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Comprehensive Sexual Health Program Policy

Purpose

It is the intent of the _____ School District to implement a program promoting lifelong sexual health. This includes comprehensive sexual health education and the provision of, or referrals to, age appropriate sexual health services. These activities create an effective sexually transmitted disease (STD), human immunodeficiency virus (HIV), and pregnancy prevention program. Research shows that well-designed, well-implemented school-based STD prevention programs can significantly reduce sexual risk behaviors among students. Outcomes of such programs include a delay in first sexual intercourse, a decrease in the number of sex partners and an increase in condom or contraceptive use. There is no evidence that participation in such programs increases the likelihood of students engaging in sexual activity.

Policy Statement

It is the policy of the _____ School District to establish goals for comprehensive sex education, sexual health services and other school based activities that are designed to promote improved student outcomes and reduce risky sexual behavior.

1) Goals for Comprehensive Sex Education

- A. The school district shall provide comprehensive sex education programs as required by state law and regulations of the State Board of Education. In particular, the district shall provide sex education in its Comprehensive Health Education program and shall develop curricular programs intended to accomplish applicable goals enumerated in the National Health Education Standards, the National Sexuality Education Standards, and V.S.A. 16 § 131.
- B. Comprehensive sex education programs shall be conducted by appropriately licensed staff members. Ongoing professional development shall be provided as needed.
- C. Programs of study developed for students on a flexible pathway shall be fully described in a student's personalized learning plan. The program of study shall include the same components described below, and shall be approved in advance and assessed by a licensed health educator.

Implementation of Comprehensive Sex Education

Comprehensive Sex Education in the _____ school district shall comply with the National Health Education Standards, The National Sexuality Education Standards and V.S.A.

16 § 131. To do so, the district shall provide all health educators and other appropriate staff with the following:

- Goals, objectives, and expected outcomes for sexual health education,
- A written health education curriculum that includes objectives and content addressing sexual health education
- A chart describing the annual scope and sequence of instruction for sexual health education
- Strategies that are age-appropriate, relevant, and actively engage students in learning
- Methods to assess student knowledge and skills related to sexual health education

The sexual health education program shall:

- 1) Provide medically accurate instruction on all of the following topics, as age-, developmentally-, and culturally-appropriate:
 - (A) The physical, social, and emotional changes of human development;
 - (B) Human anatomy, reproduction, and sexual development;
 - (C) Healthy relationships, including friendships and within families, that are based on mutual respect and the ability to distinguish between healthy and unhealthy relationships;
 - Developing effective communication, negotiation and refusal skills, including the skills to recognize and report inappropriate or abusive sexual advances;
 - Analyzing the influences of family, peers, media, technology, and other factors impacting sexual behavior
 - Understanding bodily autonomy, setting and respecting personal boundaries, practicing personal safety, and consent;
 - Examining the harm and limitations of gender-role stereotypes, violence, coercion, bullying and intimidation in relationships; and
 - (D) Healthy decision-making skills about sexuality and all relationships;
 - Exploring individual values, attitudes, and feelings;
 - Exploring social norms, cultural myths, and the roles that traditions, values,

religion, norms, race, class, gender roles, acculturation, family structure, health beliefs, and political power play in how students make decisions that affect their sexual health;

- How to respect others and stay safe on the internet and when using other forms of digital communication;
 - Information on local services and resources where students can obtain additional information related to bullying, dating violence and sexual assault, suicide prevention, and other related care;
 - Encouraging youth to communicate with their parents or guardians, faith, health and social service professionals, and other trusted adults about sexuality and intimate relationships;
- (E) The benefits of delaying initiation of sexual activity, and the use of condoms, medication, and birth control and sexually transmitted infection prevention and treatment measures, and the options for pregnancy, including parenting, adoption, and abortion;
- Understanding how HIV and STDs are transmitted and the health consequences of HIV, other STDs, and pregnancy;
 - The importance of effectively using condoms consistently and correctly in addition to the latest vaccinations and medications available to protect against sexually transmitted infections, including HIV/AIDS;
 - Instruction and skills development for proper condom usage and information about their effectiveness in preventing HIV, other STDs, and pregnancy. Effective programs develop comfort around condoms before students become sexually active;
 - The benefits of effective contraceptive and condom use in avoiding unintended pregnancy;
 - The importance of being comfortable and confident in using condoms properly
 - Skills development for goal-setting and decision-making related to eliminating or reducing risk for HIV, other STDs, and pregnancy;
 - The benefits of reducing the number of sexual partners;
 - The relationship between substance use and sexual health and behaviors; and
 - Development of skills to access local health services where students can obtain additional resources, information, and preventative care and services related to sexual and reproductive health.

- (F) Age appropriate information about gender identity and sexual orientation for all students;
- Affirmative recognition that people have different sexual orientations, gender identities, and gender expressions
 - Include referrals to community resources that can provide additional support for lesbian, gay, bisexual, and transgender students.
- 2) Use or adapt curricula that are inclusive and address the experiences and needs of all youth in the school. In particular, instruction should be accessible to pupils with disabilities, including, but not limited to, the provision of a modified curriculum, materials and instruction in alternative formats, and auxiliary aids. Curricula shall be reviewed and approved by the district's WSCC team or other appropriate school - community planning group. Curricula shall be reviewed every three years to ensure it is meeting the needs of students and that it is up-to-date.

Parental Requests

- (a) The curriculum will be made available to parents and community members for viewing upon request.
- (b) Any pupil whose parent/guardian shall present to the school principal a signed statement that the teaching of disease, its symptoms, development and treatment, conflicts with the parents' religious convictions shall be exempt from such instruction, and no child so exempt shall be penalized by reason of that exemption. (V.S.A. 16 § 134).

Sexual Health Services is defined by the Centers for Disease Control and prevention to include: HIV and other STD testing and treatment; pregnancy testing; access to condoms and condom-compatible lubricants, access to contraceptives other than condoms; Human papilloma Virus (HPV) vaccination, and medications to prevent the spread of HIV.

2) Sexual Health Services

A. Condom Access

1) Goals for Condom Availability

- A. As part of a comprehensive sexual health program, the _____ school district shall provide condoms in locations that are readily accessible for students, without unnecessary barriers to obtaining condoms or stigma surrounding access.
- B. The district shall provide information about proper condom use that is inclusive of all students. This information shall be created or approved by the district's WSCC team or other appropriate school - community planning group.

- C. The district will ensure that condoms are available either through funding or donation from community partners. When possible, the district provides a variety of latex, non-latex, internal and external condoms and dental dams.

2) Implementation of Condom Availability

- A. The district has identified the following locations where condoms will be made accessible to students: _____ School nurses and health offices, Health Education classrooms, and other locations may be most suitable to protect student confidentiality and promote accessibility for students. Information about condom use will be made available in these same locations. Other locations may be added with administration and WSCC team or other appropriate school - community planning group approval.
- B. School staff in those locations will receive training on how to talk with young people about sexual health and answer questions about condoms. While a conversation with staff is not required as part of condom availability, staff will give information and answer questions as requested by students.
- C. Information will be provided by the district to students and families to promote awareness of the condom availability program. This will include annual parent letters, announcements during comprehensive sex education instruction, one-to-one meetings with student support services staff, and/or posters.
- D. No student age 12 or older will be refused access to condoms through this program. Minors in Vermont have a legal right to access a full range of reproductive and sexual health services without parent permission. Minors are provided access to condoms in variety of settings, and may purchase them without parental consent.

Alternate D. Any pupil whose parent shall present to the school a signed statement that the Condom Availability Program conflicts with the parents' convictions shall not be allowed to participate in the program.

B. Other Sexual Health Services

1) Goals for Referral System

Through the development and implementation of a sustainable referral system, the _____ school district will help to realize the goals of decreased incidence of sexually transmitted infections and pregnancy among Vermont adolescents by connecting sexually active adolescents to a medical home and/ or adolescent-friendly community-based medical services.

2) Implementation of Referrals to Sexual Health Services

- A. The most effective method for Vermont adolescents to receive appropriate sexual health services as needed is to ensure that they receive an annual well-care visit in a medical home that follows the Bright Futures protocol of the American Academy of Pediatrics. District nursing staff will continue to facilitate collaboration between school nurses, WSCC team, and Vermont of Health School Liaison to develop and maintain systems at the district and building level to ensure all students have and are accessing a youth-friendly medical home. These protocols and systems are a preliminary step towards ensuring that all students receive HPV vaccination series, STD/HIV/pregnancy screening as needed, and appropriate medical interventions to prevent STD/HIV and pregnancy.
- B. If a student presents with sexual health needs, but does not have a medical home, district staff will refer students to an adolescent-friendly provider. Following the referral, district staff will work to assist the student to find a permanent medical home.
- C. No student age 12 or older will be refused a referral to community sexual health services through this program. District staff will not provide information about the referral to parents. However, district staff will encourage youth to speak with a supportive adult in their life. Minors in Vermont have a legal right to access a full range of reproductive and sexual health services without parent permission.

Date Warned:

Date Adopted:

Date Revised:

Legal Reference(s): 16 V.S.A. § 906

16 V.S.A. § 131

16 V.S.A. § 134

18 V.S.A. § 4226