

ANCHORAGE SCHOOL DISTRICT

**SEXUALITY EDUCATION
GUIDELINES for INSTRUCTION K-12**

Purpose: These guidelines are primarily for use by health teachers, but apply to all staff, particularly language arts and family and consumer science teachers who teach courses with sexuality education-related content, when issues relating to sexuality come up. The guidelines are not the curriculum, but indicate the boundaries for instruction on sensitive topics at a grade level and require familiarity with the approved curriculum for that grade level. School nurses, principals, parents and other community members may also find these guidelines helpful.

Application: Current sexuality education instruction in the ASD occurs at the elementary level in fifth and sixth grades, and as a unit of instruction within the one semester of health in eighth grade. In high schools, it is expected that biology classes will incorporate a discussion of HIV/AIDS in the viruses unit. Additionally, elective health, language arts, and family and consumer science classes may cover some sexuality education material.

Opting Out and Parent Permission Regarding Sexuality Education Instruction:

Notification to parents, opportunities to review materials, and the option to remove students from class must be extended to parents or guardians of students at all levels.

- Parents may not opt students out of instruction on child sexual abuse prevention.
- Fifth and sixth grade instruction in human growth and development and HIV/AIDS (including sixth grades in middle schools) requires explicit parent permission and parents are encouraged to dialogue with teachers about questions and concerns.
- At the secondary levels, explicit parent permission is not required, but notice, access to advance review of materials and an opt-out opportunity is to be provided. High school students enrolled in elective courses are considered to have implicit parental acceptance of sexuality instruction if the elective title reasonably indicates that sexuality topics will be covered and a parent has approved the schedule that includes the elective.

Resources: Resources and materials (including materials made available by guest speakers or peer educators) that have been reviewed and approved by the District are considered supplemental to the curriculum and are used at the discretion of the teacher. Materials that have not previously been approved by the District may be included as part of instruction when teachers, nurses and principals agree that the material enhances instruction and does not exceed the scope of the approved curriculum. Copies of those materials should also be provided to the Coordinator, of Health & Physical Education Programs for review for addition to the District-approved list. Staff must make a good-faith professional determination whether supplemental materials for health instruction are medically accurate, objective, and based on peer-reviewed research recognized by the major research and professional organizations, and use only such materials that the staff member has reasonably determined meet those criteria.

Professionalism: Human sexual development is a part of the whole development of a child. It is recommended that teachers of this health content participate in training on human sexual development. Sexuality instruction must be age-appropriate and delivered calmly and matter-of-factly. Because it is not possible to identify precise age-appropriate limitations for every topic and every age, professional judgment is required. In classrooms it is not necessary to ban discussion or structured debate about sensitive topics, but rather to use professional

judgment to guide discussions, both planned and spontaneous, so that factual information is included and that the range of values is respected within the scope of the curriculum. District staff members who may address or encounter topics relating to sexuality are responsible to be familiar with the District health curriculum relating to sexuality for the grade level(s) with which they work as the basis for exercise of this professional judgment. The approved curriculum for a grade level generally establishes the content deemed by the District to be age-appropriate at that grade level, and topics not addressed in the curriculum should generally be dealt with according to the “Hot Topics” provisions of these guidelines.

Managing “Hot Topics” in the Classroom. Following are guidelines for teacher-initiated instruction in the classroom to be applied consistent with the approved curriculum for each respective grade level. Teachers are to use their professional judgment when students initiate questions that are beyond the scope of instruction. Such questions may be answered factually and succinctly with no further discussion and a referral to a parent or trusted adult.

1. Healthy Sexual Decision-Making. State and national rates of teen pregnancy increased from 2006 to 2009, after a decade of decreasing. Rates of sexually transmitted infections (**STIs**), particularly Chlamydia rates, are much higher in Alaska than the national average. Our students are at risk and will benefit from learning to make healthy sexual decisions through such activities as weighing physical, emotional, economic and other consequences, by practicing refusal skills, and by considering age-appropriate information about how to protect oneself from unintended pregnancy and STIs. Instruction emphasizes making healthy decisions, and particularly abstaining from oral, anal and vaginal sex, as the best choice for preventing teen pregnancy and **STIs**.

2. Sexuality Education Language and Naming of Body Parts. To avoid confusion and to empower students with appropriate vocabulary, it is important to use a common language of anatomically correct terms to discuss sexuality at all grade levels.

3. Condoms and Contraceptives. Teachers will not initiate instruction about condoms and contraceptives at the elementary level, including sixth grades in the middle schools. At the secondary level, discussions about contraception including risks, benefits, costs and the use of visual aids are expected. Abstinence must be included as the safest choice in this range of pregnancy and disease prevention options, as well as accurate percentages of effectiveness of various contraceptive/disease prevention methods. Students can be informed of community resources.

4. Masturbation. Masturbation should be described as a private sexual activity that is not harmful to physical health or uncommon among either men or women; though it is an activity that, for a variety of cultural, religious or moral reasons, some groups do not approve of.

5. Sexual Diversity. Human sexuality includes a person’s biological sex, gender, gender identity, and sexual orientation. With the increased recognition of the wide range of diversity in the student body and the community, teachers, nurses, and principals should have a working knowledge of these aspects, including their psychological sensitivity for developing children. Questions posed by students about these aspects may be a topic of discussion in accordance with the discussion of professionalism, above.

6. Preventive Self-Exams. Breast and testicular self-exams may be introduced as an early detection, lifetime health habit at the secondary level beginning in eighth grade. Further discussion may occur in gender separate groups and palpable models with cancerous lumps may be used at the teacher’s discretion.