RESA and Miller- Davis Company of Kalamazoo, MI in the amount not to exceed \$339,900 for Phase I be approved.

The motion carried unanimously.

- C. IRS Mileage Rate for 2018- Agenda Report #4

Motion by Mrs. Smith and supported by Mrs. Holt that the Board of Education adopt the IRS standard mileage rate of 54.5 cents per mile effective January 1, 2018.

The motion carried unanimously.

- D. Special Education- Health and Sex Education Resource Guide

Motion by Mrs. Holt and supported by Mrs. Smith to approve revisions to the Health and Sex Education Resource Guide.

The motion carried unanimously.

IX. Presentations & Administrative Reports

- A. BLC Project Bid Process- Amanda Mason and Michelle Wreggelsworth, Miller-Davis- introduced themselves and will be the point of communication for the remodeling project at BLC. Bids will be released January 9th and are due January 31st.

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- B. Sex Education Curriculum Revisions- Tina Lawson, Principal , highlighted changes that were made to the Health and Sex Education Resource Guide. This guide is updated every two years.

- C. School Board Recognition Month- Superintendent Dr. Kevin Ivers took the opportunity during School Board Recognition Month to recognize the members of the Berrien Regional Education Service Agency Board of Education. Dr. Ivers thanked each member of the Board for their contributions to public education and presented each member with a small token of appreciation as well as a Certificate of Appreciation.

X. Hearing of Citizens Present- No citizens wished to be heard.

XI. Adjournment

There being no further business and no objection to adjournment, the meeting was adjourned at 2:02 p.m.

J. Allene Smith, Acting Secretary