

**Family Life Curriculum
Scope and Sequence**

		Grade	4	5	6	7th and 8th	HS
Personal Development	Effective Communication Skills		5	5	5	5	5
	Decision Making		5	5	5	5	5
	Self-Confidence/Empowerment		5	5	5	5	5
	Overcoming Peer Pressure		5	5	5	5	5
	Self Concept		5	5	5	5	5
	Refusal Skills		5	5	5	5	5
	Assertiveness		5	5	5	5	5
Physical Development	Hygiene		5	5	5	5	N/A
	Puberty (Physical, Emotional, Hormonal)		1	2	3	5	5
	Reproductive Systems		N/A	1	2	5	5
	Pregnancy and Fetal Development		N/A	N/A	N/A	1	5
	Gender		N/A	N/A	N/A	3	5
	Conception		N/A	N/A	1	4	5
Sex and Sexuality	Sexual Activity		N/A	N/A	2	4	5
	Sexually Transmitted Infections		N/A	N/A	1	3	5
	Consent		N/A	N/A	3	5	5
	Teenage Pregnancy and Parenthood		N/A	N/A	N/A	3	5
	Parental Responsibilities		N/A	N/A	N/A	5	5
	Financial responsibilities of Parenting		N/A	N/A	N/A	5	5
	Contraception		N/A	N/A	N/A	5	5
	Risks of Sexual Activity		N/A	N/A	N/A	5	5
	Legal liabilities of intercourse with a minor		N/A	N/A	N/A	5	5
Sexual risk avoidance and abstinence		N/A	N/A	1	5	5	

Family Life Curriculum Scope and Sequence

Healthy Relationships	Boundaries	1	2	3	5	5
	Family	5	5	5	3	3
	Friendships	1	2	5	5	5
	Dating	N/A	N/A	3	5	5
	Responsibilities	1	2	3	5	5
Media and Society	Stereotyping	1	2	3	3	3
	Changing Society	N/A	1	3	3	2
	Social Media Influence	N/A	1	5	5	5
	Media Influence	1	2	5	5	5
Personal Safety	Bullying/Hazing	5	5	5	5	5
	Consent/Body Autonomy	1	1	5	5	5
	Legal liabilities of intercourse with a minor	N/A	N/A	N/A	5	5
	Sexual Harassment and Abuse	5	5	5	5	5
	Rape/Sexual Assault/Sexual Abuse	N/A	N/A	1	5	5
	Reporting to a trusted adult	5	5	5	5	5

Scale

1

2

3

4

5

Introduced

Emphasized

Performance Objectives by Grade Level

4th Grade:

Students will be able to

- discuss how family influences personal health practices and behaviors (L1)
- identify changes that occur in families (L2)
- identify effects of changes (L2)
- identify responsibilities as a family member (L2)
- identify key steps of the decision making process (L3)
- recognize influence of parents, peers, and media (L3)
- understand the power of the individual to control personal behavior (L3)
- practice respect for peers including those with different opinions (L4)
- demonstrate effective verbal and nonverbal communication skill to enhance health (L4)
- demonstrate refusal skills that avoid or reduce health risks (L4)
- demonstrate nonviolent strategies to manage or resolve conflict (L4)
- demonstrate how to ask for assistance to enhance personal health (L4)
- identify individual strengths that lead to self-confidence, a feeling of self-worth, and success (L5)
- recognize how their friends and experiences may change as they grow up (L6)
- describe personal boundaries and their right to body autonomy (L6)
- explain the human need to belong to a group (L6)
- discuss emotional and physical changes that occur during puberty (L7)
- identify male and female reproductive organs (L7)
- identify physical changes to expect during puberty (L8)
- understand the part hormones play in adolescent growth (L8)
- prepare for the physical changes they will experience (L8)
- understand the physical changes during puberty that will impact their hygiene routines (L9)
- adapt new hygiene practices as they experience changes (L9)

5th Grade:

Students will be able to

- identify their personal responsibilities within their family or household (L1)
- identify their strengths (L2)
- understand how self-talk enhances or detracts from their self-concept (L2)
- identify logical steps to making a decision (L3)
- understand how decisions can have long-term and short-term impact on their lives (L3)
- demonstrate the value of communication with parents (L4)
- explain the need of positive interpersonal relations (L4)
- describe the advantages of building relationships based on mutual respect (L4)
- discuss the need for the practice of communication, trust, honesty, and assertiveness (L4)

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- discuss making decisions that do not hurt him/herself or others (L4)
- discuss the fact that making sexual comments or gestures to another person is hurtful and against the law (L4)
- identify social, school and team groups (L5)
- understand that most people can belong to many groups (L5)
- recognize the importance in maintaining their individual values as they participate in groups or teams (L5)
- discuss the need for and practice communication, trust, honesty, and assertiveness (L6)
- understand giving permission, agreement or consent (L7)
- practice refusal skills (L7)
- understand sexual abuse and sexual harassment (L7)
- identify sources of help from abuse (L7)
- describe the physical changes during puberty (L8)
- identify the structure and function of the male and female reproductive systems (L8)
- recognize the emotional and mental changes that will occur during puberty (L9)
- understand hygiene practices accompanying puberty (L9)
- understand the importance of confiding in a trusted adult or doctor (L9)

6th Grade:

Students will be able to

- practice listening skills for effective communication (L1)
- demonstrate skills for building relationships based on mutual respect, trust, and caring (L1)
- identify the role of feelings and attitudes in behavior (L1)
- demonstrate an understanding and respect for differences in family units and custom (L2)
- discuss the influence and relationships of parents and peers (L2)
- describe changes in stages of life (L2)
- discuss media influence upon an individual's self-perception of their body image, their possessions, and their life situation (L3)
- evaluate media messages (L3)
- explain the need for positive self-esteem (L4)
- identify the role of feelings and attitudes in behavior (L4)
- demonstrate skills for building relationships based on mutual respect, trust, and caring (L4)
- identify how classmates and friends tend to group together (L5)
- explain how they have more social opportunities as they get older (L5)
- maintain their values and autonomy despite belonging to a group (L5)
- review consent and setting personal boundaries (L6)
- demonstrate refusal skills (L6)
- explain the harmful effects of sexual harassment (L6)
- describe the physical changes during puberty (L7)

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- identify similarities and differences in male and female growth patterns (L7)
- discuss the mental, emotional and social changes experienced during puberty (L7)
- identify the structure and function of the male and female reproductive systems (L8)
- understand the importance of confiding in a trusted adult or doctor (L8)
- identify situations that may carry personal risk (L9)
- understand consent and empowerment (L9)
- apply refusal skills when appropriate (L9)

7th/8th Grade:

Students will be able to

- use problem-solving steps to solve problems and make decisions (L1)
- understand that one must be proactive and learn to make decisions and solve problems (L1)
- identify possible results of impaired decision-making on sexual behavior (L1)
- list commonly used specific drugs and their potential effects on behavior (L1)
- discuss reasons teens use drugs in a social situation (L1)
- define and understand consent in the context of relationships (L1)
- discuss values and personal goals (L2)
- improve self-awareness by identifying personal strengths and areas of growth (L2)
- discuss how strengths can impact relationships (L2)
- identify and choose behaviors that promote healthy relationships with family, dates, and friends (L2)
- identify behaviors that might lead to toxic relationships (L2)
- discuss reasons for dating and not dating (L2)
- discuss healthy and responsible approaches to dating and ending dating relationships (L2)
- identify and understand the roles that media play in our lives and our society (L3)
- discuss the physiological (physical and hormonal), emotional, and social changes that occur during puberty (L4)
- identify reproductive systems' terminology (L4)
- understand the phases of the menstrual cycle (L4)
- recognize that some variations with an individual's menstrual cycle may be normal and healthy, or could be abnormal and in need of further medical testing and treatment (L4)
- understand the need for personal hygiene and different ways in which to attend to one's own personal hygiene (L4)
- develop knowledge of the structures and functions of the female and male reproductive system (L5)
- explain human reproduction (L5)
- discuss how pregnancy occurs (L6)
- describe the development of the fertilized egg through pregnancy (L6)
- explain the physical changes that occur in the body from conception through birth (L6)
- make educated choices about their family planning/birth control methods (L7)
- discuss the cause and transmission of sexually transmitted infections (STIs) (L8)
- define the term sexually transmitted infection (L8)

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- identify and describe the symptoms and treatment for the most common STIs (L8)
- discuss the importance of seeking medical attention for any sign of a STIs (L8)
- describe consequences of STIs if left untreated (L8)
- discuss abstinence as the only 100% effective method of preventing pregnancy and STIs (L8)
- understand what constitutes sexual harassment and abuse (L9)
- learn the prevalence of child abuse and why victims/survivors do not speak out (L9)
- learn that abuse is never the victims'/survivors' fault (L9)
- understand the harmful effects of sexual harassment and abuse (L9)
- know that harassment is against the law (L9)
- know how and where to report and get help for sexual harassment and abuse (L9)
- apply boundary setting and assertiveness skills for achieving life goals to avoid and respond to sexual harassment and abuse (L9)
- understand the social implications of sexual abuse and harassment and the individual and collective roles and responsibilities (L9)

High School:

Students will be able to

- define Maslow's Hierarchy (L1)
- discuss values and personal goals (L1)
- improve self-awareness by identifying personal strengths and areas of growth (L1)
- discuss how strengths can impact relationships (L1)
- identify and choose behaviors that promote healthy relationships with family, dates, and friends (L1)
- identify behaviors that might lead to toxic relationships (L1)
- discuss reasons for not dating (L1)
- discuss healthy and responsible approaches to dating and ending dating relationships (L1)
- use problem-solving steps to solve problems and make decisions (L2)
- understand that one must be proactive and learn to make decisions and solve problems (L2)
- identify possible results of impaired decision-making on sexual behavior (L2)
- list commonly used specific drugs and their potential effects on behavior (L2)
- discuss reasons teens use drugs in a social situation (L2)
- define and understand consent in the context of relationships (L2)
- discuss examples of peer pressure (L3)
- identify reasons to abstain from sex (L3)
- identify sexual pressures that teenagers experience (L3)
- practice refusal strategies (L3)
- identify and discuss power differentials (L3)
- discuss the physiological (physical and hormonal), emotional, and social changes that occur during puberty (L4)
- understand the phases of the menstrual cycle (L4)

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- recognize that some variations with an individual's menstrual cycle may be normal and healthy, or could be abnormal and in need of further medical testing and treatment (L4)
- develop knowledge of the structures and functions of the female and male reproductive system (L5)
- be able to explain human reproduction (L5)
- make educated choices about their family planning/birth control methods (L6)
- discuss the cause and transmission of sexually transmitted infections (STIs) (L7)
- define the term sexually transmitted infection (L7)
- identify and describe the symptoms and treatment for the most common STIs (L7)
- discuss the importance of seeking medical attention for any sign of a STIs (L7)
- describe consequences of STIs if left untreated (L7)
- discuss abstinence as the only 100% effective method of preventing pregnancy and STIs (L7)
- discuss how pregnancy occurs (L8)
- discuss prenatal care and development in each trimester (L8)
- determine factors that influence prenatal development such as diet, lifestyle, and care (L8)
- describe the development of the fertilized egg through pregnancy (L8)
- explain the physical changes that occur in the body from conception through birth (L8)
- demonstrate knowledge of life management skills (L9)
- discuss disadvantages of teenage pregnancy (L9)
- discuss abstinence as the only 100% effective method of preventing pregnancy and sexually transmitted infections (L9)
- take responsibility for making decisions and choosing actions consistent with personal values (L9)
- understand advantages and disadvantages of the choices available to pregnant teens (L9)
- discuss Arizona Laws as they pertain to the duties, responsibilities and rights of parenting (L9)
- discuss Arizona Laws as they pertain to the financial responsibilities of parenting (L9)
- understand the Arizona state statute giving preference to childbirth and adoption as preferred options to abortion (L9)
- identify and understand the roles that media play in sex and sexuality (L10)
- understand what constitutes sexual harassment and abuse (L11)
- learn the prevalence of child abuse and why victims/survivors do not speak out (L11)
- learn that abuse is never the victims /survivors fault (L11)
- understand the harmful effects of sexual harassment and abuse (L11)
- know that harassment is against the law (L11)
- know how where to report and get help for sexual harassment and abuse (L11)
- apply boundary setting and assertiveness skills for achieving life goals to avoid and respond to sexual harassment and abuse (L11)

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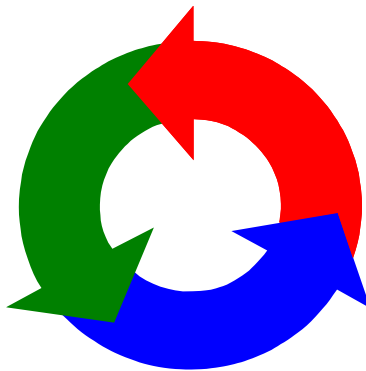
- understand the social implications of sexual abuse and harassment and the individual and collective roles and responsibilities (L11)
- define rape, sexual assault, and abuse (L12)
- identify and dispel common myths about rape (L12)
- know ways to increase personal safety and awareness (L12)
- understand rape, sexual assault and sexual abuse as crimes of violence not just as sexual acts (L12)
- identify medical, legal, and social resources available to victims of sexual assaults (L12)
- discuss the psychological processes involved for victims & survivors of sexual assault (L12)

Family Life Curriculum

HUMAN GROWTH AND DEVELOPMENT

HUMAN SEXUALITY

4th Grade



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FAMILY LIFE CURRICULUM**

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Philosophy

Education is a life long process that begins with parents as the primary teachers. It is the parent's right and responsibility to initiate a child's education in all areas including sexuality. From the time a child begins formal education, the responsibility becomes a shared effort among home, school, and community.

This curriculum is designed to supplement each student's personal family life education inclusive of an understanding of healthy attitudes, interpersonal relationships, decision making, understanding consequences of decisions, and growth and development which arise with emerging sexuality. Additionally, it is intended to encourage open parent-child discussions.

All curricula convey a set of values that are supported in a democratic society. Thus, sensitivity and respect for individual beliefs are of critical importance in presenting a sex education curriculum. The main values espoused by this curriculum include:

- Show respect for the values and uniqueness of each individual.
- Show respect for every family unit.
- Accept responsibility for one's own actions.
- Accept responsibility to protect self and others.
- Accept responsibility as a member of society.

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Goal

Students will acquire scientifically accurate information about human maturation and will develop knowledge of physical, social and emotional aspects of personal maturation, human sexuality and family life. Students will develop critical thinking skills leading to positive self-esteem, effective communication skills, responsible decision-making, and personal safety strategies.

Curriculum Objectives

The purpose of the curriculum is to provide students with information to

- discuss the significance of parents' roles and family life
- demonstrate an awareness of strategies for personal safety
- demonstrate self-worth, ownership of body, and rights of privacy
- explain the importance of human interdependence for mental, emotional, social, and physical health
- explain the different stages of human growth and development
- explain human reproduction
- describe the responsibilities involved in interpersonal relationships and in decision-making concerning sexuality
- identify abstinence/sexual risk avoidance as the only 100% effective method of preventing pregnancy and sexually transmitted infections

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Overview

Growth is a life-long process. People grow in many different ways. Growth means positive change, and change brings challenge, excitement, apprehension and new problems to solve. Knowing what to expect eases anxiety, dispels misconceptions and facilitates adjustment to the changes that occur. This curriculum addresses these needs.

Sexuality is an inherent part of each individual's personality and humanity. The Tucson Unified School District's Family Life Curriculum (FLC) helps students learn more about themselves, refine communication skills and develop respect for themselves and others. Successful FLC are those that are a cooperative effort between parents, guardians, families and the school.

Tucson Unified School District's curriculum encourages and stresses communication within the family to learn about sexuality and shared values that influence decisions. The concepts presented are based on the recommendations of the TUSD Family Life Curriculum Advisory Committees.

For those students who have open discussions about human maturation and sexuality with their families, this curriculum serves as a supplemental guide of factual information to be shared at home. For those students who do not have the same familial opportunities, this curriculum provides accurate information about sexuality and the growth processes, personal safety strategies and serves to foster respect for all people and their beliefs.

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Classroom Climate

In order to create a climate conducive to effective learning within a comfortable, non-threatening environment:

- clear rules and regulations of behavior must be emphasized.
- teachers need to introduce themselves as trained and knowledgeable about human growth and development.
- all students' questions will be considered valid and answered using age-appropriate, scientifically -accurate information.
- proper terminology will be used by the teacher and student slang words or expressions will be interpreted to correct terminology.
- teachers will encourage students to discuss the course content and their questions with their parents, guardians and families.
- students' questions or vocabulary that are not included in the grade-level lessons will be identified and the student will then be referred to their parents, guardians and family, if the questions can not be answered using age-appropriate, scientifically accurate information.
- teachers will emphasize that students' peers, social media, and the internet do not always have correct information about human growth and development.

Parent Participation

Parent participation is highly valued by TUSD. An informational meeting for parents, guardians and families will be held prior to classroom presentations to allow for a review of curriculum content, classroom processes and viewing of materials to be used in teaching the lessons. A content outline will be provided for parents/guardians with a letter requesting permission for students to participate. Information regarding alternative lessons will also be presented at this time.

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Guidelines

Arizona State Guidelines (State Board of Education R7-2-303) for sex education:

- Lessons will not exceed the equivalent of one class period per day for four weeks of the school year (K-4).
- Lessons will not exceed the equivalent of one class period per day for nine weeks of the school year (5-8).
- Alternative elective lessons(s) from the state adopted optional subject list (K-8).
- Lessons will be taught to boys and girls separately (K-8).
- Lessons will not be graded and teachers may not require homework (K-8).
- Lessons will be a supplement to the Health Course of Study (K-8).
- Evaluations are anonymous and shall not be retained or recorded (K-8).
- Questions about the students' or his/her parents' beliefs, morals or practices shall not be asked (K-8).
- Written parental permission will be secured (K-8), TUSD requires this for (K-12).

THE QUESTION BOX

At the beginning of the Family Life Curriculum, introduce the question box. Explain to the students that people of all ages have questions about sexual matters. Some may feel uncomfortable asking questions in public although it is very natural to have questions about sex. The question box should be available to all class members throughout the lessons to help address concerns and questions of students in a non-threatening way.

Guidelines for submitting/answering questions in the question box:

1. There is no such thing as a “dumb” question.
2. All questions are valid except for personal questions about the teacher or other students.
3. Questions are anonymous, unless the student wants to be identified.
4. If a question is not answered in class, it may be considered inappropriate for class discussion. (Questions might be answered privately should the student choose to raise this topic with the teacher.)
5. Correct and appropriate vocabulary will be used in the course, but students may use words they know or may have heard. Answers will be translated from the slang words used to correct terminology.
6. Questions will be read by the teacher daily or periodically to insure a prompt response. (The teacher may read them one day and answer the next to give time for response.)
7. Teachers will answer questions simply and in a scientifically accurate manner.

**TUCSON UNIFIED SCHOOL DISTRICT
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**4th Grade
Grade Level Lessons**

Growth and Development

boys and girls taught together

1. Family
2. Family Dynamics
3. Decision Making
4. Effective Communication Skills
5. Self-Confidence / Empowerment
6. Assertiveness / Refusal Skills

Human Sexuality

boys and girls taught separately

7. Puberty - Anatomy
8. Puberty - Physiology
9. Puberty – Personal Hygiene

Grade: 4 Lesson: 1	Lesson Title/Focus: Family	Materials: <ul style="list-style-type: none"> • “My Family Has Taught Me” worksheet • Question Box
Lesson Objectives: Students will be able to <ul style="list-style-type: none"> • discuss how family influences personal health practices and behaviors 		
Academic Vocabulary: <ol style="list-style-type: none"> 1. family 2. basic needs 3. values 4. customs 5. mutual support 		
Anticipatory Set: <ul style="list-style-type: none"> • Students do a “quick draw” of their family and/or • Brainstorm “what is a family?” 		
Direct Instruction: <ul style="list-style-type: none"> • Discuss anticipatory set brainstorm. Student answers may include: two parent families, same sex families, single parent families, separated families (may include incarcerated or deported family members), step or blended families, extended families (may include grandparents, aunts, uncles, etc.), adopted families, foster families, joint custody (may mean two families) • Emphasize that families are different, not better or worse. Discuss similarities and differences, emphasizing that not one particular type is better than the other. 		
Guided Practice: <ul style="list-style-type: none"> • Brainstorm the function(s) of a family: <ul style="list-style-type: none"> Provide basic needs of life to those not able to provide for themselves Teach values and customs Provide love, security, nurturing Model communication, cooperation and problem solving 		
Independent Practice: <ul style="list-style-type: none"> • Have students complete the “My Family Has Taught Me” worksheet to help identify their family traditions. Add any additional categories. 		
Closure: <ul style="list-style-type: none"> • De-brief as a whole group: “What have you learned from this activity?” 		

MY FAMILY HAS TAUGHT ME

Special Foods _____

Recreation _____

Languages _____

Holiday Traditions _____

Traditions _____

What would you pass on to your children as a family tradition?

Grade: 4 Lesson: 2	Lesson Title/Focus: Family Dynamics	Materials: <ul style="list-style-type: none">• “Family Dynamics” worksheet• Question Box
Lesson Objectives: Students will be able to <ul style="list-style-type: none">• identify changes that occur in families• identify effects of changes• identify responsibilities as a family member		
Academic Vocabulary: <ol style="list-style-type: none">1. dynamic2. change3. adjustment		
Anticipatory Set: <ul style="list-style-type: none">• Students define “change” by drawing or writing• Encourage students to share something that they value about a family member		
Direct Instruction: <ul style="list-style-type: none">• Brainstorm the roles of family members, including adults and children.• Discuss some changes that may occur in families and the adjustments that each family member has to make because of the change (ie: new child, separation, dual and blended families, moving, substance abuse, death, incarceration, unemployment, deportation, illness).• Project the “Family Dynamics” worksheet and fill in first few rows as a whole class.		
Guided Practice: <ul style="list-style-type: none">• Students work with a partner to fill in the next two rows of the “Family Dynamics” worksheet.		
Independent Practice: <ul style="list-style-type: none">• Have students complete the “Family Dynamics” worksheet.		
Closure: <ul style="list-style-type: none">• Share a row from the “Family Dynamics” worksheet with the class.		

FAMILY DYNAMICS WORKSHEET

Change	Adjustment for Each Family Member

Grade: 4 Lesson: 3	Lesson Title/Focus: Decision Making	Materials: <ul style="list-style-type: none">• Paper, pencils• Student whiteboards/markers• Question Box
Lesson Objectives: Students will be able to <ul style="list-style-type: none">• identify key steps of the decision making process• recognize influence of parents, peers, and media• understand the power of the individual to control personal behavior		
Academic Vocabulary: <ol style="list-style-type: none">1. decision2. values3. influence		
Anticipatory Set: <ul style="list-style-type: none">• Option 1) Look around the class. Do you see any tools that help you make good decisions? Make a list on your whiteboard.• Option 2) Brainstorm: When have you made a decision that you feel very proud of?		
Direct Instruction: <ul style="list-style-type: none">• Review key steps for decision making:<ul style="list-style-type: none">○ Identify challenge○ Brainstorm possible solutions○ Consider outcome/consequences of each challenge○ Recognize personal values and influence of their environment○ Choose a solution○ Implement solution○ Reflect. Adjust as necessary• Model the process for making good decisions		
Guided Practice: <ul style="list-style-type: none">• Activity 1: Pose situational challenges (home or school) when decisions are necessary.<ul style="list-style-type: none">○ Ask students to think about decisions they have made.○ List student response○ Have the class work through one of the above situations using the decision making process:<ul style="list-style-type: none">▪ Identify challenge▪ Brainstorm possible solutions▪ Consider outcome/consequences of each challenge▪ Recognize personal values and influence of their environment (Media, parents, community influence {faith, teams, clubs, etc.}, peers/classmates, friends)▪ Choose a solution▪ Implement solution▪ Reflect. Adjust as necessary• Activity 2: Role-play situations that require decision-making		

Independent Practice:

- Student will make a 4-panel decision-making storyboard. Share.

Closure:

- Discussion items to bridge into next lesson (Communication):
- Discuss the role of self-control in making a decision.
- Discuss the consequences of a decision and how to live with them.
- Ask students for examples of situations that they may be faced with during this time of increasing independence. How will peer pressure and parental values effect choices?

Grade: 4 Lesson: 4	Lesson Title/Focus: Effective Communication Skills	Materials: <ul style="list-style-type: none">• “Effective Communication Skills” worksheet• Question Box
Lesson Objectives: Students will be able to <ul style="list-style-type: none">• practice respect for peers including those with different opinions• demonstrate effective verbal and nonverbal communication skill to enhance health• demonstrate refusal skills that avoid or reduce health risks• demonstrate nonviolent strategies to manage or resolve conflict• demonstrate how to ask for assistance to enhance personal health		
Academic Vocabulary: <ol style="list-style-type: none">1. communication2. hidden meanings3. body language4. stereotyping5. dignity6. refusal skills7. tone		
Anticipatory Set: <ul style="list-style-type: none">• Option 1: Think about a person (or people) who you trust and know that you can go to if you need help. What makes this person trustworthy?• Option 2: Brainstorm: What does good communication mean? What does it look like in our classroom? What are other examples of good communication? With whom do you communicate well?		
Direct Instruction: <ul style="list-style-type: none">• After the anticipatory set, review student responses. Add and discuss any of the below communication skills that have not been addressed:<ul style="list-style-type: none">○ knowing that feelings influence listening and communication○ knowing how the feelings of others influence communication○ looking for hidden meanings○ expressing wishes clearly○ exercising refusal skills○ saying what is meant○ understanding body language in conversation○ respecting each other○ demonstrating dignity and equality○ awareness of stereotyping (e.g., sexual, gender, cultural, racial, etc.)○ knowing the difference between flirting/teasing and sexual harassment		

- Identify and discuss:
 - need for self-confidence and self-respect
 - need for effective communication skills
 - need for respect for parents, guardians, families and all others
 - need for awareness of own feelings and attitudes and how they affect behavior
 - influence of parents, guardians, families and peers
 - how responsibilities and privileges grow during the maturation process

Guided Practice:

- Using the “Effective Communication Skills” worksheet, read through Scenario #1 and the response options. Ask the class to choose the most effective response and explain their thinking.

Independent Practice:

- Have students work with a partner or a small group to read-through or act-out the remaining scenarios. Have them discuss which response option they would choose and explain their choice.

Closure:

- De-brief as a whole group:
“What have you learned from these activities?”

Effective Communication Skills Worksheet

SCENARIO #1:

Your substitute teacher tells you to repeat an assignment you have already completed. How should you respond?

- A. "I'm not going to do that, I've already done it."
- B. "Make me. You're not my real teacher."
- C. "I think I have already done this assignment, it is in the folder on the desk."
- D. "Let me show you where we are at in the book."

SCENARIO #2:

Your friend Sara asked you to come to their home after school, but someone in your family will need to pick you up after dinner. Which option should you select?:

- A. You stop at home and say, "Mom, may I ask you something? Sara's mom is outside in the car and Sara asked me to come over to play, but she can't bring me back home. I really want to go. Could you please pick me up at 6:30?"
- B. You go ahead and go to your friend's home and just call home later to get someone to pick you up.
- C. You stop at home and yell, "Hey Mom, I'm going over to Sara's house. Pick me up about 6:30," as you run out the door.
- D. You call from school and say, "You better give me a ride home when I'm done playing at Sara's house. I'll call you when I want you to be there."

SCENARIO #3:

Your grandpa asks you to take out the trash. You say you will, but forget and go off to ride bikes with your friends. When you come home, your grandpa reminds you to take out the trash. How should you respond?

POSSIBLE RESPONSES:

- A. "Why do I always have to do it? I don't see why I always get the yukky jobs."
- B. "YOU could have done it. You've just been watching TV."
- C. "Yeah. I'll do it later."
- D. "I'm sorry that I forgot. Okay, I'll do it now."

SCENARIO #4:

You are waiting for school to start with a group of friends. Another student walks by and your friends say loudly, "what a loser." What should you do?

POSSIBLE RESPONSES:

- A. Laugh with the group and make a comment about the person's looks.
- B. Laugh with the group but don't say anything.
- C. Don't laugh or say anything.
- D. Speak up and help your friends understand that what they are doing is hurtful.

Grade: 4 Lesson: 5	Lesson Title/Focus: <ul style="list-style-type: none">• Self- Confidence / Empowerment	Materials: <ul style="list-style-type: none">• Whiteboard and drawing paper
Lesson Objectives: <p>Students will be able to</p> <ul style="list-style-type: none">• identify individual strengths that lead to self-confidence, a feeling of self-worth, and success		
Academic Vocabulary: <ol style="list-style-type: none">1. self-confidence2. self-worth3. self-talk4. resiliency5. adverse situation6. assertiveness		
Anticipatory Set: <ul style="list-style-type: none">• Have students brainstorm a list of characteristics that they consider strengths.• Have students share out while you record a class list.		
Direct Instruction: <ul style="list-style-type: none">• Using the list of strengths generated by the class: have each student make an “I” statement applying one of the strengths to themselves. OR• have students create sentences using the brainstormed strengths and the following sentence frame: “I feel I’m _____ because _____.”		
Guided Practice: <p>Guide a whole-group discussion with your students.</p> <ul style="list-style-type: none">• Discuss how it feels to share these things about themselves with others.• Discuss the benefits of self-confidence.<ol style="list-style-type: none">A. Positive self-talk.B. Making a positive mental picture of yourself and othersC. Resiliency and protection in adverse situations.• Discuss how self-confidence and assertiveness help in dealing with parents, peers and others.		
Independent Practice: <ul style="list-style-type: none">• Draw a picture of yourself as the center of power or in position of strength		
Closure: <ul style="list-style-type: none">• Have volunteers share their drawings.• Closing question: How could recalling such an image change a decision on how to handle difficult situations?		

<p>Grade: 4 Lesson: 6</p>	<p>Lesson Title/Focus: Assertiveness / Refusal Skills</p>	<p>Materials:</p> <ul style="list-style-type: none"> • Whiteboard or chart paper • Lined paper for student writing
<p>Lesson Objectives: Students will be able to</p> <ul style="list-style-type: none"> • recognize how their friends and experiences may change as they grow up • describe personal boundaries and their right to body autonomy • explain the human need to belong to a group 		
<p>Academic Vocabulary:</p> <ol style="list-style-type: none"> 1. body autonomy: a person has the right to accept or reject physical touch (This concept is often tested when two people greet each other) 2. consent: to give permission, saying “yes” to letting someone do something 3. refusal skills: a process where someone lets another person know that they aren’t giving permission to the action 		
<p>Concept(s):</p> <ol style="list-style-type: none"> 1. Students are going to encounter more and more freedom as they grow up. Sometimes they will be with people who may push the boundaries of the student’s comfort zone. They must know the difference between consent and refusal. They must navigate how to use each. 		
<p>Anticipatory Set:</p> <ul style="list-style-type: none"> • Question: What are some physical ways that people might greet others? • Jot down some techniques. (shaking hands, fist bumps, hugging, high fives, no physical contact.....a good place to ask for “greeting rituals”....a series of movements two people have devised as a personal greeting!) • Develop a class list from the anticipatory set. • Questions to consider: <ul style="list-style-type: none"> ○ Do family members greet each other differently than friends? Strangers? ○ Have students devise three separate lists (family, friends, strangers) on the board or in their notes. ○ How might someone respond if they are uncomfortable with the way they are being greeted? 		
<p>Direct Instruction: Empowerment: Consent/Refusal</p> <ul style="list-style-type: none"> • Brainstorm: There are other times, besides greeting, when we might need to give permission. What are some other examples of when we should have permission? (borrowing something, sharing someone else’s secrets, can I “borrow” your homework?) • More Brainstorming: What does “consent” or permission sound or look like? (Record affirmative answers. • Add body language examples, focusing on the look on your face, the way that you stand, what you do with your hands) 		

Guided Practice:

- Class Discussion
 - When another person is putting you in a situation that feels uncomfortable, do not give consent.
 - Example: You arrived to school early and you see your friend Richard. Usually you play basketball when you both are early. Today, Richard tells you that he stayed up last night playing video games online. He didn't finish his math homework. He says "Be a pal and lend me yours really fast, please. We can play basketball at lunch." You've never shared your homework before. Isn't that cheating? What do you say?
 - Refusal Skills:
 - Say No (add an alternative: Let's sit down and you can finish it real fast.)
 - If you meet with resistance, repeat NO!
 - Leave the situation
- Have students stand up. While you prompt, have them practice:
 - First: Say NO
 - Suggest an alternative:
 - If that doesn't work, say NO again!
 - If that still doesn't work, LEAVE
- Have them repeat the role play with supporting body language to emphasize their point!

Independent Practice:

- Personal Writing Assignment
 - Write about a personal experience where you were asked to do something that made you uncomfortable. Jot down a few details about the situation. Why did you feel uncomfortable? Now, write two scripts:
 - One where you practice your Refusal Skills with the other person.
 - Next, try to rewrite the situation so that you are comfortable in giving your consent.
- Note to students: You may give your characters aliases and keep their relationships confidential if it makes you more comfortable with this assignment.
- (Realize that not all students will be able to do this easily.)

Closure:

- Have students revisit/review refusal skills.
- They can repeat the steps verbally or write them down as an exit ticket.

Grade: 4 Lesson: 7	Lesson Title/Focus: Puberty - Anatomy	Materials: <ul style="list-style-type: none"> • Whiteboard or chart paper • Lined paper for student reflection
Lesson Objectives: Students will be able to <ul style="list-style-type: none"> • discuss emotional and physical changes that occur during puberty • identify male and female reproductive organs 		
Academic Vocabulary: <ol style="list-style-type: none"> 1. adolescence: The stage of life when humans grow from childhood to adulthood 2. hormone: A chemical that is made in one part of the body that causes a change in another part of the body: estrogen, testosterone 3. puberty: The stage of life when a person’s reproductive system matures. For teacher reference: Signs of puberty before age 8 in girls or age 9 in boys may not be healthy; or if there are NO signs of puberty by age 13 in girls or age 14 in boys, that may not be healthy either; for girls that do have breast development or other secondary sex characteristics, no start of menstruation by age 15 may not be healthy. 		
Concept(s): <ol style="list-style-type: none"> 1. Students need to have medically accurate information about their bodies and the changes they can expect during adolescence. <p>Note: This is going to be a sensitive lesson with many students feeling discomfort. Although taught separately it is important for students to learn about the development of the opposite sex as well. It is important to be prepared to answer questions about the changes they may be experiencing. Remind students that people develop at different rates and ages. Students should not be alarmed if they have already developed in this area or if they have not.</p>		
Anticipatory Set: <ul style="list-style-type: none"> • Access prior knowledge/understanding of vocabulary terms: adolescence, hormone, puberty 		
Direct Instruction: <ul style="list-style-type: none"> • Explain the concepts of Adolescence and Puberty. • Have students brainstorm changes that occur during puberty. • List on the board. (They may give physical and emotional changes.) 		
Guided Practice: <ul style="list-style-type: none"> • After the list is constructed, mark each item that is uniquely male or female. • Discussion: Are there changes that both males and females experience during puberty? • Class Discussion: <ul style="list-style-type: none"> ○ There are many changes that occur during adolescence. We’ll talk about the physical ones in the next lesson. Let’s look at some of the mental or emotional ones you may experience. <ul style="list-style-type: none"> ▪ You may be attracted to or have a crush on others 		

- You may have big mood swings, where you feel happy and then feel a sudden change to sadness.
- Because your body is going through so many changes during adolescence, expect to feel like you are going through big changes mentally or emotionally.

Independent Practice:

- Student Reflection: How do you think all of the changes you are experiencing during adolescence will impact you as an adult?

Closure:

- Optional share-out of reflections.

Grade: 4 Lesson: 8	Lesson Title/Focus: Puberty - Physiology	Materials: <ul style="list-style-type: none">• Female Reproductive System Diagram• Male Reproductive System Diagram
Lesson Objectives: Students will be able to <ul style="list-style-type: none">• identify physical changes to expect during puberty• understand the part hormones play in adolescent growth• prepare for the physical changes they will experience		
Academic Vocabulary: <ol style="list-style-type: none">1. hormones2. growth spurts3. menstruation		
Concept(s): <ol style="list-style-type: none">1. The physiology of the reproductive system is often the most difficult lesson in Family Life curriculum.2. Students will never be hurt by too much information when it come to their physical maturation.3. Get through this lesson and your students will have much of the information necessary to keep them safe during the next few years. <p>Note: This is a lesson covering very sensitive and intimate materials. Be cognizant of the “personality” of your class and plan accordingly. There will be embarrassment. There may be confusion. Accept all reactions. Adjust the material to fit the focus of the class. If questions take a long time, or further discussion is needed on a concept, make those time adjustments.</p>		
Anticipatory Set: <ul style="list-style-type: none">• Student Reflection:<ul style="list-style-type: none">○ Write down 5 questions that you would like answered regarding the changes that you anticipate during the next few years.○ Are there already changes happening with your body that you think are related to puberty?		
Direct Instruction: <ul style="list-style-type: none">• List the physical changes that will occur during puberty:<ul style="list-style-type: none">○ For boys and girls: growth spurts, increased growth of underarm hair and pubic hair, sweat glands becoming more active, acne, emotional changes (moodiness, attraction to romantic relationships, feelings of awkwardness)○ For boys: growth of facial hair, deepened voice, broader shoulders, elongated penis○ For girls: developing larger breasts, wider hips		

- Discussion:
 - There are a lot of changes going on in your body, and your classmates and friends.
 - Are there any questions or concerns you might have about the Physical Changes that you are going to deal with? (Questions about hygiene and preparing for menstruation can be saved for the next lesson.)
 - If they ask questions about issues covered in the Guided Practice, transition into that segment of the lesson.

Guided Practice:

- Use diagrams to explain the process of egg production and menstruation
- Discuss erections, ejaculation and nocturnal emissions
- Use diagrams to locate terms as needed

Independent Practice:

- Student Reflection:
 - You are going through a lot of changes. It may seem like your own special science experiment. You probably don't feel like you're totally in control of what you are experiencing.
 - Have you already spoken to your parent, a trusted adult or your doctor, about preparing for these changes?
 - If you have, write a couple of sentences reflecting upon that experience.
 - If not, write a couple of sentences that could be used as a starter for the conversation you want to have.

Closure:

- Optional share-out of reflections.

Additional Resources: Teacher Information

- The **pituitary gland** (and endocrine gland in the head) secretes **hormones** that signal the sex glands to trigger this stage of growth called puberty.
- The female sex glands are called ovaries. The male sex glands are called testes. In turn the sex gland produce hormones (estrogen in females, testosterone in male) that cause certain body changes.

Female Physiology:

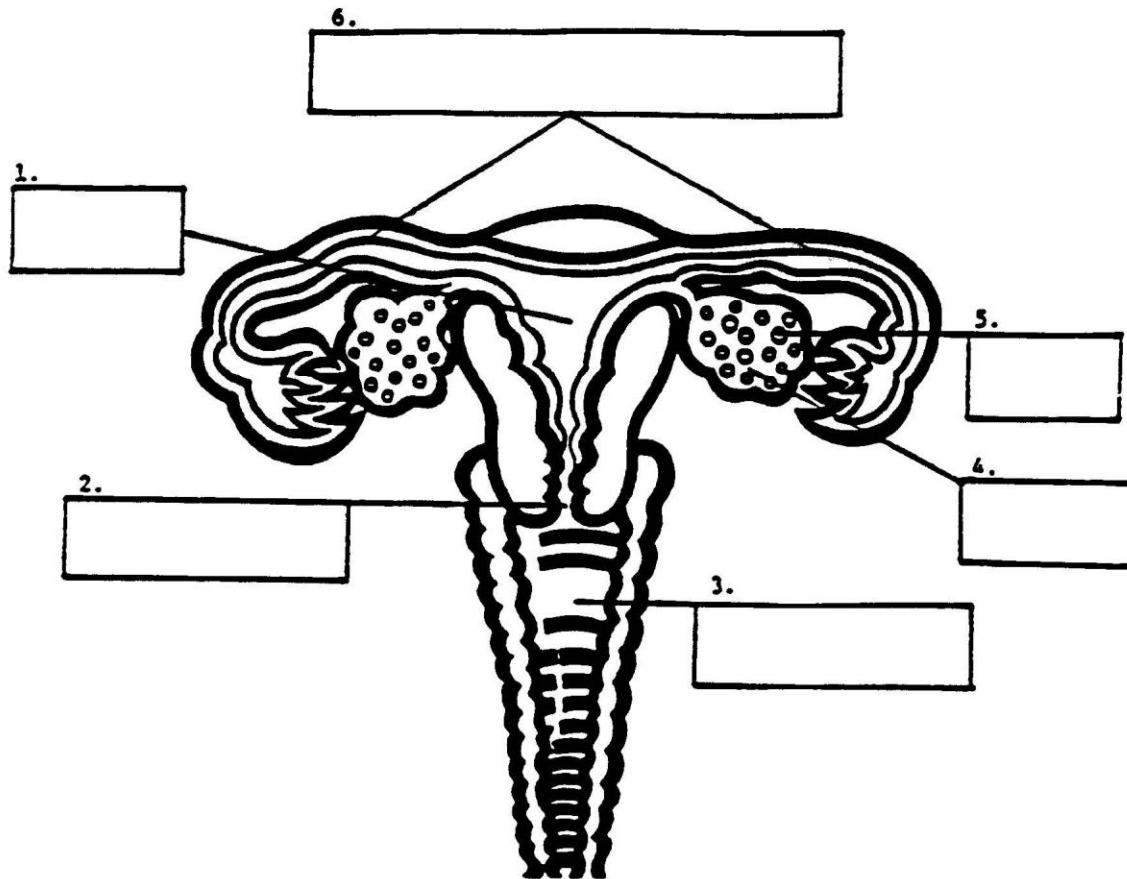
- The female hormone estrogen stimulates the ovary to begin producing an ovum (egg cell) each month. When it matures, it travels through the fallopian tubes to the uterus. This release is called ovulation. The uterus is also called the womb and is the organ that would expand to hold the developing baby.
- If the ovum has not been fertilized, it dissolves and the lining is not needed. The lining then breaks down and is passed out of the body through the vagina or birth canal. The process is called menstruation. During menstruation the menstrual flow consists of blood, mucus and fragments of tissue lining the uterus. The flow comes out the uterus through the vagina gradually over a period of 3-7 days.

- Shortly afterward, more egg follicles begin to develop, a new lining begins to form and the cycle starts all over again.
- The menstrual cycle is about 28 days
- This cycle can vary in length
- Menstruation may also be called a period
- Some females have irregular cycles, especially at first
- Some females feel cramps or backaches during menstruation
- Menstruation usually lasts for 3–7 days

Male Physiology:

- The penis and the testes are the male reproductive organs. They are located outside the body.
- Male reproductive cells, called sperm, are produced in the testes or testicles located in the scrotum. The scrotum is located in a pouch of loose skin behind the penis.
- The sperm move from the testicles through a tube called the vas deferens to the prostate gland where they combine with fluids to form semen.
- This thin white fluid containing sperm then makes its way to the urethra in the penis. The urethra is the passageway for urine and sperm out of the body. When semen is ready to leave the body, a muscle closes off the urethra from the bladder, making it impossible for semen and urine to get into the urethra at the same time.
- Sperm leave the body through the penis in a process called ejaculation. The spongy tissue in the penis fills with blood causing it to become hardened and to stand out from the body. This is called an erection. Ejaculation occurs when muscle contractions in the erect penis push the semen through the urethra and out of the body.
- About 300 million sperm are released at this time in about a teaspoon of semen. This release happens during sexual contact and can also happen during sleep. It is called a nocturnal emission or “wet dream” when it happens during sleep. These occurrences may or may not be due to sexual dreams. They may occur due to an overproduction of sperm at this time. They are a common occurrence and a normal part of growing overproduction of sperm at this time.

Female Reproductive System



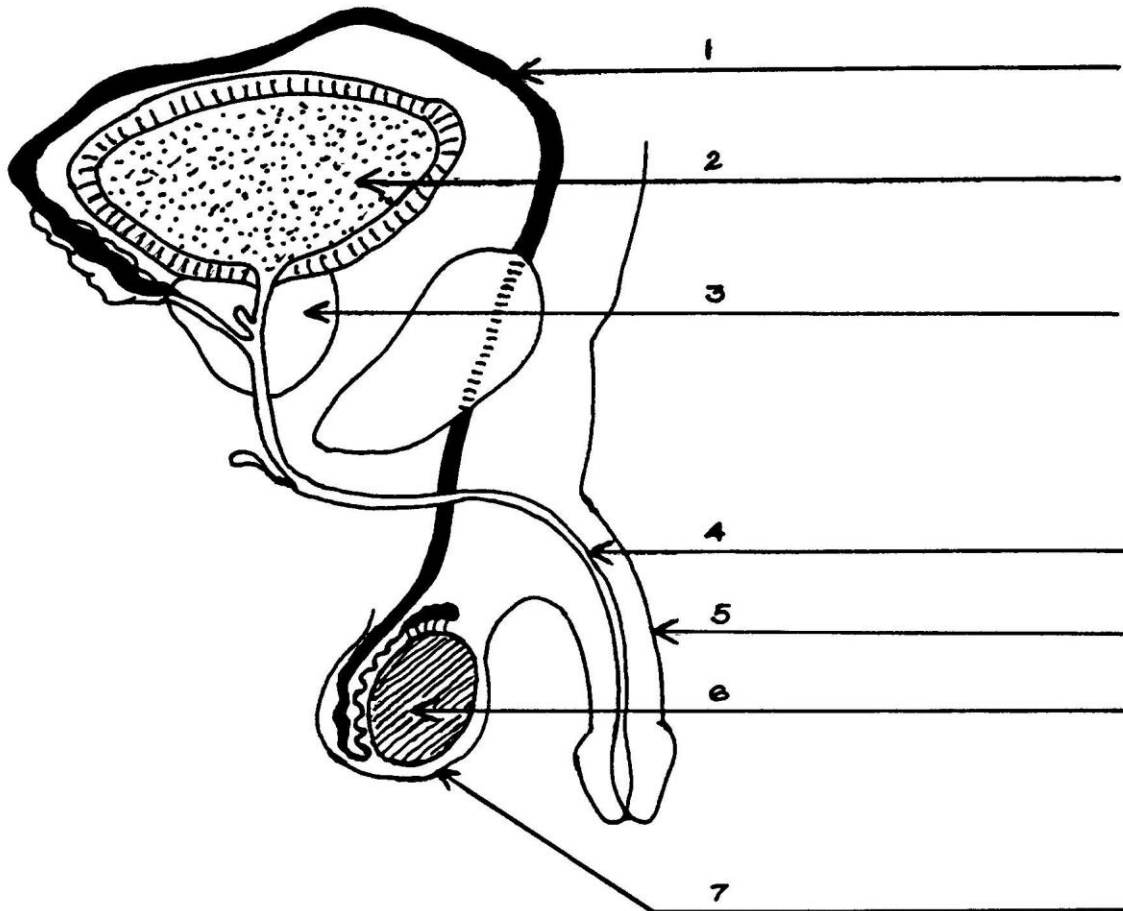
Fill in the boxes with the correct term for the parts of the female reproductive system.

uterus ovary oviduct vagina cervix egg

Draw a dotted line (---) showing how the menstrual blood leaves the body.

Draw a solid line (—) showing how the egg travels from the ovary through the vagina.

Male Reproductive System



Label the parts of the male anatomy.

- urethra urinary bladder penis scrotum vas deferens
- prostate gland testes (testicle)

<p>Grade: 4 Lesson: 9</p>	<p>Lesson Title/Focus: 9 Puberty - Personal Hygiene</p>	<p>Materials:</p> <ul style="list-style-type: none"> • Whiteboard or chart paper • Paper for student to record information
<p>Lesson Objectives: Students will be able to</p> <ul style="list-style-type: none"> • understand the physical changes during puberty that will impact their hygiene routines • adapt new hygiene practices as they experience changes 		
<p>Academic Vocabulary:</p> <ol style="list-style-type: none"> 1. hygiene 2. perspiration 3. acne 		
<p>Anticipatory Set:</p> <ul style="list-style-type: none"> • Make a list of the typical hygiene practices you already do regularly (brush and floss teeth, clean clothes regularly, bathe or shower every day or every other day) 		
<p>Direct Instruction: Tailor the information to girls or boys as is appropriate for your group of students.</p> <ul style="list-style-type: none"> • Class Discussion: <ul style="list-style-type: none"> ○ As you move through the anticipated physical changes during puberty, what are your greatest concerns for being prepared? ○ Who is your parent or trusted adult who you can rely upon for information and support? <p>Female students only:</p> <ul style="list-style-type: none"> • Preparing for menstruation: <ul style="list-style-type: none"> ○ If you haven't had your first period, you may be a bit nervous about what it will be like, but mostly, when will it happen. ○ If you have already had some of the first physical signs of puberty, like hair growth underarms or in the genital area or the development of breast, you are on your way. ○ In order to lessen the anxiety, or nerves, get some supplies so that you feel prepared. ○ You may have to talk to your parent or a trusted adult or an older sibling in order to purchase the right products. 		
<p>Guided Practice:</p> <ul style="list-style-type: none"> • Record this activity on the board while students make a personal copy. <ul style="list-style-type: none"> ○ Using their answers from the anticipatory set, compile a class list of the changes. ○ In a second column, list the hygiene needs that each change will incur. ○ Finally, have the students make a third column on their personal list, noting who they will go to for help. ○ Personal hygiene techniques to include: 		

Physical change(s) during puberty	Hygiene needs to address these changes	Who can I go to for information/support?
increased perspiration and body odor	<ul style="list-style-type: none"> - Use of antiperspirant and/or deodorant - Reminder: body spray will not get rid of body odor 	
Increased moisture where hair grows	Clean underwear and clothes each day <ul style="list-style-type: none"> - Daily showering (at least after physical activity) - Carrying pre-moistened towelettes 	
Increased skin outbreaks (acne)	<ul style="list-style-type: none"> - Cleansing face, checking with the doctor 	

Independent Practice:

- Have students prepare a personal shopping list for the items they want to have on hand. They should include the parent or trusted adult they will speak with.

Closure:

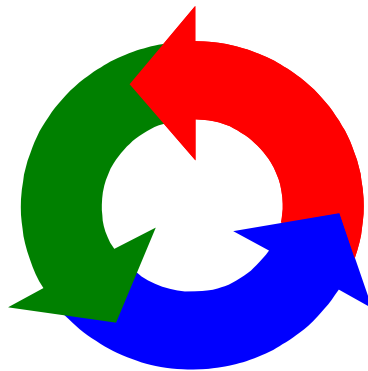
- Have students complete an exit ticket listing what they view as the top three most important things they learned during the family life curriculum.

Family Life Curriculum

HUMAN GROWTH AND DEVELOPMENT

HUMAN SEXUALITY

5th Grade



TUCSON UNIFIED SCHOOL DISTRICT

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FAMILY LIFE CURRICULUM

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**TUCSON UNIFIED SCHOOL DISTRICT
FAMILY LIFE CURRICULUM**

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TUCSON UNIFIED SCHOOL DISTRICT FAMILY LIFE CURRICULUM

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TUCSON UNIFIED SCHOOL DISTRICT FAMILY LIFE CURRICULUM

Philosophy

Education is a life long process that begins with parents as the primary teachers. It is the parent's right and responsibility to initiate a child's education in all areas including sexuality. From the time a child begins formal education, the responsibility becomes a shared effort among home, school, and community.

This curriculum is designed to supplement each student's personal family life education inclusive of an understanding of healthy attitudes, interpersonal relationships, decision making, understanding consequences of decisions, and growth and development which arise with emerging sexuality. Additionally, it is intended to encourage open parent-child discussions.

All curricula convey a set of values that are supported in a democratic society. Thus, sensitivity and respect for individual beliefs are of critical importance in presenting a sex education curriculum. The main values espoused by this curriculum include:

- Show respect for the values and uniqueness of each individual.
- Show respect for every family unit.
- Accept responsibility for one's own actions.
- Accept responsibility to protect self and others.
- Accept responsibility as a member of society.

TUCSON UNIFIED SCHOOL DISTRICT FAMILY LIFE CURRICULUM

Goal

Students will acquire scientifically accurate information about human maturation and will develop knowledge of physical, social and emotional aspects of personal maturation, human sexuality and family life. Students will develop critical thinking skills leading to positive self-esteem, effective communication skills, responsible decision-making, and personal safety strategies.

Curriculum Objectives

The purpose of the curriculum is to provide students with information to

- discuss the significance of parents' roles and family life
- demonstrate an awareness of strategies for personal safety
- demonstrate self-worth, ownership of body, and rights of privacy
- explain the importance of human interdependence for mental, emotional, social, and physical health
- explain the different stages of human growth and development
- explain human reproduction
- describe the responsibilities involved in interpersonal relationships and in decision-making concerning sexuality
- identify abstinence/sexual risk avoidance as the only 100% effective method of preventing pregnancy and sexually transmitted infections

TUCSON UNIFIED SCHOOL DISTRICT FAMILY LIFE CURRICULUM

Overview

Growth is a life-long process. People grow in many different ways. Growth means positive change, and change brings challenge, excitement, apprehension and new problems to solve. Knowing what to expect eases anxiety, dispels misconceptions and facilitates adjustment to the changes that occur. This curriculum addresses these needs.

Sexuality is an inherent part of each individual's personality and humanity. The Tucson Unified School District's Family Life Curriculum (FLC) helps students learn more about themselves, refine communication skills and develop respect for themselves and others. Successful FLC are those that are a cooperative effort between parents, guardians, families and the school.

Tucson Unified School District's curriculum encourages and stresses communication within the family to learn about sexuality and shared values that influence decisions. The concepts presented are based on the recommendations of the TUSD Family Life Curriculum Advisory Committees.

For those students who have open discussions about human maturation and sexuality with their families, this curriculum serves as a supplemental guide of factual information to be shared at home. For those students who do not have the same familial opportunities, this curriculum provides accurate information about sexuality and the growth processes, personal safety strategies and serves to foster respect for all people and their beliefs.

TUCSON UNIFIED SCHOOL DISTRICT FAMILY LIFE CURRICULUM

Classroom Climate

In order to create a climate conducive to effective learning within a comfortable, non-threatening environment:

- clear rules and regulations of behavior must be emphasized.
- teachers need to introduce themselves as trained and knowledgeable about human growth and development.
- all students' questions will be considered valid and answered using age-appropriate, scientifically -accurate information.
- proper terminology will be used by the teacher and student slang words or expressions will be interpreted to correct terminology.
- teachers will encourage students to discuss the course content and their questions with their parents, guardians and families.
- students' questions or vocabulary that are not included in the grade-level lessons will be identified and the student will then be referred to their parents, guardians and family, if the questions can not be answered using age-appropriate, scientifically accurate information.
- teachers will emphasize that students' peers, social media, and the internet do not always have correct information about human growth and development.

Parent Participation

Parent participation is highly valued by TUSD. An informational meeting for parents, guardians and families will be held prior to classroom presentations to allow for a review of curriculum content, classroom processes and viewing of materials to be used in teaching the lessons. A content outline will be provided for parents/guardians with a letter requesting permission for students to participate. Information regarding alternative lessons will also be presented at this time.

TUCSON UNIFIED SCHOOL DISTRICT FAMILY LIFE CURRICULUM

Guidelines

Arizona State Guidelines (State Board of Education R7-2-303) for sex education:

- Lessons will not exceed the equivalent of one class period per day for four weeks of the school year (K-4).
- Lessons will not exceed the equivalent of one class period per day for nine weeks of the school year (5-8).
- Alternative elective lessons(s) from the state adopted optional subject list (K-8).
- Lessons will be taught to boys and girls separately (K-8).
- Lessons will not be graded and teachers may not require homework (K-8).
- Lessons will be a supplement to the Health Course of Study (K-8).
- Evaluations are anonymous and shall not be retained or recorded (K-8).
- Questions about the students' or his/her parents' beliefs, morals or practices shall not be asked (K-8).
- Written parental permission will be secured (K-8), TUSD requires this for (K-12).

THE QUESTION BOX

At the beginning of the Family Life Curriculum, introduce the question box. Explain to the students that people of all ages have questions about sexual matters. Some may feel uncomfortable asking questions in public although it is very natural to have questions about sex. The question box should be available to all class members throughout the lessons to help address concerns and questions of students in a non-threatening way.

Guidelines for submitting/answering questions in the question box:

1. There is no such thing as a “dumb” question.
2. All questions are valid except for personal questions about the teacher or other students.
3. Questions are anonymous, unless the student wants to be identified.
4. If a question is not answered in class, it may be considered inappropriate for class discussion. (Questions might be answered privately should the student choose to raise this topic with the teacher.)
5. Correct and appropriate vocabulary will be used in the course, but students may use words they know or may have heard. Answers will be translated from the slang words used to correct terminology.
6. Questions will be read by the teacher daily or periodically to insure a prompt response. (The teacher may read them one day and answer the next to give time for response.)
7. Teachers will answer questions simply and in a scientifically accurate manner.

**TUCSON UNIFIED SCHOOL DISTRICT
FAMILY LIFE CURRICULUM**

**5th Grade
Grade Level Lessons**

Growth and Development

boys and girls taught together

1. Communication with Family
2. Self-Concept
3. Decision-Making
4. Effective Communication Skills and Assertiveness
5. Belonging to Groups
6. Social Media / Bullying / Hazing

Human Sexuality

boys and girls taught separately

7. Personal Safety
8. Puberty / Reproductive System
9. Puberty: Hormones / Hygiene

Grade: 5 Lesson: 1	Lesson Title/Focus: Communication with Family	Materials: <ul style="list-style-type: none"> Lined paper for anticipatory set and closure
Lesson Objectives: Students will be able to <ul style="list-style-type: none"> identify their personal responsibilities within their family or household 		
Academic Vocabulary: <ol style="list-style-type: none"> relationships: connections between two or more people responsibilities: social or emotional connection between people communication: sending and receiving messages. Good communication helps people in relationships know and understand each other. 		
Concept(s): <ol style="list-style-type: none"> Families and households have lots of moving parts. As kids get older, they take on more responsibilities in keeping the family moving smoothly. It's important for them to understand how communication is important to family routine. 		
Anticipatory Set: <ul style="list-style-type: none"> Write down all of the people that you have a relationship with. Put them in categories: family, friends, others (teammates, classmates, distant relatives) 		
Direct Instruction: <ul style="list-style-type: none"> Class discussion: <ul style="list-style-type: none"> Are there specific times each day that you are together with family or household members? (at breakfast, driving to school, at afterschool sports) When you think about those instances, is there a routine that you expect to occur? (someone cooks, someone always drives or takes you to the bus stop, someone does certain chores like washing the dishes after the meal) Who sets up these routines? How do you communicate these responsibilities or expectations? (Do you have a chart of chores? Does everyone just pitch in?) 		
Guided Practice: <ul style="list-style-type: none"> Read this scenario to the class: Tom gets home from school at 4:15 every day. The bus drops him off at the corner of his street. On Tuesday, his Mother worked until 5 p.m. but when she arrived home, she realized that Tom was not there. There were none of his books, and the kitchen showed no signs of his usual after-school snack. He hadn't begun dinner. There was no note telling his Mom where he was. His Mom immediately began calling Tom's friends. When no one seemed to know where he was, she became frantic and went to the police annex to file a report. Then, she spent the next hour driving around the neighborhood looking for him. After an hour of this, with not sign of Tom, she drove home. Tom was watching TV when she went in the house. It seems that he made friends with a new student in his class, and they went to his apartment to play video games. Tom's Mom began yelling at him and told him that he would be punished. 		

Discussion:

- What were the decisions that Tom had made that created confusion in the entire afternoon?
- What were some of the clues of Tom's presence was his Mom expecting to see when she came in from work?
- What did Tom's Mom's behavior tell Tom?
- How was she really feeling?
- What could Tom have communicated differently with his Mom after school?

Independent Practice:

- Reflection:
 - What responsibilities do you have in your family or household? (specific cleaning, babysitting, picking up after the animals taking your little brother to school)
 - Do you do them regularly or just when you are told?
 - Does the household still run smoothly if you don't "take care of business?"
 - What happens if you don't fulfill your responsibilities?

Closure:

- Think about the responsibilities and chores you may have within your family.
- Write a brief description of you resolving with an adult in your household, an issue similar to Tom's. You wish to do something that is outside of your usual behavior or responsibilities. You want the adult to know that you want to change the family routine.

Grade: 5 Lesson: 2	Lesson Title/Focus: Self-Concept	Materials: “I Am Creed” poem
Lesson Objectives: Students will be able to <ul style="list-style-type: none">● identify their strengths● understand how self-talk enhances or detracts from their self-concept		
Academic Vocabulary: <ol style="list-style-type: none">1. self-esteem: confidence in your own worth or abilities2. self-concept: the way a person sees themselves in comparison to others3. self-talk: the messages a person gives themselves		
Concept(s): <ol style="list-style-type: none">1. Self-concept is often impacted by the cues and statements that we give ourselves.2. How we praise or discount our talents and actions can become a strong determinant of our self-concept.		
Anticipatory Set: <ul style="list-style-type: none">● Have students read: “I Am Creed” poem● Discuss the meaning of the poem and how it relates to each student.<ol style="list-style-type: none">A. What is important to remember?B. What personal qualities are special?C. Name personal talents, strengths, and interests.		
Direct Instruction: <ul style="list-style-type: none">● Have each student trace their hand on paper.● In each finger list one thing that makes the student special (talent, quality, strength, interest, hobby).● With a partner, share the information they put on their hands.● Then, state one trait you think your partner should add to their positive traits. This can be designated as a bracelet around the wrist.● Class Discussion:<ul style="list-style-type: none">○ Was it easy to come up with 5 personal positive traits?○ How did you judge or know which traits to pick?○ Could you think of three things that you aren’t good at?○ Is it easier to find the negatives or the positives?		
Guided Practice: <ul style="list-style-type: none">● Take the 6 positive traits from your hand tracing.● Write a positive statement for each of them. “I know that I am _____ because _____”		

- On the back of the page, jot down those three negative traits.
- Write a “Not So Positive” statement for each of them.
“I know that I am not good at _____ because _____.”
- Example: I know that I am not good at tennis because I have a hard time seeing the ball.
- With those 3 negative traits, it’s time to “flip the script.”
- Example: I know that I am not good at tennis, but my serves are getting better with practice.
- The point is to find a way to take that negative and help it to feel like it can become a positive.
- **Remind the students that what they say to themselves determines a lot about how they see themselves. Flipping the script can help you find positives when you need them.**

Independent Practice:

- Students will take their hand-prints and traits and write their own “**I Am Creed**” poem.

Closure:

- Optional share-out of poems.

“I Am Creed”

I am unique in the world
I am capable of learning and growing daily;
I am a person who appreciates the difference in others;
I am talented and I share my talents;
I am unlike any other human being;
I am a dreamer who pursues personal dreams;
I am an active participant in life;
I am committed to my values;
I am the kind of person I enjoy being;
I am a one-of-a-kind human being and a celebration of life.

Mark Scharenbroich

Grade: 5 Lesson: 3	Lesson Title/Focus:3 Decision-Making	Materials: <ul style="list-style-type: none">Steps to Making a Decision (posted in classroom)
Lesson Objectives: Students will be able to <ul style="list-style-type: none">identify logical steps to making a decisionunderstand how decisions can have long-term and short-term impact on their lives		
Academic Vocabulary: <ol style="list-style-type: none">alternatives: the different choices or actions possibleconsequences: the final result of the decision (short-term and long-term)good decisions: those that are made after you carefully examine the alternatives and act on the best one		
Concept(s): <ol style="list-style-type: none">When a logical progression for making a decision is used, impulsive actions with negative consequences are less prevalent.		
Anticipatory Set: <ul style="list-style-type: none">What are some of the decisions you make during a typical day? (getting out of bed in the morning, eating breakfast, leaving on time to get to school on time)How would your day go differently if you made a different choice in each case?List student responses on the board.		
Direct Instruction: <ul style="list-style-type: none">Class Discussion:<ul style="list-style-type: none">Are there some decisions that are easy to make and others that require more thought?What factors in a person's life influence the action a person could take in resolving a decision.(peers, family members, values, religious upbringing, present and future goals)Review the Steps to Making a Decision: (Post in the classroom and have students record in their notes:<ul style="list-style-type: none">Steps to Making a Decision:<ul style="list-style-type: none">State the problem clearly.Write down all of the ways that the problem can be solved (alternatives)Examine each alternative. List all of the positive and negative things that could happen if that alternative is selected.Decide which alternative to the problem seems best.Outline the action steps that should be taken to complete the solution.		

Guided Practice:

- Consider this scenario:
Your Dad lets you use the computer for an hour of personal time after you complete your homework and chores. You took care of most of your responsibilities but still have to finish math. You know that your friends are going to be gaming online at 7 o'clock tonight. You really want to play, too. It's 6:50 p.m.
- Apply the **Steps to Making a Decision** to determine what to do.

- Consider this scenario:
Your Grandma works late on Thursday and Friday evenings, so your neighbor, Tracy keeps an eye on you and your younger sister. Usually you have dinner, finish your homework and watch some TV. For the last couple of weeks, Tracy's girlfriend has been coming over. It's no big deal although you've noticed that they've been drinking while they're over. They're really cool, but your Grandma doesn't know about the company or the drinking. You really like Tracy and don't want anyone to get in trouble.
- Apply the **Steps to Making a Decision** to determine what to do.

- While going through the steps to resolve each situation, discuss which alternatives have short-term or long-term consequences.

Independent Practice:

- Select one of your Lesson 2 challenges (negative traits) - one that you believe that you can change from a challenge to a positive in your life
- Once you select the trait, make some decisions about the actions you can take to improve this talent or situation.
- Write down each Step in the process.
- Write down your action steps.

Example:

- I don't play basketball very well. I know that we will be playing basketball in PE in about 4 weeks. I really want to get better at it so that I won't feel like a total LOSER when we get to the basketball unit in PE.
- After going through the Steps, I have decided that I will go to the playground and shoot for fifteen minutes four times a week, and will practice with my older sister twice a week. I will shoot 25 free throws each time. And, I will watch technique videos on YouTube.

Always encourage your students to share their process with their parents or a trusted adult so that they take action in a supportive environment.

Closure:

- With the Action Steps from the Guided Practice activity, have students add some specific numbers to each step.
(Notice in the example that there was a specific amount of practices or free throws included in the Action Steps)

Grade: 5 Lesson: 4	Lesson Title/Focus: Effective Communication Skills and Assertiveness	Materials <ul style="list-style-type: none">• Whiteboard or chart paper• “Effective Communication Skills” worksheet
Lesson Objectives: Students will be able to <ul style="list-style-type: none">• demonstrate the value of communication with parents• explain the need of positive interpersonal relations• describe the advantages of building relationships based on mutual respect• discuss the need for the practice of communication, trust, honesty, and assertiveness• discuss making decisions that do not hurt him/herself or others• discuss the fact that making sexual comments or gestures to another person is hurtful and against the law		
Academic Vocabulary: <ol style="list-style-type: none">1. communication2. peer pressure3. dignity4. respect5. assertiveness		
Anticipatory Set: <ul style="list-style-type: none">• Quietly think about a person (or people) who you trust and know that you can go to if you needed help.• If you don’t see them everyday, how do you reach out and connect with them?• Why do you trust them?		
Direct Instruction: <ul style="list-style-type: none">• Brainstorm these questions with students while recording responses on whiteboard/chart paper:<ul style="list-style-type: none">○ What does “appropriate” communication mean?○ What does it look like in our classroom?○ How is it different from “inappropriate” communication?○ Who decides whether communication is “appropriate” or “inappropriate?”○ What are other examples of good communication?○ With whom do you communicate well?		
Guided Practice: <ul style="list-style-type: none">• Discuss/guide group conversations on issues that cause problems with family members. Some ideas might be:<ul style="list-style-type: none">○ poor or failing grades in school○ restricted privileges○ curfew○ chores• Discuss different feelings each person has in these situations		

Independent Practice:

- Have students read or role-play the scenarios on the worksheet “Effective Communication Skills.”
- Ask the class to choose the most effective response to each scenario and discuss the reasoning for the choice.

Closure:

- Leave the last 10 minutes of the class to ask:
“What has been learned by these activities?”

Effective Communication Skills Worksheet

SCENARIO #1:

Your substitute teacher tells you to repeat an assignment you have already completed. How should you respond?

- A. "I'm not going to do that, I've already done it."
- B. "Make me. You're not my real teacher."
- C. "I think I have already done this assignment, it is in the folder on the desk."
- D. "Let me show you where we are at in the book."

SCENARIO #2:

Your friend Sara asked you to come to their home after school, but someone in your family will need to pick you up after dinner. Which option should you select?:

- A. You stop at home and say, "Mom, may I ask you something? Sara's mom is outside in the car and Sara asked me to come over to play, but she can't bring me back home. I really want to go. Could you please pick me up at 6:30?"
- B. You go ahead and go to your friend's home and just call home later to get someone to pick you up.
- C. You stop at home and yell, "Hey Mom, I'm going over to Sara's house. Pick me up about 6:30," as you run out the door.
- D. You call from school and say, "You better give me a ride home when I'm done playing at Sara's house. I'll call you when I want you to be there."

SCENARIO #3:

Your grandpa asks you to take out the trash. You say you will, but forget and go off to ride bikes with your friends. When you come home, your grandpa reminds you to take out the trash. How should you respond?

POSSIBLE RESPONSES:

- A. "Why do I always have to do it? I don't see why I always get the yukky jobs."
- B. "YOU could have done it. You've just been watching TV."
- C. "Yeah. I'll do it later."
- D. "I'm sorry that I forgot. Okay, I'll do it now."

SCENARIO #4:

You are waiting for school to start with a group of friends. Another student walks by and your friends say loudly, "what a loser." What should you do?

POSSIBLE RESPONSES:

- A. Laugh with the group and make a comment about the person's looks.
- B. Laugh with the group but don't say anything.
- C. Don't laugh or say anything.
- D. Speak up and help your friends understand that what they are doing is hurtful.

Grade: 5 Lesson: 5	Lesson Title/Focus: Belonging to Groups	Materials: <ul style="list-style-type: none">• Whiteboard or chart paper• Lined paper for students
Lesson Objectives: Students will be able to <ul style="list-style-type: none">• identify social, school and team groups• understand that most people can belong to many groups• recognize the importance in maintaining their individual values as they participate in groups or teams		
Academic Vocabulary: <ol style="list-style-type: none">1. stereotype: a preconceived idea or image of people who belong to a certain group. These ideas may be based on social standards. These labels aren't good or bad.2. individuality		
Concepts: <ol style="list-style-type: none">1. As kids become more social, joining a group allows them to develop social skills.2. Some groups are positive and enhance their lives.3. The secret is to not lose their individuality.		
Anticipatory Set: <ul style="list-style-type: none">• We have lots of groups in our school and community. Write down the names of all of the groups you can identify in our school.		
Direct Instruction: <ul style="list-style-type: none">• Have student's share-out their lists as you record a class list on the whiteboard or chart paper.• Note: Make sure that groups that reflect social standing are also included. Just be sensitive that this is where kids can be labeled and teased. Remind students of class norms regarding respecting classmates prior to discussion.• Have students copy the list, or work as a class from the list on the board:<ul style="list-style-type: none">○ Mark each group that needs the member to pass a skill or knowledge test/requirement in order to belong to the group.○ Underline all of the groups where you can tell a member by the clothes or uniforms they wear. Can you tell by other physical traits?• Student Reflection:<ul style="list-style-type: none">○ Which Groups do you belong to?○ Can being part of a group hurt who you are as an individual?		
Guided Practice: <ul style="list-style-type: none">• Working in groups of 2 or 3:<ul style="list-style-type: none">○ Think of a Positive Group that a 5th or 6th grader would like to join.○ Write a 3 minute skit that introduces the Positive Group.		

- Make sure your skit tells us what the group likes to do, how to join the group, and how joining will make them a better person. (This can be a team, club or even one that the students make up.)
- Think of this as a Public Service Announcement or commercial for this positive group.
- Ask for volunteers to present skits as time permits.

Independent Practice:

- Written response:
 - You want to do something new and different in the next year or so.
 - Is there a Positive Group that you can join that will help you accomplish this goal?
 - What steps should you take in order to join in?

Closure:

- Optional sharing of written responses.

Additional Resources:

John Green/Vlogbrothers “What is a Nerd Fighter?” video (4:03) and the Nerd Fighter series: focused on the coolness of being smart

<p>Grade: 5 Lesson: 6</p>	<p>Lesson Title/Focus: Social Media/ Bullying/Hazing</p>	<p>Materials:</p> <ul style="list-style-type: none"> • Blank paper for independent practice activity • Video: Lilian Schumacher Elementary Anti-Bullying Message Liberty Public Schools (4:41) OR • Video: Anti-bullying Elementary School Video (Dunsford) <p>(Both videos use the same technique of silent labeling of students and mixed messages.)</p>
<p>Lesson Objectives: Students will be able to</p> <ul style="list-style-type: none"> • discuss the need for and practice communication, trust, honesty, and assertiveness 		
<p>Academic Vocabulary:</p> <ol style="list-style-type: none"> 1. bullying: harming, intimidating or tormenting a person. It can be physical, verbal and psychological 2. hazing: embarrassing or harassing a member by a team 3. cyber bullying: mistreating a person through technology 4. empathy: the ability to understand and share the feelings of another person 5. body language: the nonverbal messaging of gestures and movement 		
<p>Concepts:</p> <ol style="list-style-type: none"> 1. The mechanics of bullying/hazing and cyber-bullying are straightforward. 2. Recognizing the dynamics of breaking down bullying assists in student empowerment. 		
<p>Anticipatory Set:</p> <ul style="list-style-type: none"> • Class discussion or quick-write <ul style="list-style-type: none"> ○ When someone is lonely what are some emotions they might feel? ○ Are there nonverbal clues the lonely person may give? 		
<p>Direct Instruction:</p> <ul style="list-style-type: none"> • Show one of the videos. • After the video, have the students take a minute or two to jot down all of the labels and messages they saw in the video. • Class Discussion: Let’s break down the images and messages in the video. <ol style="list-style-type: none"> 1. What is the main feeling the “labeled” student is expressing? How can you tell that by the body language? 2. Did you notice how everyone jumped in and participated in the bullying? 3. Did any adults speak to the victim? 4. Is it hard for a student to tell adults about bullying? Why? 		

5. When the student arrived in class, what was the label worn by the student sitting next to the victim? (“I could help”) How did the other students in the class act? (ignored and isolated the student)

- Let’s change directions for a moment. Think about cyber-bullying.
 - How could cyber-bullying be similar to the bullying that is happening to the video victim? (It can be done quietly. The messages are usually in writing. Adults don’t usually know about them. When the victim goes to school or out in public they feel isolated.)
 - How does carrying all of those negative labels and messages, whether through technology or in person, make someone feel?
- Final point to students: If you were bullied or knew it was happening to another student, when is it important to discuss this with a parent or trusted adult? (If appropriate with your class, add some quick rehearsal of making that report.)

Guided Practice:

- Now it’s time to stop being a bystander.
- What was the first thing that happened to let the victim know that someone really cared? (Another student asked “What’s wrong.”)
- Jot down five words, phrases or questions you could use to let someone know that you had empathy for them and wanted to support them.
- Share these with an elbow-partner.

Independent Practice:

- Draw three or four cartoon cells depicting a bullying situation and intervention.
- It is okay to have Super Hero Bystanders but try to keep the dialogue realistic!

Closure:

- Personal challenge to students:
 - Do you know someone who is alone or isolated, in class or on the playground or at lunch?
 - Make a plan to reach out to them.

Additional Resources:

- Remind students that these concepts are included in the TUSD Code of Conduct.
- Students and parents can access this information on the TUSD website and also through the Code of Conduct App.

<p>Grade: 5 Lesson: 7 (may take 2 lessons)</p>	<p>Lesson Title/Focus: Personal Safety</p>	<p>Materials:</p> <ul style="list-style-type: none"> • Whiteboard or chart paper • Lined paper for independent practice activity
<p>Lesson Objectives: Students will be able to</p> <ul style="list-style-type: none"> • understand giving permission, agreement or consent • practice refusal skills • understand sexual abuse and sexual harassment • identify sources of help from abuse 		
<p>Academic Vocabulary:</p> <ol style="list-style-type: none"> 1. Sexual abuse is when one is forced, tricked, or confused into touching or looking at parts of the body that would be covered by a swimsuit. It could be sexual mistreatment of another person. 2. Sexual harassment is unwelcome sexual behavior and speech that makes an individual uncomfortable, in public, school or a work place situation. 		
<p>Anticipatory Set:</p> <ul style="list-style-type: none"> • Make a list of different ways to show someone that you like or love them (high fives, hugs, holding hands, saying “I love you,” pat on the back) 		
<p>Direct Instruction:</p> <ul style="list-style-type: none"> • Class Discussion: <ul style="list-style-type: none"> ○ What is respect? ○ How about affection? ○ Can you have affection without respect? (No) • Ask: <ul style="list-style-type: none"> ○ When you look at your list (from anticipatory set), how do you know which technique for showing affection is appropriate? ○ When you like someone who’s your age is showing affection inappropriately, how do you let them know? ○ Do you feel awkward when you approach them? Do you say goofy things? • Explain: When people feel awkward they may act inappropriately. That’s when situations that are considered sexually inappropriate, and even, illegal are likely to happen. • Note: You, as the teacher who knows these students, should pick appropriate scenarios to depict sexual harassment and abuse. (tugging on someone’s clothing or underwear, taking photos, making suggestive comments about their physical appearance) Be firm in stating that being disrespectful is ALWAYS the way these actions will be taken by the victim. Often these incidences occur when someone is showing off in front of other people. 		

Guided Practice:

- Class Discussion
 - What are some things you can do to stay out of difficult situations?
 - Who are the people to tell when personal safety has been threatened? (parents, friend, teacher, school nurse, principal).

- Review Refusal Skills: (post in classroom)
Be sure to include:
 - A. Get away from the person
 - B. Go to public place
 - C. Make noise
 - D. Tell someone who is trusted.**Do not get into a vehicle. Fight.**

Independent Practice:

- Post the refusal skills practice scenarios below:
- Have students' select one scenario and write how they will use the Refusal Skills. Write a script of what they would say.
 1. The temperature is 106 degrees, and you are trying to keep cool. Your neighbor, Mr. Frank, invites you to go swimming in his pool. When you get there, he says you don't need a swim suit.

 2. Your sixteen-year old cousin comes to visit for two weeks during the summer break. One day when your parents are out, he shows you pictures on his phone of naked people. He says he will give them to you.

Closure:

- Review the student responses to the Refusal Skills Practice.
- Final points to emphasize:
 - A. It is your body
 - B. If YOU feel like something is wrong, you are right
 - C. It is always better to tell a trusted person and keep telling until something is done

Additional Resources:

Definition: Sexual Abuse is the use of persuasion, inducement, enticement, or coercion of any child to engage in, or assist any other person to engage in, any sexually explicit conduct or any simulation of such conduct (definitions: USlegal.com Add information about SEXTING and other appropriate social media concerns)

<p>Grade: 5 Lesson: 8</p>	<p>Lesson Title/Focus: Puberty / Reproductive System</p>	<p>Materials:</p> <ul style="list-style-type: none"> • Female Reproductive System Diagram • Male Reproductive System Diagram • Adolescent Physical Development Chart (for teacher reference only)
<p>Lesson Objectives: Students will be able to</p> <ul style="list-style-type: none"> • describe the physical changes during puberty • identify the structure and function of the male and female reproductive systems 		
<p>Academic Vocabulary:</p> <ol style="list-style-type: none"> 1. puberty: the transition into adulthood. The body’s hormonal activity increases and begins the series of physical, mental and emotional changes. 2. hormones: the chemicals produced in one part of the body that control a change in a different part of the body. Hormone activity begins (about 8-12 for females, 10-14 for males) to stimulate physical changes. 		
<p>Concepts:</p> <ol style="list-style-type: none"> 1. The changes that occur during puberty will happen over a period of years. For teacher reference: Signs of puberty before age 8 in girls or age 9 in boys may not be healthy; or if there are NO signs of puberty by age 13 in girls or age 14 in boys, that may not be healthy either; for girls that do have breast development or other secondary sex characteristics, no start of menstruation by age 15 may not be healthy. 		
<p>Anticipatory Set:</p> <ul style="list-style-type: none"> • Students examine the term “Puberty.” <ul style="list-style-type: none"> ○ What is it? ○ What are some of the physical changes happening to our bodies during puberty? ○ How can we tell when puberty is happening? <p><i>Stress that puberty will begin at different ages and continue over a period of years. Females typically experience changes between the ages: 8-13. Males will experience changes between 9 and 14 years old.</i></p> <p>See Teacher Reference: Adolescent Physical Development</p>		
<p>Direct Instruction:</p> <ul style="list-style-type: none"> • Using the diagram handouts, have students label the male and female reproductive organs - penis - cervix - urethra - vagina - scrotum - uterus – testes/testis - fallopian tubes - vas deferens – ovaries • Add the terms sperm and egg and menstruation to vocabulary. • Beginning with production in the testis, follow the sperm through the Male Reproductive System. • Examine the two functions of the Female Reproductive System: producing the egg, and carrying out pregnancy. Also, review the menstruation cycle. 		

Guided Practice:

- Have a class discussion or have students write their responses:
 - What is the purpose of the reproductive system?
 - Why does the reproductive system need to change during puberty?
 - Why is it important to know the location of the organs?
 - Why is it important to know the proper names for the organs, both male and female?

Independent Practice:

- Pretend that you have a younger family member who is about to enter puberty and is nervous about the changes that they are about to experience.
- You will produce a brochure or hand out for your family member that explains what is happening.
- Include the physical, mental and emotional changes that they can expect.

Closure:

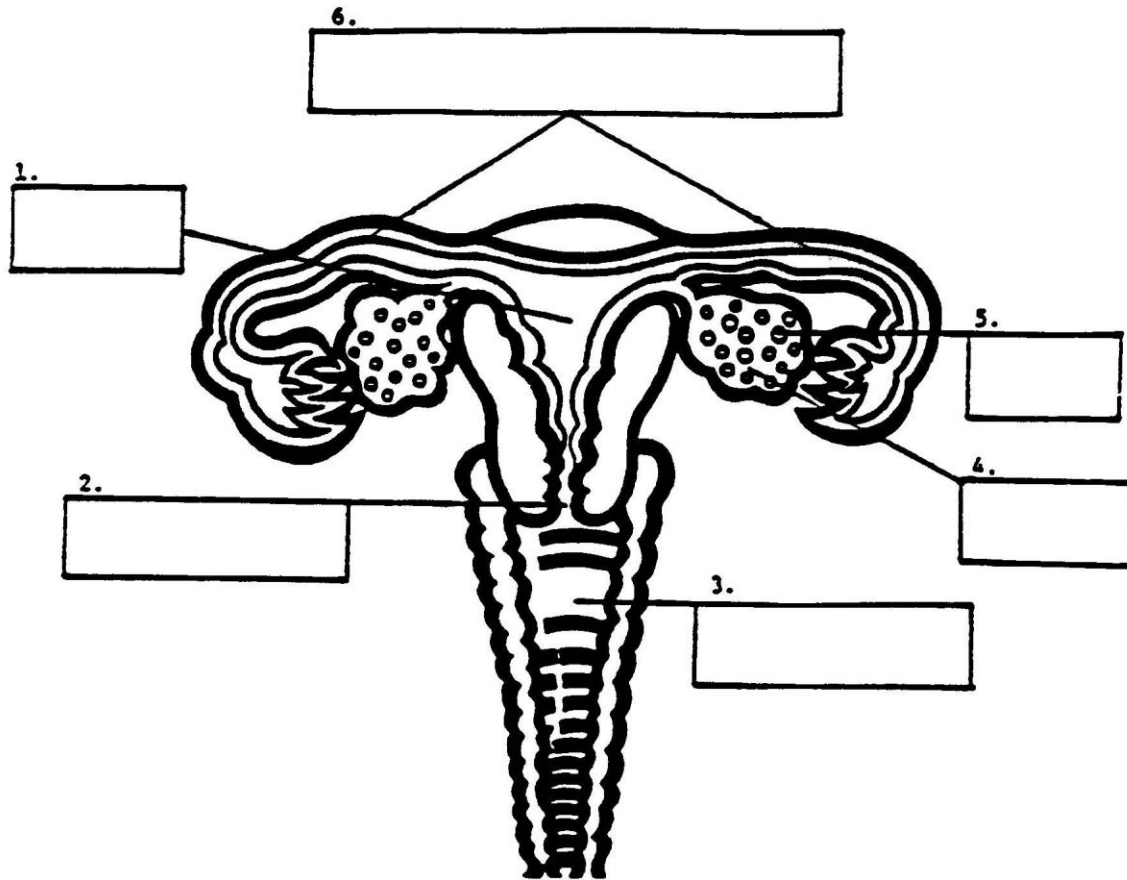
- Optional sharing of brochures.

Additional Resources:

Reference: Holt, Decisions for Health, Level Green, p. 192-195

- **Male Reproductive System:** The main function of the system is to make and store sperm, the male sex cells. The reproductive system also makes the hormone testosterone, which controls much of the growth and function of the male body. Sperm are produced in the testes. A healthy adult male makes several million sperm each day. Then, they are carried into the vas deferens, the long tubes leading to the urethra. The urethra is the tube running through the penis.
- **Female Reproductive System:** The two main functions are to make the female sex cell, the egg, and to carry out pregnancy. The ovaries are the organs that make the eggs and the hormones estrogen and progesterone. These hormones control much of the growth and function of the female body. The uterus is the organ that holds a fetus during pregnancy.
- **Menstruation:** Beginning at puberty, the lining of the uterus thickens every month in preparation for pregnancy. The monthly breakdown and shedding of the lining is called menstruation. During the menstrual cycle, blood and tissue leave the woman's body through the vagina. The bleeding generally last about 28 days. Many young women have cycles that vary in length from month to month, or are irregular.

Female Reproductive System



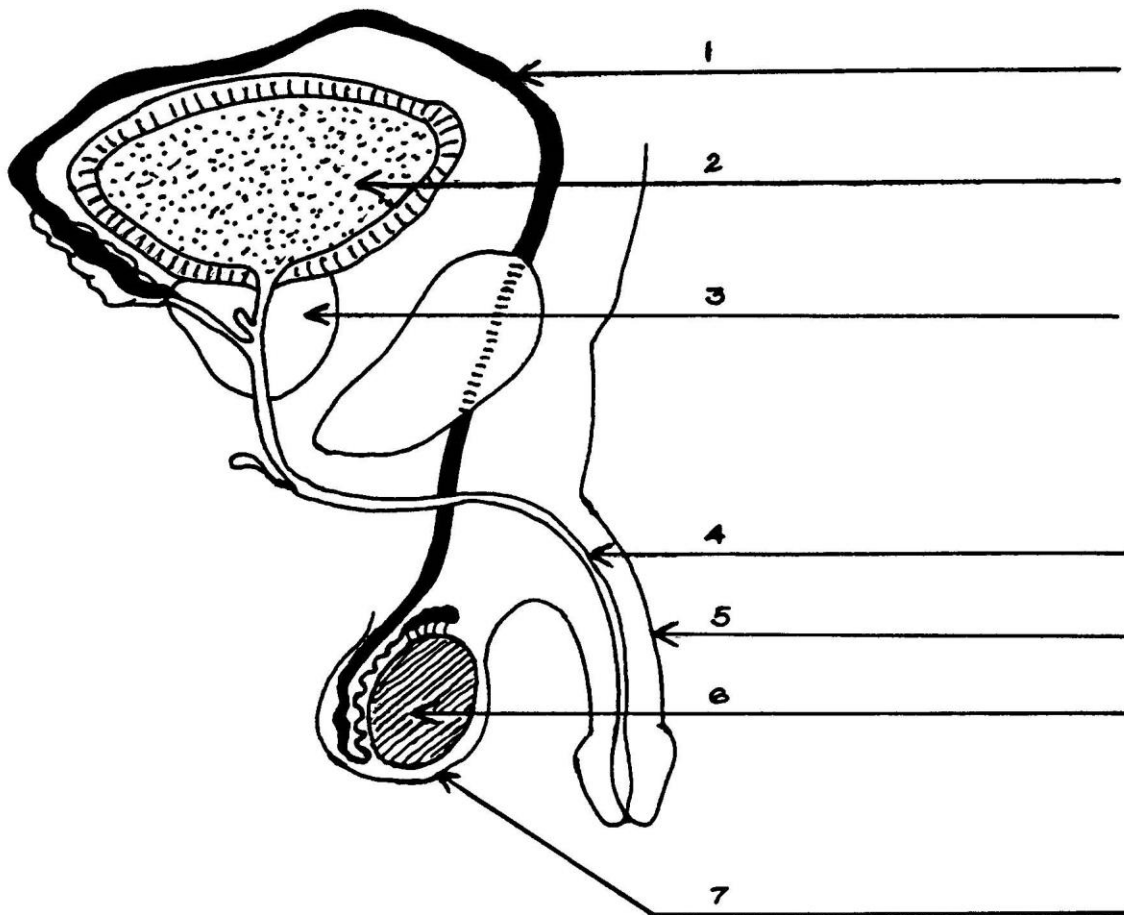
Fill in the boxes with the correct term for the parts of the female reproductive system.

uterus ovary oviduct vagina cervix egg

Draw a dotted line (---) showing how the menstrual blood leaves the body.

Draw a solid line (—) showing how the egg travels from the ovary through the vagina.

Male Reproductive System



Label the parts of the male anatomy.

- urethra
- urinary bladder
- penis
- scrotum
- vas deferens
- prostate gland
- testes (testicle)

**Adolescent Physical Development Chart
(For teacher reference only)**

Aspects of Development	Age when change usually begins	Description of the change	Aspect of Development	Age when change usually begins	Description of the change
Increase in height and weight	10-12	One of the earliest signs of puberty is an increase in height and weight gains. The growth spurt can last four years, but is most rapid during the first two.	Increase in height and weight	12-13	One of the earliest signs of puberty is an increase in height and weight gains. The growth spurt can last four years, but is most rapid during the first two.
Breast development	10-12	This stage begins with “budding,” an enlargement of the nipple and surrounding area. A year or so later the breasts will begin to enlarge.	Genital development and ejaculation	11-13	Hormonal activity at the start of puberty stimulates the growth of the testicles. The skin of the scrotum darkens and the penis lengthens and broadens. The ejaculation of the seminal fluid usually occurs within two years of this genital development.
Growth of pubic hair Underarm hair	10-11 12-13	Pubic hair first grows as light, soft hair in the external genital area. The hair darkens and covers a larger area during the next few years. Underarm hair begins to grow approximately 1-2 years after pubic hair.	Growth of pubic, underarm and facial hair	11-15	The growth of pubic hair normally starts first and is followed a year or so later by facial hair. Heredity will affect the growth of body and facial hair.
Development of apocrine sweat glands	12-13	Apocrine sweat glands become active in the underarm, in the groin and around the nipples. These glands produce a different type of sweat than other sweat glands (eccrine) that results in body odor if not regularly washed.	Development of apocrine sweat glands	13-15	Apocrine sweat glands become active in the underarm, in the groin and around the nipples. These glands produce a different type of sweat than other sweat glands (eccrine) that results in body odor if not regularly washed.
Onset of menstruation (First Period)	11-14		Deepening of the voice	13-15	The voice box (larynx) begins to enlarge. An “Adam’s Apple” may develop. The voice deepens about a year after the enlargement of the larynx.

Grade: 5 Lesson: 9	Lesson Title/Focus: Puberty: Hormones / Hygiene	Materials: <ul style="list-style-type: none">• Whiteboard or chart paper• Paper for student to record information
Lesson Objectives: Students will be able to <ul style="list-style-type: none">• recognize the emotional and mental changes that will occur during puberty• understand hygiene practices accompanying puberty• understand the importance of confiding in a trusted adult or doctor		
Academic Vocabulary: <ol style="list-style-type: none">1. puberty2. hygiene3. hormone		
Concepts: <ol style="list-style-type: none">1. It is important to understand both the male and female reproductive systems.2. Using correct terminology reduces confusion.		
Anticipatory Set: <ul style="list-style-type: none">• Students will make a chart recording the changes that happen for Females, Only and Males, Only. Also, keep a category of changes that occur with Both.• Have students cite changes that occur during puberty.<ul style="list-style-type: none">○ They may include: Height growth, broadening shoulders, developing breasts and genitalia, menstruation, hair growth in underarms and in genital area, increased body odor, acne, facial hair, voice changes• Next to each change, jot down which hormone might contribute to that change.		
Direct Instruction: Tailor the information to girls or boys as is appropriate for your group of students. <ul style="list-style-type: none">• Explain: While your body is changing physically, expect that you will also grow mentally and emotionally.<ol style="list-style-type: none">1. You will be able to understand and analyze more complex ideas and situations.2. You may begin to feel attracted to other people and become interested in romantic relations.3. You may experience mood swings.4. You may feel tempted to try new experiences.• Class Discussion:<ul style="list-style-type: none">○ As you move through the anticipated physical changes during puberty, what are your greatest concerns for being prepared?○ Who is your parent or trusted adult who you can rely upon for information and support?		

Female students only:

- Preparing for menstruation:
 - If you haven't had your first period, you may be a bit nervous about what it will be like, but mostly, when will it happen.
 - If you have already had some of the first physical signs of puberty, like hair growth underarms or in the genital area or the development of breast, you are on your way.
 - In order to lessen the anxiety, or nerves, get some supplies so that you feel prepared.
 - You may have to talk to your parent or a trusted adult or an older sibling in order to purchase the right products.

Guided Instruction:

- Record this activity on the board while students make a personal copy.
 - Using their answers from the anticipatory set, compile a class list of the changes.
 - In a second column, list the hygiene needs that each change will incur.
 - Finally, have the students make a third column on their personal list, noting who they will go to for help.
 - Personal hygiene techniques to include:

Physical change(s) during puberty	Hygiene needs to address these changes	Who can I go to for information/support?
increased perspiration and body odor	<ul style="list-style-type: none"> - Use of antiperspirant and/or deodorant - Reminder: body spray will not get rid of body odor 	
Increased moisture where hair grows	Clean underwear and clothes each day <ul style="list-style-type: none"> - Daily showering (at least after physical activity) - Carrying pre-moistened towelettes 	
Increased skin outbreaks (acne)	<ul style="list-style-type: none"> - Cleansing face, checking with the doctor 	

Independent Practice:

- Have students prepare a personal shopping list for the items they want to have on hand. They should include the parent or trusted adult they will speak with.

Closure:

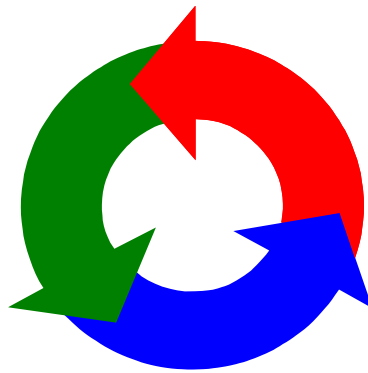
- Have students complete an exit ticket listing what they view as the top three most important things they learned during the family life curriculum.

Family Life Curriculum

HUMAN GROWTH AND DEVELOPMENT

HUMAN SEXUALITY

6th Grade



TUCSON UNIFIED SCHOOL DISTRICT

TUCSON UNIFIED SCHOOL DISTRICT

FAMILY LIFE CURRICULUM

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**TUCSON UNIFIED SCHOOL DISTRICT
FAMILY LIFE CURRICULUM**

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TUCSON UNIFIED SCHOOL DISTRICT FAMILY LIFE CURRICULUM

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TUCSON UNIFIED SCHOOL DISTRICT FAMILY LIFE CURRICULUM

Philosophy

Education is a life long process that begins with parents as the primary teachers. It is the parent's right and responsibility to initiate a child's education in all areas including sexuality. From the time a child begins formal education, the responsibility becomes a shared effort among home, school, and community.

This curriculum is designed to supplement each student's personal family life education inclusive of an understanding of healthy attitudes, interpersonal relationships, decision making, understanding consequences of decisions, and growth and development which arise with emerging sexuality. Additionally, it is intended to encourage open parent-child discussions.

All curricula convey a set of values that are supported in a democratic society. Thus, sensitivity and respect for individual beliefs are of critical importance in presenting a sex education curriculum. The main values espoused by this curriculum include:

- Show respect for the values and uniqueness of each individual.
- Show respect for every family unit.
- Accept responsibility for one's own actions.
- Accept responsibility to protect self and others.
- Accept responsibility as a member of society.

TUCSON UNIFIED SCHOOL DISTRICT FAMILY LIFE CURRICULUM

Goal

Students will acquire scientifically accurate information about human maturation and will develop knowledge of physical, social and emotional aspects of personal maturation, human sexuality and family life. Students will develop critical thinking skills leading to positive self-esteem, effective communication skills, responsible decision-making, and personal safety strategies.

Curriculum Objectives

The purpose of the curriculum is to provide students with information to

- discuss the significance of parents' roles and family life
- demonstrate an awareness of strategies for personal safety
- demonstrate self-worth, ownership of body, and rights of privacy
- explain the importance of human interdependence for mental, emotional, social, and physical health
- explain the different stages of human growth and development
- explain human reproduction
- describe the responsibilities involved in interpersonal relationships and in decision-making concerning sexuality
- identify abstinence/sexual risk avoidance as the only 100% effective method of preventing pregnancy and sexually transmitted infections

TUCSON UNIFIED SCHOOL DISTRICT FAMILY LIFE CURRICULUM

Overview

Growth is a life-long process. People grow in many different ways. Growth means positive change, and change brings challenge, excitement, apprehension and new problems to solve. Knowing what to expect eases anxiety, dispels misconceptions and facilitates adjustment to the changes that occur. This curriculum addresses these needs.

Sexuality is an inherent part of each individual's personality and humanity. The Tucson Unified School District's Family Life Curriculum (FLC) helps students learn more about themselves, refine communication skills and develop respect for themselves and others. Successful FLC are those that are a cooperative effort between parents, guardians, families and the school.

Tucson Unified School District's curriculum encourages and stresses communication within the family to learn about sexuality and shared values that influence decisions. The concepts presented are based on the recommendations of the TUSD Family Life Curriculum Advisory Committees.

For those students who have open discussions about human maturation and sexuality with their families, this curriculum serves as a supplemental guide of factual information to be shared at home. For those students who do not have the same familial opportunities, this curriculum provides accurate information about sexuality and the growth processes, personal safety strategies and serves to foster respect for all people and their beliefs.

TUCSON UNIFIED SCHOOL DISTRICT FAMILY LIFE CURRICULUM

Classroom Climate

In order to create a climate conducive to effective learning within a comfortable, non-threatening environment:

- clear rules and regulations of behavior must be emphasized.
- teachers need to introduce themselves as trained and knowledgeable about human growth and development.
- all students' questions will be considered valid and answered using age-appropriate, scientifically -accurate information.
- proper terminology will be used by the teacher and student slang words or expressions will be interpreted to correct terminology.
- teachers will encourage students to discuss the course content and their questions with their parents, guardians and families.
- students' questions or vocabulary that are not included in the grade-level lessons will be identified and the student will then be referred to their parents, guardians and family, if the questions can not be answered using age-appropriate, scientifically accurate information.
- teachers will emphasize that students' peers, social media, and the internet do not always have correct information about human growth and development.

Parent Participation

Parent participation is highly valued by TUSD. An informational meeting for parents, guardians and families will be held prior to classroom presentations to allow for a review of curriculum content, classroom processes and viewing of materials to be used in teaching the lessons. A content outline will be provided for parents/guardians with a letter requesting permission for students to participate. Information regarding alternative lessons will also be presented at this time.

TUCSON UNIFIED SCHOOL DISTRICT FAMILY LIFE CURRICULUM

Guidelines

Arizona State Guidelines (State Board of Education R7-2-303) for sex education:

- Lessons will not exceed the equivalent of one class period per day for four weeks of the school year (K-4).
- Lessons will not exceed the equivalent of one class period per day for nine weeks of the school year (5-8).
- Alternative elective lessons(s) from the state adopted optional subject list (K-8).
- Lessons will be taught to boys and girls separately (K-8).
- Lessons will not be graded and teachers may not require homework (K-8).
- Lessons will be a supplement to the Health Course of Study (K-8).
- Evaluations are anonymous and shall not be retained or recorded (K-8).
- Questions about the students' or his/her parents' beliefs, morals or practices shall not be asked (K-8).
- Written parental permission will be secured (K-8), TUSD requires this for (K-12).

THE QUESTION BOX

At the beginning of the Family Life Curriculum, introduce the question box. Explain to the students that people of all ages have questions about sexual matters. Some may feel uncomfortable asking questions in public although it is very natural to have questions about sex. The question box should be available to all class members throughout the lessons to help address concerns and questions of students in a non-threatening way.

Guidelines for submitting/answering questions in the question box:

1. There is no such thing as a “dumb” question.
2. All questions are valid except for personal questions about the teacher or other students.
3. Questions are anonymous, unless the student wants to be identified.
4. If a question is not answered in class, it may be considered inappropriate for class discussion. (Questions might be answered privately should the student choose to raise this topic with the teacher.)
5. Correct and appropriate vocabulary will be used in the course, but students may use words they know or may have heard. Answers will be translated from the slang words used to correct terminology.
6. Questions will be read by the teacher daily or periodically to insure a prompt response. (The teacher may read them one day and answer the next to give time for response.)
7. Teachers will answer questions simply and in a scientifically accurate manner.

**TUCSON UNIFIED SCHOOL DISTRICT
FAMILY LIFE CURRICULUM**

**6th Grade
Grade Level Lessons**

Growth and Development

boys and girls taught together

1. Communication
2. Family Relationships
3. Media
4. Self-Esteem / Setting Boundaries
5. Social Activities / Stereotyping
6. Bullying / Hazing / Sexual Harassment

Human Sexuality

boys and girls taught separately

7. Puberty
8. Reproductive System
9. Staying Safe

Grade: 6 Lesson: 1	Lesson Title/Focus: Communication	Materials: <ul style="list-style-type: none">• anticipatory set story prompt, printed• active listening components, posted
Lesson Objectives: Students will be able to <ul style="list-style-type: none">• practice listening skills for effective communication• demonstrate skills for building relationships based on mutual respect, trust, and caring• identify the role of feelings and attitudes in behavior		
Academic Vocabulary: <ol style="list-style-type: none">1. active listening2. effective communication		
Anticipatory Set: <ul style="list-style-type: none">• Have students get into two single file lines.• Hand the first student a paper with the following story printed on it: <i>There was a little dog that liked to play in his front yard. He would toss his ball around and chew his bone and run in circles chasing his tail. One afternoon when he was playing, he spied a rabbit in the yard across the street. He dashed after it. A red Corvette with an old couple in it was driving down the street at the time. The woman had to turn the car very fast to miss hitting the little dog. She ran the car up on the sidewalk and hit a tree. The fender was dented and the tire blew out.</i>• On the teacher's signal, the first student turns and whispers the story to the second student, who will listen for details. Student #2 will turn and whisper the story to the next student. The team continues to relay the story from student to student until they get to the end of the line. Once both teams finish, the final student comes to the front of the line and states the final passage to the team leader. Compare that final passage with the initial story.• Process the results.• Discuss what happened and why.• Brainstorm some principles of effective listening.		
Direct Instruction: <ul style="list-style-type: none">• Display/discuss the components of Active Listening:<ol style="list-style-type: none">A. Don't interruptB. Look at the speakerC. Ask questions to clarifyD. Summarize what was saidE. Watch body languageF. Recognize the speaker's feelings		

Guided Practice:

- Students stand by their seats.
- Teacher will read the following statement, changing the meaning of the statement by changing inflection: “What do you think you’re doing?”
 - a. Express anger by shouting the question. Ask students what emotion they detect. Have students repeat the phrase, expressing anger, but adding body movements that would emphasize anger.
 - b. Express sadness, by changing facial expression, stating the phrase softly. Solicit the emotion from students. Have them repeat, adding body language.
 - c. Express surprise or “puzzlement” by stating question slowly, with raised eyebrows. Students identify emotion. Repeat phrase, adding gestures that indicate questioning.
- Discuss which emotions were/are easiest to detect. Focus on the heightened actions, body language that often accompany heightened emotions.

Independent Practice:

- Students will self-select a partner.
- Choose one of the following conversation topics:
 - a) My best day ever
 - b) My favorite activity
 - c) My favorite family tradition
- For 1 minute, Student #1 will speak first and person # 2 will practice Active Listening Skills. After the first session is completes, Student #2 will speak while Student #1 practices Active Listening Skills.
- Have each student talk about how they felt as a speaker about having an active listener

Closure:

- Have students return to their seats for a recap of the activities.
- Consider and discuss the following ideas the students may have experienced as they spoke and listened throughout the different activities.
 1. What feelings were expressed throughout the activities?
 2. How could you determine another person’s feelings during the activities? (They told me. I could tell by the expression on their face. Their body language changed.)
 3. Did you reflect on your own experiences when someone told you something similar?

Story for Anticipatory Set Activity

There was a little dog that liked to play in his front yard. He would toss his ball around and chew his bone and run in circles chasing his tail. One afternoon when he was playing, he spied a rabbit in the yard across the street. He dashed after it. A red Corvette with an old couple in it was driving down the street at the time. The woman had to turn the car very fast to miss hitting the little dog. She ran the car up on the sidewalk and hit a tree. The fender was dented and the tire blew out.

Components of Active Listening

- Don't interrupt
- Look at the speaker
- Ask questions to clarify
- Summarize what was said
- Watch body language
- Recognize the speaker's feelings

<p>Grade: 6 Lesson: 2</p>	<p>Lesson Title/Focus: Family Relationships</p>	<p>Materials:</p> <ul style="list-style-type: none"> • Short approved video clip that can quickly compare/contrast various stages of development (baby, toddler, school age child, teen)
<p>Lesson Objectives: Students will be able to</p> <ul style="list-style-type: none"> • demonstrate an understanding and respect for differences in family units and custom • discuss the influence and relationships of parents and peers • describe changes in stages of life 		
<p>Academic Vocabulary:</p> <ol style="list-style-type: none"> 1. influence 2. responsibilities 		
<p>Concepts:</p> <ol style="list-style-type: none"> 1. Everyone has responsibilities with both their family and their friends. As they grow older, these will change. The influence of each group will also change as a person develops. 		
<p>Anticipatory Set:</p> <ul style="list-style-type: none"> • Post statement on the board: People live in and grow up in lots of different types of family situations. • Have students brainstorm: what are some of these family units? • Record the responses on the board. 		
<p>Direct Instruction:</p> <ul style="list-style-type: none"> • Teacher asks “How do parents or family members influence each of these issues?” <ol style="list-style-type: none"> a. A teen’s choices b. A teen’s values c. Personal Habits d. Food choices e. Social Activities • Discuss the various stages of a child’s life within the family. Describe the ways that family relationships change. <ol style="list-style-type: none"> a. Baby---completely dependent upon parents and family b. Toddler---begins exploring in a safe environment while maintaining dependence upon parents and family c. School Age Child---other factors begin to influence the Child d. Teens---spending more and more time with friends outside of the home environment • Teacher asks the following questions: <ol style="list-style-type: none"> a. How do peers influence your choices? (Give some examples: social activities, clothing choices, group behavior) b. How can Parental/Adult Influences and Peer Influences be in conflict? 		

- c. Which influence is stronger? In each of the following situations:
- What TV shows, movies or videos I might see
 - Whether I get a piercing or maybe a tattoo
 - How much education I'm going to get during the next ten years
 - What type of afterschool activities I will participate in
 - The type of clothing or haircut I will get
- d. How can the conflict between family expectations or peer influences be resolved?
- e. Does the influence of family or peers change as a person ages?

Guided Practice:

- Have students work in groups of 3-5.
- Have each group answer this question: What are different things that happen on a daily basis that helps a family function smoothly? (examples: individual chores, having a job, preparing young family members for a day at school, getting up on time)
- Have each group list at least ten options. Then, evaluate each one and label who completed the task: everyone, older siblings or adults only.
- Have each group share out 3-4 responsibilities for an all class list.
- Possible discussion starters:
 - a) Do family member responsibilities change as they grow older?
 - b) If a family or household is like an athletic team, what happens when one of the teammates is injured or does not carry their weight?

Independent Practice:

- Have each student make their own list of family actions that make their family situation function smoothly.

Closure:

- Have each student write one paragraph evaluating how they balance the responsibilities of family and the influences of peers.

Grade: 6 Lesson: 3	Lesson Title/Focus: <ul style="list-style-type: none">• Media	Materials: Examples of teen-related magazine ads, graphic novels, photos of media stars and teen influencers
Lesson Objectives: Students will be able to <ul style="list-style-type: none">• discuss media influence upon an individual’s self-perception of their body image, their possessions, and their life situation• evaluate media messages		
Academic Vocabulary: <ol style="list-style-type: none">1. media2. influence3. evaluate4. self-perception		
Concepts: <ul style="list-style-type: none">• The student will be able to identify underlying messages in ads that strongly influence society’s behavior.		
Anticipatory Set: <ul style="list-style-type: none">• Use some of the following questions for a quick warm-up discussion with students.<ol style="list-style-type: none">a. What television, YouTube or movie stars your age do you like?b. What do you like about them?c. In what ways do people try to copy what they see on TV, in movies or in magazines?d. How much do ads and commercials influence your spending habits?e. Do you think using products you see on TV can make you happier? Do they claim to improve your life?f. From what you have seen on TV or in magazines, how would you describe the “perfect teenager?”		
Direct Instruction: <ul style="list-style-type: none">• Prompts for classroom discussion:<ul style="list-style-type: none">○ What are some times where you watched a commercial or saw an ad promoting a beauty or grooming product, and felt you would be more attractive if you used that product?○ Did you ever purchase that product?○ Did it really make a difference?○ Why or why not?		
Guided Practice: <ul style="list-style-type: none">• From what you have seen on TV or in magazines, how would you describe the “perfect teenager?” How does the media’s (TV, radio, magazines) image of teenagers compare with how one sees him/herself?• What are some risky behaviors or choices teens might be attracted to because of ads?		

Independent Practice:

- Working in pairs, have students examine magazine ads for a variety of products that are geared to their age group. Choose an ad to share with the class, while answering this prompt:
 “If I had or did _____, I would be/be able to _____.”
- As each pair shares, have the remainder of the class decide whether they felt that the ad did a good job of representing the product and selling it to teens. Pick their top three most effective.

Closure:

- Write a two person 4-line dialog that shows a person wanting to try something that they saw in a TV or media ad. Have the first character explain something that they want to try because of the ad with the second character convincing them that they should avoid the activity.
- Have a few students volunteer to share their dialog.

<p>Grade: 6 Lesson: 4</p>	<p>Lesson Title/Focus: Self-Esteem / Setting Boundaries</p>	<p>Materials:</p> <ul style="list-style-type: none"> ● Access to YouTube videos: Middle School Weekend with Refusal Skills or Middle School Lunch with Refusal Skills
<p>Lesson Objectives: Students will be able to</p> <ul style="list-style-type: none"> ● explain the need for positive self-esteem ● identify the role of feelings and attitudes in behavior ● demonstrate skills for building relationships based on mutual respect, trust, and caring 		
<p>Academic Vocabulary:</p> <ol style="list-style-type: none"> 1. self-esteem: a measure of how much you value, respect and feel confident about yourself. “liking yourself” 2. personal boundaries: Setting standards for how people can treat you 3. consent: occurs when one person voluntarily agrees to the proposal or desires of another 4. refusal skills: skills that help people avoid participating in high-risk behavior. 		
<p>Concepts:</p> <ol style="list-style-type: none"> 1. Students need to understand how self-esteem factors into making decisions that are safe or where they have control of the risks they are taking. Consent and setting boundaries reflect the student’s power in a situation or decision. 		
<p>Anticipatory Set:</p> <ul style="list-style-type: none"> ● Working in pairs, have students compare definitions for self-esteem. List some characteristics that they think people with high self-esteem may have. Compare that with a list of characteristics that someone with low self-esteem may have. And, finally, produce personal lists of what each student is good at or likes about themselves. 		
<p>Direct Instruction:</p> <ul style="list-style-type: none"> ● Class Discussion: <ul style="list-style-type: none"> ○ When a person has high self-esteem, they set expectations for the way that others can speak to them or treat them. ○ What are some boundaries that people might set when they wish to be treated with respect. ○ (Don’t call me names. Don’t taunt or tease me. Don’t make fun of my clothes. All of these translate to “Treat me with respect.”) ● Have students make a list of personal boundaries they want to have respected. 		
<p>Guided Practice:</p> <ul style="list-style-type: none"> ● People do things when they want to fit in or feel less awkward. This is when they consent to participate in an activity that may be risky. ● Notice how Refusal Skills are used in the video to set boundaries and not consent to activities. ● Try: Middle School Weekend with Refusal Skills (1:31) or Middle School Lunch with Refusal Skills (2:12) on YouTube by Deschutes County 		

- Review the Refusal Skills Techniques presented. Which students in the videos seemed to have the highest self-esteem? Which students were being influenced by peer pressure or trying to be cool?
- In groups of 3-5, have students develop a scenario that requires Refusal Skills. (Provide them with ideas, like ditching class, sneaking out late at night, staying up all night online)
 - Students will write a script that includes the Refusal Skills Techniques:
 1. Say “No.”
 2. Repeat “No” if necessary.
 3. Suggest some other activity.
 4. Leave the situation.
- If time permits, have student groups volunteer to present.

Independent Practice:

- Personal Reflection:
 - Students reflect upon personal situations that they have encountered when they were tempted to try something new or risky.
 - Recall the details of the situation and write down a way that setting personal boundaries or refusal skills could have been used.
 - Write a possible dialog that could have occurred.
 - Practice saying the statements you would have used in the situation.

Closure:

- Optional sharing out of personal reflection with a partner or the class, or submit personal reflection as an exit ticket.

<p>Grade: 6 Lesson: 5</p>	<p>Lesson Title/Focus: Social Activities / Stereotyping</p>	<p>Materials:</p> <ul style="list-style-type: none"> • Whiteboard or chart paper for recording
<p>Lesson Objectives: Students will be able to</p> <ul style="list-style-type: none"> • identify how classmates and friends tend to group together • explain how they have more social opportunities as they get older • maintain their values and autonomy despite belonging to a group 		
<p>Academic Vocabulary:</p> <ol style="list-style-type: none"> 1. peer pressure: the feeling that you should act a certain way because your friends want you to 2. empathy: the ability to understand and share the feelings of another person 3. tolerance: the ability to overlook differences and accept people for who they are 		
<p>Concept(s):</p> <ol style="list-style-type: none"> 1. There are lots of formal and informal groups at school or in the community. 2. People often belong to more than one group. 3. Part of belonging to a group is remaining yourself while you show tolerance and empathy for other members. 		
<p>Anticipatory Set:</p> <ul style="list-style-type: none"> • Class discussion: What are some of the groups that students belong to in our school? How does someone become a member of different groups? • Assemble a list from the questions above. • Questions to consider: <ul style="list-style-type: none"> How can you tell which group students may belong to? (clothing, who their friends are, how they act) Do people belong to more than one group? How do new members join the group? 		
<p>Direct Instruction:</p> <ul style="list-style-type: none"> • Discussion Questions: <ul style="list-style-type: none"> ○ Is peer pressure bad or good? (Good peer pressure can challenge you to be better.) ○ How does it work in a group? (Ask for examples) ○ When you join a new group, are you pressured to act a certain way? • Explain Empathy and Tolerance as they relate to being a group member 		
<p>Guided Practice:</p> <ul style="list-style-type: none"> • Activity: <ul style="list-style-type: none"> ○ In groups of 3-5, have students pick one of the groups that they have identified, preferably one that they may belong to. 		

- Write a two minute skit, showing how the group treats a potential new member. Consider including how the new member can have a positive impact on the group.
- Ask for volunteers to present, as time permits.

Independent Practice:

- As the student groups present their skits, have the other students identify examples of empathy and tolerance. Record some of the details of the examples to discuss after presentations are complete.

Closure:

- Have students think of two examples of recent situations where they have been pressured by their peers. In each situation, did they have to show empathy or tolerance for others? Were they able to maintain their own sense of values or identity during these situations?
- Have student share out or write responses on an exit ticket.

<p>Grade: 6 Lesson: 6</p>	<p>Lesson Title/Focus: Bullying / Hazing / Sexual Harassment</p>	<p>Materials: Suggested Video: YouTube: What is Sexual Harassment? (1:56) AMAZEOrg</p>
<p>Lesson Objectives: Students will be able to</p> <ul style="list-style-type: none"> ● review consent and setting personal boundaries ● demonstrate refusal skills ● explain the harmful effects of sexual harassment <p>T.U.S.D. has a policy that prohibits sexual harassment and stipulates consequences for such acts. Bullying and Hazing are also in the Students Rights and Responsibilities.</p>		
<p>Academic Vocabulary:</p> <ol style="list-style-type: none"> 1. affection: a feeling of liking, attraction or fondness. 2. dating, group dates 3. bullying/hazing: bullying is repeated threats meant to create fear or harm to a person by someone who has more power or status. Hazing is harassment or ridicule directed at members of a group or team. 4. sexual harassment: unwelcome or inappropriate behavior of a sexual nature. It includes physical contact in a workplace or other educational, professional or social situation. 5. refusal skills 		
<p>Concepts:</p> <ol style="list-style-type: none"> 1. Social situations can get more complicated as people get older. 2. Students need to have strategies for avoiding risky or challenging situations, especially when there is a power differential. 		
<p>Anticipatory Set:</p> <ul style="list-style-type: none"> ● Students will write a definition for the term: affection. ● Have them make a list of how to show affection towards another person without physical contact. Emphasize that “affection” is based on “respect. ● Have students share their lists. ● Assemble the class list on the board. (being a good listener, going for walks, doing homework together) ● Consider each item on the class list. Have students consider disrespectful behavior that can cross the line between affection and abuse or harassment. ● Discuss: Who gets to determine whether the action is affection or abuse or harassment? 		
<p>Direct Instruction:</p> <ul style="list-style-type: none"> ● Explain: Bullying is done by a person with power to another person who is perceived to have less power or status. Hazing happens with groups or teams, meant to humiliate the members. 		

- Display on the board:
Sexual Harassment includes many things. These are just a few examples:
Sexual assault, actual or attempted rape
Standing extremely close to someone
Unwanted pressure for sexual contact
Unwanted deliberate touching, leaning over, cornering, pinching
Suggestive sexual signals, body movements or gestures
Telling suggestive stories
Unwanted phone calls, texts (sexting), messages, materials of a sexual nature

Guided Practice:

- Present the following statements and have students write a response to each one:
 1. Many families have boundaries set for dating: age, time of day, weekend only.
 2. Teens will notice that their hormonal changes heighten many of their emotions.
 3. Couples dating and Group dating have positives and negatives when it comes to risk avoidance.
 4. Make a list of things that can turn a social situation into a risky situation. (Explore: alcohol or drug consumption, going to places where there are no parents or trusted adults present, going somewhere with people that you don't really know, hanging out with people who are much older)
- Activity: Working in groups of 2-5 students, select an item from #4. Develop a dialog showing how refusal skills can help avoid risky situations. Have a couple of groups demonstrate their examples.
- Show video: YouTube: What is Sexual Harassment? (1:56) AMAZEOrg
- Class Discussion: Imagine yourself in the role of the victim of Sexual Harassment. How would you feel when the harasser is confronting you?
angry, afraid, embarrassed, degraded, intimidated
- Being sexually harassed could cause the victim to
Become physically ill
Withdraw from social or public situations
Turn to drugs and risky behaviors
Feel unable to have comfortable relationships with others

Independent Practice:

- Pick one of the examples of sexual harassment from the list displayed or from the video. Produce a series of cartoon cells that shows the occurrence with the victimized character using refusal skills or sharing with a trusted adult.

Closure:

- Think of an example where you or a friend witnessed bullying, hazing or harassment. How did you feel while you observed the action and words?
Did you do anything to stop the bullying, hazing or harassment?
If not, how would you like to handle the situation if you witnessed it again?
- Record how you would “re-write the script” of the incident.

Grade: 6 Lesson: 7	Lesson Title/Focus: <ul style="list-style-type: none"> ● Puberty 	Materials: <ul style="list-style-type: none"> ● Pencil, paper ● Materials for student brochures
Lesson Objectives: Students will be able to <ul style="list-style-type: none"> ● describe the physical changes during puberty ● identify similarities and differences in male and female growth patterns ● discuss the mental, emotional and social changes experienced during puberty 		
Academic Vocabulary: <ol style="list-style-type: none"> 1. puberty: the transition into adulthood. The body’s hormone activity increases and begins the series of physical, mental and emotional changes. 2. hormones: the chemicals produced in one part of the body that control a change in a different part of the body. Hormone activity begins to stimulate physical changes. 		
Concepts: <ol style="list-style-type: none"> 1. The changes that occur during puberty will happen over a period of years. <ol style="list-style-type: none"> a. Each person’s growth is different and individualized, and can vary from average experiences. b. Sometimes, puberty can occur outside of the expected range. For example: <ul style="list-style-type: none"> - Signs of puberty before age 8 in girls or age 9 in boys may not be healthy; or if there are NO signs of puberty by age 13 in girls or age 14 in boys, that may not be healthy either (see chart below for first signs of puberty); for girls that do have breast development or other secondary sex characteristics, no start of menstruation by age 15 may not be healthy. - During normal visits with your doctor, they may check to see what stage of puberty you are in to ensure a healthy process. 		
Anticipatory Set: <ul style="list-style-type: none"> ● Ask students to define “puberty.” ● What is it? ● What are some of the physical changes happening to our bodies during puberty? ● (Realize that students may mention hormonal and internal changes too.) ● How can we tell when it’s happening? 		
Direct Instruction: <ul style="list-style-type: none"> ● Hormones that affect your reproductive system are called sex hormones. ● Testosterone: made in the testes, controls growth and function of men’s bodies, causes the male body to produce sperm. ● Estrogen: made in the ovaries, controls much of the growth and function of women’s bodies, causing the female to release eggs. ● Human Growth Hormone: made in the pituitary gland, causes our body to grow, both \ in height and weight. 		

- Stress that puberty will begin at different ages and continue over a period of years. Females typically experience changes between the ages: 8-13. Males will experience changes between 9 and 14 years old. (See information in concepts above.)
- Explain: While your body is changing physically, expect that you will also grow mentally and emotionally.
 1. You will be able to understand and analyze more complex ideas and situations.
 2. You may begin to feel attracted to other people and become interested in romantic relations.
 3. You may experience mood swings.
 4. You may feel tempted to take risks, making unhealthy or unsafe decisions.

Guided Practice:

- Understanding mental and emotional changes.
 - Students will need paper and pencil, or teacher may provide a chart template.
 - Students will make a chart recording the changes that happen for Females Only and Males Only. Also, keep a category of changes that occur with Both.
 - Have students cite changes that occur during puberty. They will include: Height growth, broadening shoulders, developing breasts, menstruation, hair growth underarms and in genital area, increased body odor, acne, facial hair, voice changes
 - Next to each change, jot down which hormone might contribute to that change.
- **Activity:**
- Role play: Have students work in groups of 2 or 3.
 - Pick a mental or emotional change from the list.
 - Develop a scenario that illustrates the concept.
 - Include both a negative and positive version of the scenario.
 - Write a script that includes each group member.
 - This is going to be acted out in front of the class, so be sensitive and appropriate!
 - Limit each skit to 2-3 minutes.
 - Students will give a brief background of the situation before they do their skit.

Independent Practice:

- Begin this activity during this lesson.
- It will be completed after Lesson 8: Reproductive Systems.
- **Assignment:**
 - Pretend that you have a younger family member who is about to enter puberty and is nervous about the changes that they are about to experience.
 - You will produce a brochure or hand out for your family member that explains what is happening.
 - Include the physical, mental and emotional changes that they can expect.

Closure:

- Explain that the emotional and mental changes will cause people to feel out of control and awkward. This is the time for friends and family to be supportive.

<p>Grade: 6 Lesson: 8</p>	<p>Lesson Title/Focus:</p> <ul style="list-style-type: none"> ● Reproductive System 	<p>Materials:</p> <ul style="list-style-type: none"> ● Male reproductive system diagram ● Female reproductive system diagram
<p>Lesson Objectives: Students will be able to</p> <ul style="list-style-type: none"> ● identify the structure and function of the male and female reproductive systems ● understand the importance of confiding in a trusted adult or doctor 		
<p>Academic Vocabulary: Reference reproductive systems vocabulary.</p>		
<p>Concepts:</p> <ol style="list-style-type: none"> 1. It is important to understand both the male and female reproductive systems. 2. Using correct terminology reduces confusion. 3. Be prepared to speak to a trusted adult when faced with concerns about the reproductive system. 		
<p>Anticipatory Set:</p> <ul style="list-style-type: none"> ● Display these questions: <ol style="list-style-type: none"> a) What is the purpose of the reproductive system? b) Why does the reproductive system need to change during puberty? ● Students should record a couple of answers. Be ready to share. 		
<p>Direct Instruction:</p> <ul style="list-style-type: none"> ● Label the parts of the male and female reproductive systems. ● Discussion: Why is it important to know the location of the organs? Why is it important to know the proper names for the organs, both male and female? 		
<p>Guided Practice: Reproductive System physiology: Students may read Holt, Decisions for Health, Level Green, p. 192-195 Add the terms sperm and egg and menstruation to vocabulary.</p> <ul style="list-style-type: none"> ● Beginning with production in the testes, follow the sperm through the Male Reproductive System. ● Examine the two functions of the Female Reproductive System: producing the egg, and carrying out pregnancy. Also, review the menstruation cycle. 		
<p>Independent Practice:</p> <ul style="list-style-type: none"> ● Complete the assignment started after Lesson 7. ● Assignment: <ul style="list-style-type: none"> ○ Pretend that you have a younger family member who is about to enter puberty and is nervous about the changes that they are about to experience. ○ You will produce a brochure or hand out for your family member that explains what is happening. ○ Include the physical, mental and emotional changes that they can expect. 		

- Additional Activity:
 - Consider this situation:
 - You have been experiencing a great deal of pain in your lower abdomen. It's been going on for a couple of days. You've tried lying down, with a heating pad. You've googled your symptoms. You skipped your soccer practice yesterday. Nothing seems to help. It's hard enough to talk to parents about this, but forget going to the doctor. But it's your only option.
 - Make a list of questions that you might want to ask your doctor.
 - Write a "conversation starter" to begin the conversation with your parent if they need to make an appointment for you.
 - Make a list of the symptoms you think are important.

Closure:

- Have students complete an exit ticket listing 2 things they feel are most important from today's lesson.

Additional Resources: Reference: Holt, Decisions for Health, Level Green, p. 192-195

- Male Reproductive System: The main function of the system is to make and store sperm, the male sex cells. The reproductive system also make the hormone testosterone, which controls much of the growth and function of the male body. Sperm are produced in the testes. A healthy adult male makes several million sperm each day. Then, they are carried into the vas deferens, the long tubes leading to the urethra. The urethra is the tube running through the penis.
- Female Reproductive System: The two main functions are to make the female sex cell, the egg, and to carry out pregnancy. The ovaries are the organs that make the eggs and the hormones estrogen and progesterone. These hormones control much of the growth and function of the female body. The uterus is the organ that holds a fetus during pregnancy.
- Menstruation: Beginning at puberty, the lining of the uterus thickens every month in preparation for pregnancy. The monthly breakdown and shedding of the lining is called menstruation. During the menstrual cycle, blood and tissue leave the woman's body through the vagina. The bleeding generally last about 28 days. Many young women have cycles that vary in length from month to month, or are irregular.

Grade Level: 6 Lesson: 9	Lesson Title/Focus: Staying Safe	Materials: <ul style="list-style-type: none"> • Access to YouTube Video: Deschutes County: High School Lunch with refusal skills • Practice Scenarios
Lesson Objectives: Students will be able to <ul style="list-style-type: none"> • identify situations that may carry personal risk • understand consent and empowerment • apply refusal skills when appropriate 		
Academic Vocabulary: <ol style="list-style-type: none"> 1. consent: (n) permission, agreement or willingness to do something with another person (v) give permission for something to happen 2. empowerment: becoming stronger and more confident of one’s ability to control one’s life 3. refusal skills: Say NO (be confident, suggest a different activity) Repeat NO, if necessary Leave the situation 		
Concept(s): <ol style="list-style-type: none"> 1. Consent and refusal are integral components of empowerment. 2. Students need practice in representing their wishes with friends and adults. 		
Anticipatory Set: <ul style="list-style-type: none"> • Student reflection (written or verbal response): <ul style="list-style-type: none"> ○ What are some activities that you do without your parents being present? ○ As you get older, are there more and more things that you’re allowed to do without your parents? 		
Direct Instruction: <ul style="list-style-type: none"> • Let’s talk about factors or actions that can make some of those situations more risky or “dangerous.” <ul style="list-style-type: none"> ○ Consider your Warm up list. ○ What are some things that could happen in each of your examples that could change or complicate the situation? ○ (being with lots of adults that you don’t know, alcohol or drug consumption, unsecured guns, going someplace unfamiliar, not telling where you’re going) • Notice how it’s possible for you to agree to do something with your friends, and then want to change your mind when circumstances change? • How do you feel about following your “gut” or instincts, and dealing with the situation? 		

Guided Practice:

- This is a high school situation where friends decide to go out to lunch. Pay attention to the consent given by the passengers. Notice what happens to cause one passenger to change her mind and withdraw her consent.
- Show YouTube Video.

CLASS DISCUSSION:

- What was the plan at the beginning of the video? What changed?
- What are some reasons for the female passenger to change her mind? Did it seem reasonable for her to change her mind?
- What type of things could happen if she didn't get out of the car and went along with her friends, smoking weed?

Activity Summary:

- There were three points in the video where Jenna made a decision: when she decided to go to lunch with her friends, when she spoke up about not wanting to smoke weed, when she left her friends.
- Even though she consented to go with her friends, she changed her mind when they changed the plan.

Independent Practice:

- Review the Refusal Skills process.

Refusal Skills:

Be sure to include:

- A. Getting away from the person
 - B. Go to public place
 - C. Make noise
 - D. Tell someone who is trusted.
- Have students work in groups of 2-4, selecting one of the options from the **Practice Scenarios**. After they have developed the appropriate dialogs, have one example of each choice present to the class.
 - Have students break down each demo, looking for the points where consent was given or refusal skills were used.
 - **Follow-up:** In each instance, notice that there weren't parents present. What risks could accompany "going along with the crowd?"

Example responses:

1. Being taken advantage of by older teens or adults
2. Consuming alcohol and being taken advantage of by others (unwanted sexual activity often accompanies alcohol and drug use)
3. Witnessing illegal activity

Emphasize: It is not a victim's fault when something negative happens to them. This is simply an opportunity to feel empowered in using refusal skills. This is also a good place to remind them that feeling pressured by the group may cause you to be uncomfortable. That's why it's important to practice refusal skills.

Closure:

- Have students turn back to their list from the Warm-up. Using the Follow-up List from the Guided Practice, have them determine where some of those risk factors could impact the course of their personal activities. It's critical for them to understand that being in the presence of adults who are encouraging them to participate in illegal activities lessens their control of a situation. Practicing interventions is helpful to lessen the risk.

Practice Scenarios

1. Your Mom works late Thursday, Friday and Saturday evenings so your uncle comes over so you won't be alone. Lately he's invited his girlfriend over to hang out. Lately, before you go to bed, they've begun smoking weed. They keep offering it to you, saying that it really won't hurt you. Sometimes you have an allergy attack. You're usually in bed when your Mom gets home and she doesn't seem to notice what they're doing.
 - A. Write a dialog where you refuse your uncle's offer to smoke weed.
 - B. Write a dialog for telling your Mom what's happening.

2. You've made plans to go to the movies with two of your friends. Your older sister drops you at the theater and you meet up with your friends. They've decided that they want to drive around, and hang out with an older brother and a couple of friends. You figure that you don't have to meet your ride home for a couple of hours.
 - A. Make a list of things that could happen if you decide to leave the theater.
 - B. Write a dialog where you refuse to skip the movie.

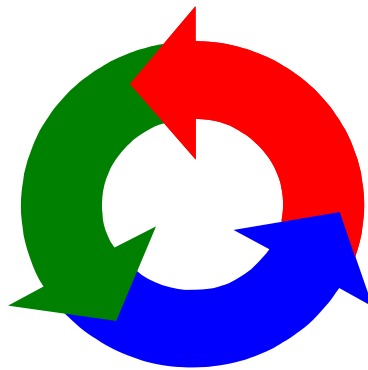
3. You're invited to a Saturday night birthday party for your friend's older sister (She's in high school and is really nice to you, giving you rides home all the time.) When you get to the party, it seems like everyone's drinking alcohol and swimming and dancing. It's pretty cool, but you don't drink.
 - A. Consider your options. What are some of your choices? Should you stay or should you leave?
 - B. Write a dialog that explains your decision and makes clear what action you will take.

Family Life Curriculum

HUMAN GROWTH AND DEVELOPMENT

HUMAN SEXUALITY

7th/8th Grade



TUCSON UNIFIED SCHOOL DISTRICT

TUCSON UNIFIED SCHOOL DISTRICT

FAMILY LIFE CURRICULUM

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**TUCSON UNIFIED SCHOOL DISTRICT
FAMILY LIFE CURRICULUM**

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TUCSON UNIFIED SCHOOL DISTRICT FAMILY LIFE CURRICULUM

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TUCSON UNIFIED SCHOOL DISTRICT FAMILY LIFE CURRICULUM

Philosophy

Education is a life long process that begins with parents as the primary teachers. It is the parent's right and responsibility to initiate a child's education in all areas including sexuality. From the time a child begins formal education, the responsibility becomes a shared effort among home, school, and community.

This curriculum is designed to supplement each student's personal family life education inclusive of an understanding of healthy attitudes, interpersonal relationships, decision making, understanding consequences of decisions, and growth and development which arise with emerging sexuality. Additionally, it is intended to encourage open parent-child discussions.

All curricula convey a set of values that are supported in a democratic society. Thus, sensitivity and respect for individual beliefs are of critical importance in presenting a sex education curriculum. The main values espoused by this curriculum include:

- Show respect for the values and uniqueness of each individual.
- Show respect for every family unit.
- Accept responsibility for one's own actions.
- Accept responsibility to protect self and others.
- Accept responsibility as a member of society.

TUCSON UNIFIED SCHOOL DISTRICT FAMILY LIFE CURRICULUM

Goal

Students will acquire scientifically accurate information about human maturation and will develop knowledge of physical, social and emotional aspects of personal maturation, human sexuality and family life. Students will develop critical thinking skills leading to positive self-esteem, effective communication skills, responsible decision-making, and personal safety strategies.

Curriculum Objectives

The purpose of the 7/8 curriculum is to provide students with information to

- Discuss and understand the physical, emotional and hormonal changes that occur at puberty.
- Discuss and understand personal hygiene.
- Discuss and understand key concepts of personal development, including: effective communication skills; decision making; self-confidence and empowerment; overcoming peer pressure; concept of self; refusal skills; and assertiveness.
- Discuss and understand healthy relationships, including: boundaries; families; friendships; dating; and the responsibilities within various relationships.
- Discuss and understand concepts of gender and sexuality.
- Explain the anatomy of the female and male reproductive system.
- Identify and understand risks of sexual activity, including abstinence as the only 100% effective method of preventing pregnancy and sexually transmitted infections.
- Understand and describe advantages and disadvantages of different contraceptives.

- Discuss and understand the realities of teenage pregnancy and responsibilities of parenthood, including financial and legal responsibilities.
- Discuss conception and fetal development.
- Discuss and understand the roles media plays in society, including: social media; bullying and stereotyping.
- Discuss and understand personal safety concepts, including: consent; legal liabilities of sexual intercourse with a minor; sexual harassment and abuse; rape/sexual assault/sexual abuse; and how to report to a trusted adult.
- Discuss and understand the effects of substance use on decision-making and inhibitions.

Overview

Growth is a life-long process. People grow in many different ways. Growth means positive change, and change brings challenge, excitement, apprehension and new problems to solve. Knowing what to expect eases anxiety, dispels misconceptions and facilitates adjustment to the changes that occur. This curriculum addresses these needs.

Sexuality is an inherent part of each individual's personality and humanity. The Tucson Unified School District's Family Life Curriculum (FLC) helps students learn more about themselves, refine communication skills and develop respect for themselves and others. Successful FLC are those that are a cooperative effort between parents, guardians, families and the school.

Tucson Unified School District's curriculum encourages and stresses communication within the family to learn about sexuality and shared values that influence decisions. The concepts presented are based on the recommendations of the TUSD Family Life Curriculum Advisory Committees.

For those students who have open discussions about human maturation and sexuality with their families, this curriculum serves as a supplemental guide of factual information to be shared at home. For those students who do not have the same familial opportunities, this curriculum provides accurate information about sexuality and the growth processes, personal safety strategies and serves to foster respect for all people and their beliefs.

TUCSON UNIFIED SCHOOL DISTRICT FAMILY LIFE CURRICULUM

Classroom Climate

In order to create a climate conducive to effective learning within a comfortable, non-threatening environment:

- clear rules and regulations of behavior must be emphasized.
- teachers need to introduce themselves as trained and knowledgeable about human growth and development.
- all students' questions will be considered valid and answered using age-appropriate, scientifically -accurate information.
- proper terminology will be used by the teacher and student slang words or expressions will be interpreted to correct terminology.
- teachers will encourage students to discuss the course content and their questions with their parents, guardians and families.
- students' questions or vocabulary that are not included in the grade-level lessons will be identified and the student will then be referred to their parents, guardians and family, if the questions can not be answered using age-appropriate, scientifically accurate information.
- teachers will emphasize that students' peers, social media, and the internet do not always have correct information about human growth and development.

Parent Participation

Parent participation is highly valued by TUSD. An informational meeting for parents, guardians and families will be held prior to classroom presentations to allow for a review of curriculum content, classroom processes and viewing of materials to be used in teaching the lessons. A content outline will be provided for parents/guardians with a letter requesting permission for students to participate. Information regarding alternative lessons will also be presented at this time.

TUCSON UNIFIED SCHOOL DISTRICT FAMILY LIFE CURRICULUM

Guidelines

Arizona State Guidelines (State Board of Education R7-2-303) for sex education:

- Lessons will not exceed the equivalent of one class period per day for four weeks of the school year (K-4).
- Lessons will not exceed the equivalent of one class period per day for nine weeks of the school year (5-8).
- Alternative elective lessons(s) from the state adopted optional subject list (K-8).
- Lessons will be taught to boys and girls separately (K-8).
- Lessons will not be graded and teachers may not require homework (K-8).
- Lessons will be a supplement to the Health Course of Study (K-8).
- Evaluations are anonymous and shall not be retained or recorded (K-8).
- Questions about the students' or his/her parents' beliefs, morals or practices shall not be asked (K-8).
- Written parental permission will be secured (K-8), TUSD requires this for (K-12).

THE QUESTION BOX

At the beginning of the Family Life Curriculum, introduce the question box. Explain to the students that people of all ages have questions about sexual matters. Some may feel uncomfortable asking questions in public although it is very natural to have questions about sex. The question box should be available to all class members throughout the lessons to help address concerns and questions of students in a non-threatening way.

Guidelines for submitting/answering questions in the question box:

1. There is no such thing as a “dumb” question.
2. All questions are valid except for personal questions about the teacher or other students.
3. Questions are anonymous, unless the student wants to be identified.
4. If a question is not answered in class, it may be considered inappropriate for class discussion. (Questions might be answered privately should the student choose to raise this topic with the teacher.)
5. Correct and appropriate vocabulary will be used in the course, but students may use words they know or may have heard. Answers will be translated from the slang words used to correct terminology.
6. Questions will be read by the teacher daily or periodically to insure a prompt response. (The teacher may read them one day and answer the next to give time for response.)
7. Teachers will answer questions simply and in a scientifically accurate manner.

**TUCSON UNIFIED SCHOOL DISTRICT
FAMILY LIFE CURRICULUM**

**7th/8th Grade
Grade Level Lessons**

1. Personal Skills Development
2. Healthy Relationships
3. Media Influence
4. Puberty & Personal Hygiene
5. Human Reproductive Systems
6. Conception, Fetal Development and Pregnancy
7. Contraception
8. Sexual Risk Avoidance & Sexually Transmitted Infections (STIs)
9. Personal Safety / Sexual Harassment / Sexual Abuse

Tucson Unified School District
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Grade: 7/8 Lesson: 1	Lesson Title/Focus: Personal Skills Development	Materials: <ul style="list-style-type: none">• Whiteboard or chart paper
Lesson Objectives: Students will be able to <ul style="list-style-type: none">• use problem-solving steps to solve problems and make decisions• understand that one must be proactive and learn to make decisions and solve problems• identify possible results of impaired decision-making on sexual behavior• list commonly used specific drugs and their potential effects on behavior• discuss reasons teens use drugs in a social situation• define and understand consent in the context of relationships		
Academic Vocabulary: <ol style="list-style-type: none">1. self-esteem2. self-awareness		
Concepts: <ol style="list-style-type: none">1. The problem-solving approach will assist students in making responsible decisions.2. Realize that self-awareness is an important factor in making responsible decisions, including:<ul style="list-style-type: none">○ developing self-esteem○ utilizing responsible decision making to promote healthy relationships○ promote good health○ enable one to make choices that do not conflict with personal values○ enable one to choose abstinence at any time○ enable one to choose responsible sexual behavior○ promote responsible parenthood3. Protect one's health and the health of others.4. Drugs, including alcohol, affect the brain's decision-making abilities. (See chart)<ul style="list-style-type: none">○ Certain drugs can be given without the users consent to lower people's inhibitions, causing impaired judgement, impaired motor skills, and amnesia that can lead to sexual assault.○ Improper use of prescription medication, including sharing, is also drug abuse.○ Alcohol (beer, wine, liquor) is a potentially addictive and a powerful drug that can impair decision-making.○ Mixing drugs can intensify the impairment and increase the risk of overdose.5. Consent can be both implicit (perceived) and explicit (stated) and can be withdrawn at any time.6. All people are empowered to say no to activities and situations that they don't want to participate in. Healthy boundaries mean accepting a no as a final answer.		

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Anticipatory Set:

- Option 1) What does it mean to make a healthy decision? What is involved in this process?
- Option 2) Think about a time when you made a healthy decision. What helped you make this decision?
- Option 3) Was there a time when it was difficult to make a decision? What were some of the factors that made it difficult?

Direct Instruction:

- Discuss with the students the elements that go into making responsible decisions and solutions. (Think-Pair-Share)
- Write the steps in the problem solving approach on whiteboard or flipchart.
 - Identify the problem.
 - Identify ways to deal with the problem.
 - Apply criteria for responsible decision making to each alternative.
 - What are the possible consequences of each alternative?
 - Make a responsible decision and act upon it.
 - Evaluate actions.
- Discuss strategies students use to solve problems.
- How might students understand assertiveness in their own lives? What are effective ways to say no/refuse/use assertiveness that students might encounter in their everyday lives?

Guided Practice:

- Have students brainstorm a list of ideas for enhancing self-awareness. For example, how might studying hard to get good grades, striving to perfect a skill, or helping someone who is ill enhance one's self-awareness?

Independent Practice:

- Small group work on specific, commonly misused drugs, and their effects.

Closure:

- Have students complete an exit ticket listing three things learned from today's lesson.

Tucson Unified School District
Family Life Curriculum

<p>Grade: 7/8 Lesson: 2</p>	<p>Lesson Title/Focus: Healthy Relationships</p>	<p>Materials:</p> <ul style="list-style-type: none"> ● Healthy vs Toxic Relationship Questionnaire ● Defining Toxic Relationships Activity ● Defining Toxic Relationships Activity Answer Key
<p>Lesson Objectives: Students will be able to</p> <ul style="list-style-type: none"> ● discuss values and personal goals ● improve self-awareness by identifying personal strengths and areas of growth ● discuss how strengths can impact relationships ● identify and choose behaviors that promote healthy relationships with family, dates, and friends ● identify behaviors that might lead to toxic relationships ● discuss reasons for dating and not dating ● discuss healthy and responsible approaches to dating and ending dating relationships 		
<p>Academic Vocabulary:</p> <ol style="list-style-type: none"> 1. self-awareness 2. core values 		
<p>Concepts:</p> <ol style="list-style-type: none"> 1. Adolescents with high self-esteem may be less likely to succumb to peer pressure, tobacco, alcohol, or other drugs. 2. Self-esteem comes from within, but often external factors create/reinforce/countermand one’s self esteem. It is important for a person to know who they are internally and what values help define their life. 3. The family, as the basic unit of security, serves two essential functions; <ol style="list-style-type: none"> A. The primary support system to which individuals turn in order to have their basic needs met. B. Provide the essential mechanism by which a child develops the capability to survive and function as an adequate person in this world. 4. Personal values are reflections of our needs, desires, and what we care about most in life. Values are great cohesive forces for our identities, and can be thought of as decision-making guidelines that help us connect to our true selves. Defining your values will help you figure out what to pursue and what to avoid. <p>Here are some examples of core values from which you may wish to choose: dependability, reliability, loyalty, commitment, open-mindedness, consistency, honesty, efficiency.</p>		
<p>Anticipatory Set:</p> <ul style="list-style-type: none"> ● As a class, brainstorm personal strengths you admire in others (peers, family members, friends, teammates, etc.). Then, in partners, discuss how these strengths contribute to a positive and healthy relationship. Share out with the class. 		
<p>Direct Instruction:</p> <ul style="list-style-type: none"> ● Discuss what students perceive as basic needs. List these on the board. Have students prioritize needs and discuss examples of how the family may help meet these needs. How do friends meet these needs? How does dating meet these needs? 		

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Guided Practice:

- Discuss setting personal goals and have students create a list of goals they want to achieve (in school, with friends, at sports, with family etc).
- On an index card, have each student create one or two goals and then post on a central chart. What are some of the common themes?
- Introduce the importance of choosing friends who contribute to wellness.
- Ask how one would know if a friendship is healthy. Answers might include: a healthy friendship emphasizes strong points, contributes to positive family relationships, and encourages one to put forth their best efforts in activities.
- Discuss the importance of being friends with members of both sexes

Independent Practice:

- Use the Healthy vs Toxic Questionnaire to determine characteristics of a healthy relationship.
- Complete the Defining Toxic Relationships activity.

Closure:

- Have students generate a list of reasons why you might want to date during middle school years and a list of reasons why you might not want to date during middle school years.
- Discuss the types of dates (double, group, blind, party, etc) and the advantages and disadvantages of each.
- Discuss safety issues involved in dating. Emphasize that it is wise to let parents know the “details (where and when)” of the date.
- Have students brainstorm a list of respectful and disrespectful ways and what they might say if they want to end a relationship.
- Discuss the importance of showing mutual respect while maintaining healthy boundaries.

Healthy vs Toxic Relationship Questionnaire

Relationships, which include friendships, play an important role in everyone's life and they come in all different shapes and sizes. They also can serve different purposes in your life.

This exercise is to help you reflect on:

- your strengths and
- areas in which you would like to grow
- how these relationships can help or hinder you in being who you desire to be

***Directions:** Read and respond to each statement.*

Think about one of your friends...

1. Am I able to be myself with this person?
2. Do I feel comfortable and accepted around this person?
3. Does this person share the same values as me?
4. Is this relationship one-sided (one person giving and the other person receiving)?
5. Does this person criticize or judge me?
6. Does this person help me feel good about myself?
7. Does this person have the same level of commitment to the relationship as I do?
8. Does this person share my level of integrity?
9. Do I feel safe when I am with this person?
10. Are they happy for me when I succeed and there for me when I am discouraged?
11. Does this person help you achieve or accomplish your goals?

After completing this inventory, do you think this friendship qualifies as a healthy relationship?

Defining Toxic Relationships

(e.g., friends, dating, family)

Directions: Match the toxic relationship (e.g., friends, dating, family) with the definition.
Write the letter on the blank space next to the matching definition.

a. The Gossiper	f. The Controller
b. The User	g. The Competitor
c. The Judger	h. The Manipulator
d. The Taker	i. The Self-Centered
e. The Betrayer	j. The Promise Breaker

_____ This person is a friend based on what YOU can do for them.

_____ This person tells others what you told them in confidence.

_____ This person is very bossy and likes to control everything.

_____ This person is excessively critical of you and others.

_____ This person rarely follows through and is not dependable.

_____ This person likes to spread rumors and share private information.

_____ This person is egocentric and only cares about themselves.

_____ This person likes to “one up” others and likes to compete all the time.

_____ This person is needy, may get jealous and often expects you to fulfill their every need.

_____ This person knows how to convince you to do things you normally would not do.

Defining Toxic Relationships
(Answer Key)

a. The Gossiper	f. The Controller
b. The User	g. The Competitor
c. The Judger	h. The Manipulator
d. The Taker	i. The Self-Centered
e. The Betrayer	j. The Promise Breaker

b This person is a friend based on what YOU can do for them.

e This person tells others what you told them in confidence.

f This person is very bossy and likes to control everything.

c This person is excessively critical of you and others.

j This person rarely follows through and is not dependable.

a This person likes to spread rumors and share private information.

i This person is egocentric and only cares about themselves.

g This person likes to “one up” others and likes to compete all the time.

d This person is needy, may get jealous and often expects you to fulfill their every need.

h This person knows how to convince you to do things you normally would not do.

**Tucson Unified School District
Family Life Curriculum**

<p>Grade: 7/8 Lesson: 3</p>	<p>Lesson Title/Focus: Media Influence</p>	<p>Materials:</p> <ul style="list-style-type: none"> ● “Myth or Fact” Worksheet ● “Myth or Fact” Answer Key
<p>Lesson Objectives: Students will be able to</p> <ul style="list-style-type: none"> ● identify and understand the roles that media play in our lives and our society 		
<p>Academic Vocabulary</p> <ol style="list-style-type: none"> 1. perpetuate 2. harassment 3. cyber sexual harassment 4. consent 		
<p>Concepts:</p> <ol style="list-style-type: none"> 1. Media may influence emotional consequences and impacts relationships. 2. While the internet can connect us across the world, it can also make us behave less personally 3. Media shapes views of healthy relationships. 4. Stereotypes can be perpetuated across all media, including social media, television, movies, games. 5. Negative impacts: <ol style="list-style-type: none"> a. representations of types of relationships (false expectations) b. expected sexual experiences c. increased cyber sexual harassment and bullying (online gaming, social media, dating apps, sexting - online experiences) d. can cause increased anxiety, stress and depression 6. There are laws that govern online/social media behavior. Everyone is expected to abide by them. 		
<p>Anticipatory Set:</p> <ul style="list-style-type: none"> ● Brainstorm examples of TV commercials, magazine ads, social media ads, and advertising jingles that pressure the consumer to buy a product. What messages do they give about sex and sexual relationships? Do they stereotype, give unhealthy messages, give incorrect messages? 		
<p>Direct Instruction:</p> <ul style="list-style-type: none"> ● Review decision-making and problem solving strategies from previous lessons. 		
<p>Guided Practice:</p> <ul style="list-style-type: none"> ● Discuss pros and cons of different social media. ● Discuss how social media, media, and pornography shape views around consent. ● What are some examples of positive and negative representations of sexual relationships found in media (TV, movies, music)? ● Have students work through the following scenarios through writing, discussion or role playing: 		

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- Someone sent a screenshot of a compromising photo of a friend and it has begun to go viral at school. What do you do?
- You are in a chat room in an online game. One player begins to harass another player by calling them inappropriate names and using abusive language. What would / should you do?
- Your friend posted an inappropriate video or photo on social media. What would some of the social and emotional ramifications be?
- You are at a party/sporting event. Someone is taking Snaps of someone and posting it without their knowledge. What would you do?

Independent Practice:

- Complete the “Myths or Facts” worksheet

Closure:

- Review the answers to the “Myths or Facts” worksheet and answer any questions that arise.

MYTH OR FACT?
Consent, Online Dating and Other Media Influences

Directions: Read each statement. Write FACT on the line if you think the statement is true. Write MYTH on the line if you think the statement is false.

_____ MEDIA HAS NO INFLUENCE ON HOW WE VIEW OURSELVES

_____ MUSIC ALWAYS PORTRAYS RELATIONSHIPS IN A POSITIVE LIGHT

_____ IT IS IMPORTANT TO VIEW MEDIA WITH A CRITICAL LENS

_____ YOU WILL ALWAYS KNOW HOW MANY SEXUAL PARTNERS YOUR ONLINE DATE HAS HAD

_____ IT IS POSSIBLE THAT PEOPLE ON DATING APPS DO NOT ALWAYS PRESENT THE TRUTH IN THEIR PROFILE

_____ EVERYTHING SEEN IN INTERNET PORN IS SOMETHING YOUR PARTNER WILL ENJOY

_____ WHEN SEXTING, ONLY YOUR PARTNER WILL SEE IT

_____ SHARING A PHOTO OR VIDEO OF YOURSELF OR OTHER MINORS WITHOUT CLOTHING IS ILLEGAL AND A FELONY

MYTH OR FACT?

Answer Key

- MYTH** MEDIA HAS NO INFLUENCE ON HOW WE VIEW OURSELVES
- MYTH** MUSIC ALWAYS PORTRAYS RELATIONSHIPS IN A POSITIVE LIGHT
- FACT** IT IS IMPORTANT TO VIEW MEDIA WITH A CRITICAL LENS
- MYTH** YOU WILL ALWAYS KNOW HOW MANY SEXUAL PARTNERS YOUR ONLINE DATE HAS HAD
- FACT** IT IS POSSIBLE THAT PEOPLE ON DATING APPS DO NOT ALWAYS PRESENT THE TRUTH IN THEIR PROFILE
- MYTH** EVERYTHING SEEN IN INTERNET PORN IS SOMETHING YOUR PARTNER WILL ENJOY
- MYTH** WHEN SEXTING, ONLY YOUR PARTNER WILL SEE IT
- FACT** SHARING A PHOTO OR VIDEO OF YOURSELF OR OTHER MINORS WITHOUT CLOTHING IS ILLEGAL AND A FELONY

**Tucson Unified School District
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<p>Grade: 7/8 Lesson: 4 (classes taught separately)</p>	<p>Lesson Title/Focus: Puberty & Personal Hygiene</p>	<p>Materials: (not for use as student handouts)</p> <ul style="list-style-type: none"> • Adolescent Physical Development Chart • Menstrual Cycle • Check Glencoe Health for chapter on puberty for charts, materials and activities
<p>Lesson Objectives: Students will be able to</p> <ul style="list-style-type: none"> • discuss the physiological (physical and hormonal), emotional, and social changes that occur during puberty • identify reproductive systems' terminology • understand the phases of the menstrual cycle • recognize that some variations with an individual's menstrual cycle may be normal and healthy, or could be abnormal and in need of further medical testing and treatment • understand the need for personal hygiene and different ways in which to attend to one's own personal hygiene 		
<p>Academic Vocabulary:</p> <ol style="list-style-type: none"> 1. puberty 2. menstruation 3. menstrual cycle 4. ovulation 5. gender 6. sexuality 7. hygiene 		
<p>Concepts: *Recommendation: Concepts should be posted in the classroom during instruction.</p> <ol style="list-style-type: none"> 1. Puberty involves physiological (physical and hormonal), emotional and social changes over time. <ol style="list-style-type: none"> a. Each person's growth is different and individualized, and can vary from average experiences. b. Sometimes, puberty can occur outside of the expected range. For example: <ul style="list-style-type: none"> - Signs of puberty before age 8 in girls or age 9 in boys may not be healthy; or if there are NO signs of puberty by age 13 in girls or age 14 in boys, that may not be healthy either (see chart below for first signs of puberty); for girls that do have breast development or other secondary sex characteristics, no start of menstruation by age 15 may not be healthy. - During normal visits with your doctor, they may check to see what stage of puberty you are in to ensure a healthy process. 2. Physical development during puberty – see "Adolescent Physical Development" chart. <ol style="list-style-type: none"> a. Females b. Males <p>**The following lesson will go further in depth about the male/female reproductive systems</p> 		

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3. Emotional development during puberty:
 - a. In addition to the physical changes of puberty, psychological changes can also occur. These are triggered by the production of the sex hormones, such as estrogen and testosterone. Interest in sex increases. Mood swings are also common during puberty, however extreme mood swings, irritability and other changes may be signs of depression or other health conditions, and you should speak with your doctor.
4. Menstrual Cycle (see “Day of Menstrual Cycle” chart)
 - a. The four phases of the menstrual cycle: pre-ovulatory, ovulation, post-ovulatory, and the menstrual phase
 - b. Healthy vs. unhealthy cycles
 - When periods first start, it is common for them to be irregular, and may take years for a regular cycle to develop.
 - Average bleeding throughout one menstrual cycle is about 1/3 cup; heavy bleeding may be if you are soaking a pad or tampon in 2 hours or less.
 - Some individuals experience severe pain during periods, heavy vaginal bleeding during periods, periods that are too frequent or too long apart, vaginal bleeding between periods, severe mood changes, headaches, abdominal cramps, or other symptoms during, before, or after periods, that may or may not be healthy.
 - Those concerned about their periods should talk with their doctor.
5. Personal Hygiene:
 - a. As you enter puberty, your body will undergo physical changes that include increased sweat production, sweating in new parts of the body (e.g., underarms), hormone production and hair growth.
 - b. Sweat and hormone production changes the body odor. Washing more frequently with soap and water under the arms, groin and other areas that see more sweat will help keep body odor under control.
 - c. Some people choose to wear anti-perspirant (“anti-sweating”) and/or deodorant (fragrance to mask body odor) under their arms. Approaches to body odor and perspiration can vary by culture and it’s important to understand someone’s choice to wear/not wear these as part of their own personal values.
 - d. As hormone production increases, body hair will begin to develop not only in the genitals (pubic hair) but also on the legs and arms, under the arms and on the face. Shaving the face or legs/underarms is common within our culture, but not all cultures feel the same about body hair. Areas with more hair collect more sweat during perspiration and need to be washed with soap and water.
6. Gender and Sexuality
 - a. Gender and sexuality can mean different things to different people.
 - b. Biological sex includes chromosomes (XX, XY, and variations) and genitalia someone is born with.
 - c. An individual’s gender includes gender identity (the gender someone identifies as) and outward masculine/feminine gender expression. These are

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Family Life Curriculum

based on socio-cultural constructs based on expectations, and stereotypes. .
Social norms change over time. Outward expressions does not necessarily correspond to a person's gender.

d. Sexuality is emotional and sexual attraction to others.

7. Medical Relationships/Support

a. As you enter adolescence, the importance of having a personal primary care physician with whom you have a long-term relationship is increasingly important. As you grow closer to adulthood, it is helpful to have someone you trust and can talk to about your body's changes.

Anticipatory Set:

- Introduce and assess prior knowledge of lesson vocabulary.

Direct Instruction:

- Introduce and discuss the concepts listed above.
- Discuss the physical changes that occur during puberty. Use the chart "Adolescent Physical Development." (Also see Glencoe Health book)
- Discuss the similarities and differences in male and female development.
- Discuss the social and emotional changes that occur during puberty.

Guided Practice:

- Think-Pair-Share: How is gender/sex/sexuality reflected in today's media? Where and how does it not always align with societal expectations?

Independent Practice:

- Written reflection:
 - Have you ever seen or witnessed somebody being treated poorly because of these expectations? How could you support them?

Closure:

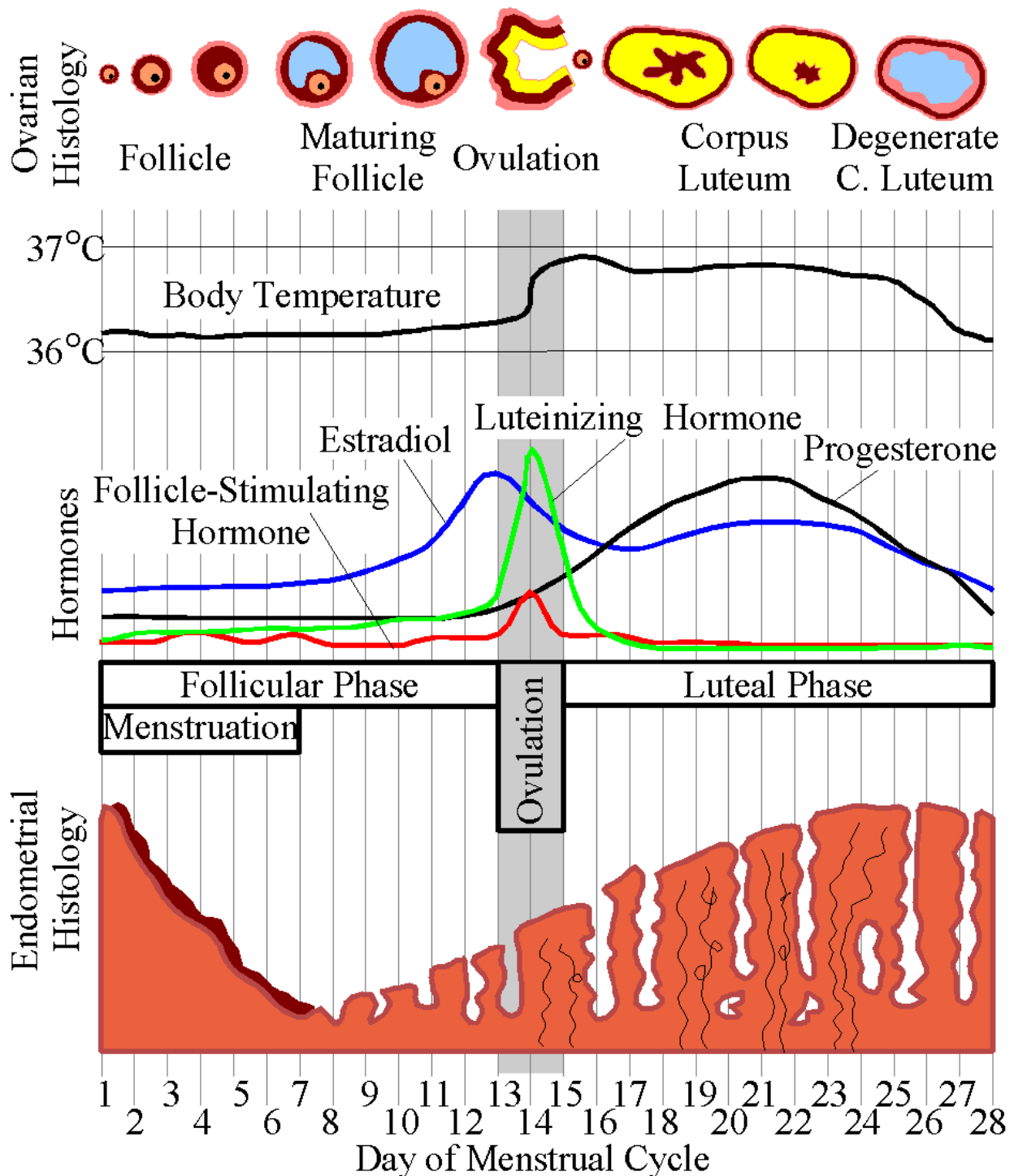
- Optional share-out of written reflection.

**Tucson Unified School District
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Adolescent Physical Development Chart

Aspects of Development	Age when change usually begins	Description of the change	Aspect of Development	Age when change usually begins	Description of the change
Increase in height and weight	10-12	One of the earliest signs of puberty is an increase in height and weight gains. The growth spurt can last four years, but is most rapid during the first two.	Increase in height and weight	12-13	One of the earliest signs of puberty is an increase in height and weight gains. The growth spurt can last four years, but is most rapid during the first two.
Breast development	10-12	This stage begins with “budding,” an enlargement of the nipple and surrounding area. A year or so later the breasts will begin to enlarge.	Genital development and ejaculation	11-13	Hormonal activity at the start of puberty stimulates the growth of the testicles. The skin of the scrotum darkens and the penis lengthens and broadens. The ejaculation of the seminal fluid usually occurs within two years of this genital development.
Growth of pubic hair Underarm hair	10-11 12-13	Pubic hair first grows as light, soft hair in the external genital area. The hair darkens and covers a larger area during the next few years. Underarm hair begins to grow approximately 1-2 years after pubic hair.	Growth of pubic, underarm and facial hair	11-15	The growth of pubic hair normally starts first and is followed a year or so later by facial hair. Heredity will affect the growth of body and facial hair.
Development of apocrine sweat glands	12-13	Apocrine sweat glands become active in the underarm, in the groin and around the nipples. These glands produce a different type of sweat than other sweat glands (eccrine) that results in body odor if not regularly washed.	Development of apocrine sweat glands	13-15	Apocrine sweat glands become active in the underarm, in the groin and around the nipples. These glands produce a different type of sweat than other sweat glands (eccrine) that results in body odor if not regularly washed.
Onset of menstruation (First Period)	11-14		Deepening of the voice	13-15	The voice box (larynx) begins to enlarge. An “Adam’s Apple” may develop. The voice deepens about a year after the enlargement of the larynx.

Menstrual Cycle



(Average values. Durations and values may differ between different females or different cycles.)

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Grade: 7/8 Lesson: 5 (classes taught separately)	Lesson Title/Focus: Human Reproductive Systems	Materials: <ul style="list-style-type: none"> ● Male reproductive system diagram ● Female reproductive system diagram
Lesson Objectives: Students will be able to <ul style="list-style-type: none"> ● develop knowledge of the structures and functions of the female and male reproductive system ● explain human reproduction 		
Academic Vocabulary: 1. Reference reproductive systems vocabulary.		
Concepts: <ol style="list-style-type: none"> 1. It is important that everyone know and understand reproductive systems. <ol style="list-style-type: none"> A. Male reproductive system B. Female reproductive system C. Process of sexual intercourse <ul style="list-style-type: none"> ● Function of male and female reproductive organs. 2. Consent and issues around sexual activity <ol style="list-style-type: none"> A) What is required before any sexual activity with another individual <ol style="list-style-type: none"> 1. Consent by all partners <ul style="list-style-type: none"> ● Someone under the influence of drugs or alcohol, who is asleep, who feels coerced or pressured, or some intellectual disabilities cannot NOT give consent 2. It is important to know and assert your personal boundaries 3. Plan to avoid pregnancy and infections B) "Sexual intercourse" technically means penetration of the penis into the vagina, anus, or mouth C) "Sex" is often understood to mean sexual activity, which includes many different sexual practices/behaviors. All sexual activity/intercourse/sex carries risk. D) Sexual activity encompasses more than physical acts; it impacts emotions as well. 		
Anticipatory Set: <ul style="list-style-type: none"> ● Review vocabulary for student understanding. 		
Direct Instruction: <ul style="list-style-type: none"> ● Present the information listed in the concepts section. 		
Guided Practice: <ul style="list-style-type: none"> ● Explain the functions of the male and female reproductive systems and how sexual intercourse and fertilization occurs. ● Review vocabulary for student understanding. ● Show and discuss an approved instructional resource. 		

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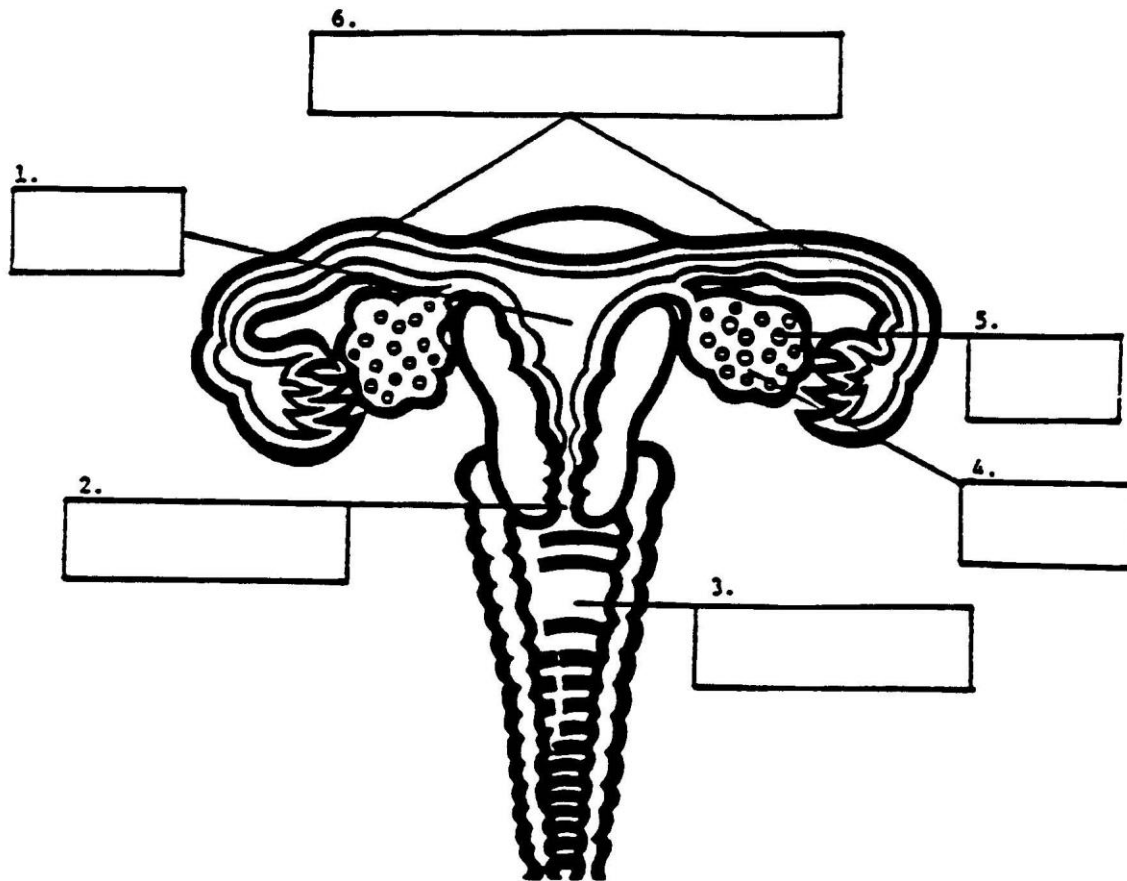
Independent Practice:

- Label external and internal parts of the male and female reproductive systems.
- Have students discuss the statistics about teens and sexual activity. Are you surprised by these results?

Closure:

- Closing discussion or exit ticket to summarize the lesson.

Female Reproductive System



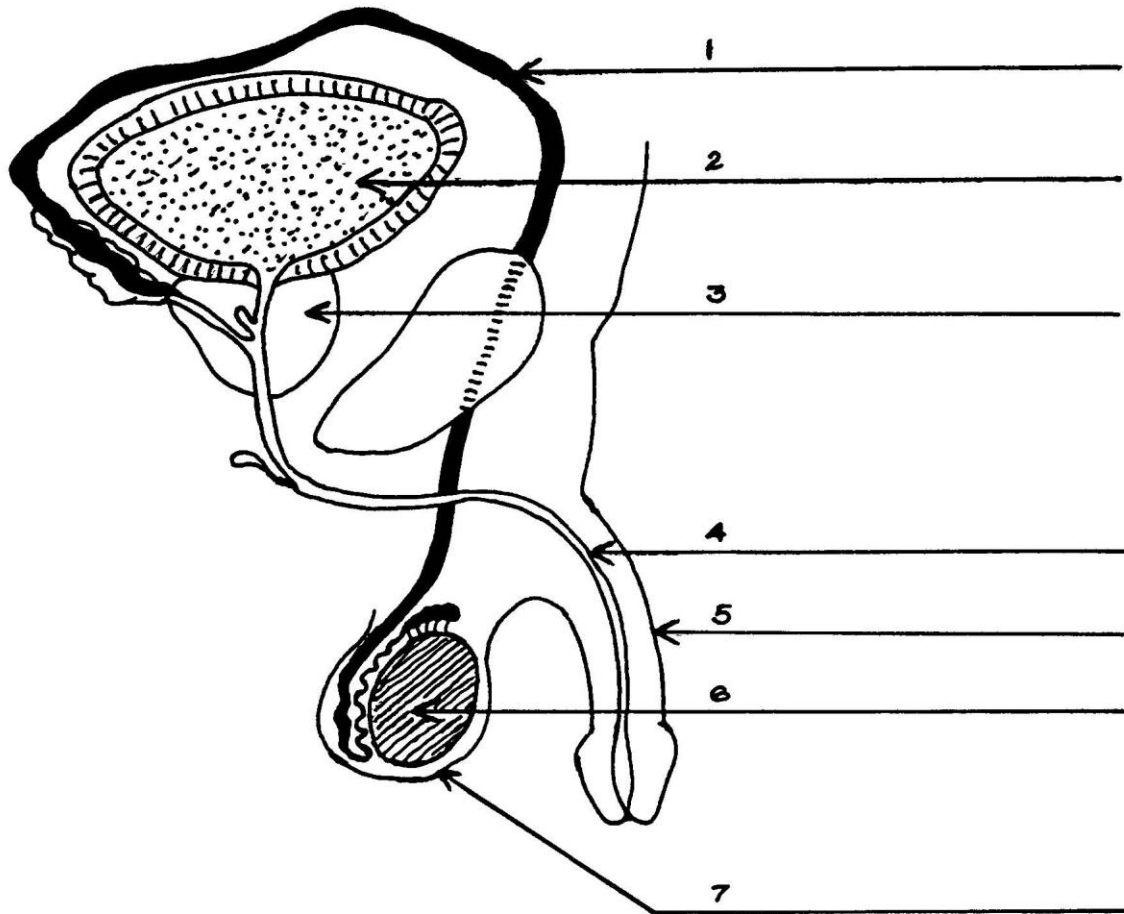
Fill in the boxes with the correct term for the parts of the female reproductive system.

uterus ovary oviduct vagina cervix egg

Draw a dotted line (---) showing how the menstrual blood leaves the body.

Draw a solid line (—) showing how the egg travels from the ovary through the vagina.

Male Reproductive System



Label the parts of the male anatomy.

urethra urinary bladder penis scrotum vas deferens
prostate gland testes (testicle)

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<p>Grade: 7/8 Lesson: 6 (classes taught separately)</p>	<p>Lesson Title/Focus: Conception, Fetal Development and Pregnancy</p>	<p>Materials:</p> <ul style="list-style-type: none"> ● Glencoe Health Conception, Pregnancy/Fetal Development ● Fetal Development Chart (see HS Lesson 8)
<p>Lesson Objectives: Students will be able to</p> <ul style="list-style-type: none"> ● discuss how pregnancy occurs ● describe the development of the fertilized egg through pregnancy ● explain the physical changes that occur in the body from conception through birth 		
<p>Academic Vocabulary:</p> <ol style="list-style-type: none"> 1. pregnancy 2. pre-natal care 3. fertilization 4. immunizations 5. infant mortality 6. vertical transmission 		
<p>Concepts:</p> <ol style="list-style-type: none"> 1. Conception, pregnancy, fetal development are biological parts to life 2. Pregnancy before the body is fully developed and the mother is emotionally and mentally ready can be unhealthy for the mother and baby. 3. The stages of development from fertilization to birth are divided into weekly and monthly stages, from implantation to birth. 4. Pre-pregnancy and during pregnancy nutrition, stress and mood, lifestyle exposures (such as tobacco use, alcohol, caffeine, and other drugs), and other factors have significant impacts on the healthy growth and development of the fetus. 5. Regular pre-natal care by a doctor is important for the health of the mother and the baby. 6. Personal, religious, cultural, familial and moral values affect decisions regarding pregnancy, please refer your students to their parents 		
<p>Anticipatory Set:</p> <ul style="list-style-type: none"> ● Introduce and assess prior knowledge of vocabulary. 		
<p>Direct Instruction:</p> <ul style="list-style-type: none"> ● Discuss the fact that when planning to become pregnant, a female should be in optimum physical health to increase chances of a healthy baby. Some health precautions to take before pregnancy: <ol style="list-style-type: none"> A. avoid pregnancy until adulthood B. make sure immunizations are current C. maintain a healthy, well balanced diet including the proper vitamins and minerals (especially folic acid) D. maintain a healthful level of physical fitness E. abstain from harmful substances F. manage chronic illnesses G. treat minor infections H. avoid closely spaced pregnancies ● Discuss the factors surrounding infant mortality and vertical transmission of infections 		

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Guided Practice:

- Divide the class into groups. Assign each group one stage of development starting with the first week after fertilization and continuing for nine months. Assist students with research as needed. What happens to the mother/fetus at the particular stage?

Independent Practice:

- Have students create a presentation based on their research regarding the stage of development assigned. Include the impact of the mother's health and behavior on the developing baby using medically accurate terminology.

Closure:

- Student presentations. If time, allow for questions, reflection and feedback. Posters can also be displayed for a gallery walk so students can see their peers' work.

**Tucson Unified School District
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<p>Grade: 7/8 Lesson: 7 (classes taught separately)</p>	<p>Lesson Title/Focus: Contraception</p>	<p>Materials:</p> <ul style="list-style-type: none"> ● Worksheet “Myth or Facts” ● Worksheet “Myth or Facts” Answer Key ● Birth Control Choices Teacher Information Sheets (not for use as student handout)
<p>Lesson Objectives: Students will be able to</p> <ul style="list-style-type: none"> ● make educated choices about their family planning / birth control methods 		
<p>Academic Vocabulary:</p> <ol style="list-style-type: none"> 1. abstinence 2. contraceptives 3. douching 		
<p>Concepts:</p> <ol style="list-style-type: none"> 1. It is important to make decisions about sexual behavior before becoming involved in a relationship where there is a desire to express physical affection. 2. Choosing abstinence is never a wrong choice. Nobody owes anybody else an explanation or justification for choosing to avoid sexual activity. 3. Before someone starts exploring sexual activity, they should have a plan in place on how to avoid unintended pregnancy and how to lower chances for contracting an STI. 4. The contents of this lesson are meant to give students a chance to learn about contraceptives long before they need to make personal decisions about which contraception(s) are right for them. 5. The contents contained in this lesson address pregnancy and contraception, for more information on STIs, please see lesson 8. 		
<p>Anticipatory Set:</p> <ul style="list-style-type: none"> ● Assess understanding of vocabulary 		
<p>Direct Instruction:</p> <ul style="list-style-type: none"> ● Discuss abstinence as the only 100% effective method of preventing pregnancy and sexually transmitted infections. ● Discuss methods of birth control and prevention of unintended pregnancies. 		
<p>Guided Practice:</p> <ul style="list-style-type: none"> ● Using the information in the “Contraception Choices” document discuss the effectiveness, side effects, timing and convenience of birth control methods. Also discuss access to birth control, such as which are over-the-counter and which are prescription items. 		
<p>Independent Practice:</p> <ul style="list-style-type: none"> ● Complete the “Myth and Fact” worksheet. 		
<p>Closure:</p> <ul style="list-style-type: none"> ● Review the answers and explanations for the “Myth and Fact” worksheet. 		

MYTH OR FACT?

Directions: Read each statement. Write FACT on the line if you think the statement is true. Write MYTH on the line if you think the statement is false.

_____ THE BEST WAY TO USE A CONDOM IS TO PUT IT ON TIGHTLY.

_____ IF A MALE REMOVES THE PENIS FROM THE VAGINA BEFORE EJACULATION OCCURS, HE CAN BE SURE TO PREVENT PREGNANCY.

_____ ABSTINENCE IS THE MOST EFFECTIVE METHOD OF AVOIDING STI'S.

_____ DOUCHING OR PEEING AFTER SEX WILL WASH THE SPERM OUT OF THE VAGINA AND PROTECT AGAINST PREGNANCY AND DISEASE.

_____ BIRTH CONTROL PILL USE ALONE IS EFFECTIVE IN PREVENTING SEXUALLY TRANSMITTED INFECTIONS. (STI'S)

_____ A WOMAN IS PROTECTED FROM PREGNANCY THE DAY SHE BEGINS TAKING THE PILL.

_____ HORMONAL BIRTH CONTROL CAN INCREASE MY RISK OF CANCER AND MAY CAUSE ME TO BE INFERTILE.









MYTH OR FACT?

Answer Key







- MYTH** THE BEST WAY TO USE A CONDOM IS TO PUT IT ON TIGHTLY
A condom shouldn't be worn tightly because one needs to prevent the thin sheath of rubber from damage or breakage as well as to prevent sperm from entering the vagina. The tip of the condom must be positioned correctly to receive the sperm following ejaculation.
- MYTH** IF A MALE REMOVES THE PENIS FROM THE VAGINA BEFORE EJACULATION OCCURS, HE CAN BE SURE TO PREVENT PREGNANCY
Pregnancy can still occur because prior to ejaculation there are sperm present in the pre-ejaculate ("pre-cum") fluid.
- FACT** ABSTINENCE IS THE MOST EFFECTIVE METHODS OF AVOIDING STI'S AND INFECTIONS
Abstinence IS the only 100% guaranteed effective method of avoiding STIs and infections.
- MYTH** DOUCHING OR PEEING AFTER SEX WILL WASH THE SPERM OUT OF THE VAGINA AND PROTECT AGAINST PREGNANCY AND DISEASE
**Douching or peeing after sex will NOT protect one against pregnancy and STIs.
Douching can actually lead to vaginal infections and is not recommended.
Peeing after vaginal intercourse may help reduce the risk of bladder infections (UTIs) but NOT prevent pregnancy or STIs**
- MYTH** BIRTH CONTROL PILL USE ALONE IS EFFECTIVE IN PREVENTING SEXUALLY TRANSMITTED INFECTIONS (STI'S)
Birth control pills will not prevent Sexually Transmitted Infections.
- MYTH** A WOMAN IS PROTECTED FROM PREGNANCY THE DAY SHE BEGINS TAKING THE PILL
A woman may need to take birth control pills for the full cycle before it can help prevent pregnancy.
- MYTH** HORMONAL BIRTH CONTROL CAN INCREASE MY RISK OF CANCER AND MAY CAUSE ME TO BE INFERTILE.
Hormonal birth control pills, patches, Depo shot, arm implant, IUD, and other forms of hormonal birth will NOT increase the risk of cancer and will NOT cause infertility. However, there can be risks involved with taking medication. Certain methods of birth control may not be appropriate for you. Talk to you doctor about the risks and benefits of each method.

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Your Birth Control Choices

Method	How well does it work?	How to Use	Pros	Cons
The Implant Nexplanon® 	> 99%	A health care provider places it under the skin of the upper arm It must be removed by a health care provider	Long lasting (up to 5 years) No pill to take daily Often decreases cramps Can be used while breastfeeding You can become pregnant right after it is removed	Can cause irregular bleeding After 1 year, you may have no period at all Does not protect against human immunodeficiency virus (HIV) or other sexually transmitted infections (STIs)
Progestin IUD Liletta®, Mirena®, Skyla® and others 	> 99%	Must be placed in uterus by a health care provider Usually removed by a health care provider	May be left in place 3 to 7 years, depending on which IUD you choose No pill to take daily May improve period cramps and bleeding Can be used while breastfeeding You can become pregnant right after it is removed	May cause lighter periods, spotting, or no period at all Rarely, uterus is injured during placement Does not protect against HIV or other STIs
Copper IUD ParaGard® 	> 99%	Must be placed in uterus by a health care provider Usually removed by a health care provider	May be left in place for up to 12 years No pill to take daily Can be used while breastfeeding You can become pregnant right after it is removed	May cause more cramps and heavier periods May cause spotting between periods Rarely, uterus is injured during placement Does not protect against HIV or other STIs
The Shot Depo-Provera® 	94%	Get a shot every 3 months	Each shot works for 12 weeks Private Usually decreases periods Helps prevent cancer of the uterus No pill to take daily Can be used while breastfeeding	May cause spotting, no period, weight gain, depression, hair or skin changes, change in sex drive May cause delay in getting pregnant after you stop the shots Side effects may last up to 6 months after you stop the shots Does not protect against HIV or other STIs
The Pill 	91%	Must take the pill daily	Can make periods more regular and less painful Can improve PMS symptoms Can improve acne Helps prevent cancer of the ovaries You can become pregnant right after stopping the pills	May cause nausea, weight gain, headaches, change in sex drive – some of these can be relieved by changing to a new brand May cause spotting the first 1-2 months Does not protect against HIV or other STIs
Progestin-Only Pills 	91%	Must take the pill daily	Can be used while breastfeeding You can become pregnant right after stopping the pills	Often causes spotting, which may last for many months May cause depression, hair or skin changes, change in sex drive Does not protect against HIV or other STIs
The Patch Ortho Evra® 	91%	Apply a new patch once a week for three weeks No patch in week 4	Can make periods more regular and less painful No pill to take daily You can become pregnant right after stopping patch	Can irritate skin under the patch May cause spotting the first 1-2 months Does not protect against HIV or other STIs
The Ring NuvaRing® 	91%	Insert a small ring into the vagina Change ring each month	One size fits all Private Does not require spermicide Can make periods more regular and less painful No pill to take daily You can become pregnant right after stopping the ring	Can increase vaginal discharge May cause spotting the first 1-2 months of use Does not protect against HIV or other STIs

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Method	How well does it work?	How to Use	Pros	Cons
External Condom 	82%	Use a new condom each time you have sex Use a polyurethane condom if allergic to latex	Can buy at many stores Can put on as part of sex play/foreplay Can help prevent early ejaculation Can be used for oral, vaginal, and anal sex Protects against HIV and other STIs Can be used while breastfeeding	Can decrease sensation Can cause loss of erection Can break or slip off
Internal Condom 	79%	Use a new condom each time you have sex Use extra lubrication as needed	Can put in as part of sex play/foreplay Can be used for anal and vaginal sex May increase pleasure when used for anal and vaginal sex Good for people with latex allergy Protects against HIV and other STIs Can be used while breastfeeding	Can decrease sensation May be noisy May be hard to insert May slip out of place during sex Requires a prescription from your health care provider
Withdrawal Pull-out	78%	Pull penis out of vagina before ejaculation (that is, before coming)	Costs nothing Can be used while breastfeeding	Less pleasure for some Does not work if penis is not pulled out in time Does not protect against HIV or other STIs Must interrupt sex
Diaphragm Caya® and Milex® 	88%	Must be used each time you have sex Must be used with spermicide	Can last several years Costs very little to use May protect against some infections, but not HIV Can be used while breastfeeding	Using spermicide may raise the risk of getting HIV Should not be used with vaginal bleeding or infection Raises risk of bladder infection
Fertility Awareness Natural Family Planning 	76%	Predict fertile days by: taking temperature daily, checking vaginal mucus for changes, and/or keeping a record of your periods It works best if you use more than one of these Avoid sex or use condoms/spermicide during fertile days	Costs little Can be used while breastfeeding Can help with avoiding or trying to become pregnant	Must use another method during fertile days Does not work well if your periods are irregular Many things to remember with this method Does not protect against HIV or other STIs
Spermicide Cream, gel, sponge, foam, inserts, film 	72%	Insert spermicide each time you have sex	Can buy at many stores Can be put in as part of sex play/foreplay Comes in many forms: cream, gel, sponge, foam, inserts, film Can be used while breastfeeding	May raise the risk of getting HIV May irritate vagina, penis Cream, gel, and foam can be messy
Emergency Contraception Pills Progestin EC (Plan B® One-Step and others) and ulipristal acetate (ella®) 	58 - 94% Ulipristal acetate EC works better than progestin EC if you are overweight Ulipristal acetate EC works better than progestin EC in the 2-5 days after sex	Works best the sooner you take it after unprotected sex You can take EC up to 5 days after unprotected sex If pack contains 2 pills, take both together	Can be used while breastfeeding Available at pharmacies, health centers, or health care providers: call ahead to see if they have it People of any age can get progestin EC without a prescription	May cause stomach upset or nausea Your next period may come early or late May cause spotting Does not protect against HIV or other STIs Ulipristal acetate EC requires a prescription May cost a lot

**Tucson Unified School District
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<p>Grade: 7/8 Lesson: 8 (classes taught separately)</p>	<p>Lesson Title/Focus: Sexual Risk Avoidance and Sexually Transmitted Infections (STIs)</p>	<p>Materials:</p> <ul style="list-style-type: none"> ● Teacher resource: STI Information Pages ● Worksheet “Causes and Transmission of Sexually Transmitted Infection Study Guide” ● Worksheet “Vocabulary Activity”
<p>Lesson Objectives: Students will be able to</p> <ul style="list-style-type: none"> ● discuss the cause and transmission of sexually transmitted infections (STIs) ● define the term sexually transmitted infection ● identify and describe the symptoms and treatment for the most common STIs ● discuss the importance of seeking medical attention for any sign of a STIs ● describe consequences of STIs if left untreated ● discuss abstinence as the only 100% effective method of preventing pregnancy and STIs 		
<p>Academic Vocabulary:</p> <ol style="list-style-type: none"> 1) sexually transmitted infections (STIs) 2) AIDS (taught separately in Health Education Curriculum under communicable diseases) 3) chlamydia 4) gonorrhea 5) hepatitis 6) herpes 7) HPV 8) pelvic inflammatory disease (PID) 9) pediculosis (pubic lice) 10) syphilis 11) trichomoniasis 12) bacterial vaginosis 13) vaginitis 		
<p>Concepts:</p> <ol style="list-style-type: none"> 1. STIs are diseases that are passed from person to person during sexual contact. Most STIs can only be transmitted through intimate sexual contact, but there are a few exceptions. Students must be aware of the causes, signs, symptoms, treatment and complications of STIs, and when to seek medical care. 2. All sexual partners of anyone treated for an STI must be tested and / or treated. 3. Many people with an STI may not have any symptoms at all, but can still transmit the infection to another person or have symptoms in the future themselves. Teens (or adolescents) who are sexually active should be tested for STIs regularly even if they don't have symptoms. 4. Abstinence is the only 100% effective way to prevent STI transmission. 5. Using a condom or other barrier method consistently and correctly reduces the risk of STI transmission. 6. For individuals at higher risk for HIV transmission, they should talk to their doctor about using medicine to lower your risk of acquiring HIV (“Pre-exposure prophylaxis” or PrEP) 7. The HPV vaccine can help prevent the highest risk of HPV and reduce the risk of cervical cancer 		

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Anticipatory Set:

- Have students make a T chart, listing everything they already know about STIs on the left and everything they want to know on the right.
- Use their charts as a way of teaching. Dispel misinformation and help students learn what they want to know.

Direct Instruction:

- Use the Teacher Resource: STI Information Pages to present this information to your students.

Guided Practice:

- Choose from the approved media list on STIs and show to students. Discuss issues presented in the films.
- Invite speaker from Pima County Health Department to discuss STIs as covered in this curriculum.
 - A. Have students prepare questions ahead of time.
 - B. Review questions before giving them to the speaker. If time allows, have speaker talk a few minutes on careers in public health.

Independent Practice:

- Have students complete the “Causes and Transmission of Sexually Transmitted Infections Vocabulary and Study Guide.”
- Have students complete the “Vocabulary Activity” worksheet.

Closure:

- Have each student pick one STI and write a paragraph about what they have learned.

Sexually Transmitted Infections: Information Page (1)

AIDS (Acquired Immune Deficiency Syndrome) caused by the Human Immunodeficiency Virus		Cause: virus
<p>How is it contracted? It is spread through contact with someone who has the HIV virus by:</p> <ul style="list-style-type: none"> • Sharing needles • Mother to unborn child • Breast milk (low risk) • Blood to blood contact • Sexual contact (most commonly anal or vaginal) 		
<p>Symptoms: Acute HIV (weeks to months after transmission)</p> <ul style="list-style-type: none"> • Flu-like feelings that do not go away • General rash <p>AIDS</p> <ul style="list-style-type: none"> • Unexplained weight loss • Long-term otherwise unexplained diarrhea • Frequent and recurrent infections • Infections in the mouth • Unusual changes to the skin 		
<p>Treatment:</p> <ul style="list-style-type: none"> • No cure • Medication suppresses HIV to slow the progressions of the infection 	<p>If not treated:</p> <ul style="list-style-type: none"> • It can be spread to sexual partners and anyone who has blood to blood contact • AIDS can be deadly • Mothers can pass the virus on to their unborn children 	
<p>Medicines:</p> <ul style="list-style-type: none"> • HAART may be used so that HIV is no longer detectable in the blood 	<p>Prevention:</p> <ul style="list-style-type: none"> • Medication (pre-exposure prophylaxis or PReP) may be used in those with higher risk of acquiring HIV to help prevent HIV 	

Sexually Transmitted Infections: Information Page (2)

CHLAMYDIA (the most common STI) It is the primary cause of Pelvic Inflammatory Disease (PID)		Cause: bacterium (Chlamydia Trachomatis)
How is it contracted?		
<ul style="list-style-type: none"> • Spread during sexual intercourse, oral sex or anal sex with someone who has chlamydia 		
Symptoms:		
<ul style="list-style-type: none"> • Symptoms usually begin 7-21 days after having sex with an infected person • Most people have no obvious symptoms but may still transmit the infection and they may still get complications of the infection • Discharge (usually white/watery/pus) from the vagina or penis • Burning pain during urination or sex • Throat pain (similar to strep throat) • Anal/rectal pain or discharge 		
Diagnosis:	If not treated:	
<ul style="list-style-type: none"> • Testing of the urine or a special swab of the source area 	<ul style="list-style-type: none"> • Can be passed on to sexual partners • Can lead to more serious infection, such as Pelvic Inflammatory Disease, which can cause infertility 	
Treatment:		
<ul style="list-style-type: none"> • Oral antibiotics • Treatment should always be for both the infected individual and their partner(s) to prevent reinfection 		

GONORRHEA	Cause: bacterium (Neisseria gonorrhoea, more commonly called gonococcus)	
How is it contracted?		
<ul style="list-style-type: none"> • Spread during sexual intercourse, oral sex or anal sex with someone who has gonorrhoea 		
Symptoms:		
<ul style="list-style-type: none"> • Symptoms usually begin 2-5 days after having sex with an infected person • Discharge (usually white/yellow/pus) from the vagina or penis • Burning pain during urination or sex • Throat pain (similar to strep throat) • Anal/rectal pain or discharge • Most people have no obvious symptoms but may still transmit the infection and they may still get complications of the infection 		
Diagnosed by: Testing the urine or a special swab of the source area		
Treatment:	If not treated:	
<ul style="list-style-type: none"> • Antibiotics (usually injection) • Treatment should always be for both the infected individual and their partner(s) to prevent reinfection 	<ul style="list-style-type: none"> • Can be passed on to sexual partners • Can lead to more serious infection, such as Pelvic Inflammatory Disease, which can cause infertility • Can cause more serious complications by spreading throughout the body 	

Sexually Transmitted Infections: Information Page (3)

HEPATITIS A (HAV)	HEPATITIS B (HBV)	HEPATITIS C (HCV)
Cause: virus		
<p>How is it contracted?</p> <ul style="list-style-type: none"> • Oral contact with fecal matter (poop) through: ○ Unsafely prepared food ○ Poor hand washing ○ Oral-rectal sexual contact 	<p>How is it contracted?</p> <ul style="list-style-type: none"> • Spread in semen and blood • Sexual contact • Mothers to unborn children • Transfusions (rare) • Organ transplants (rare) 	<p>How is it contracted?</p> <ul style="list-style-type: none"> • Spread through blood • Sexual contact (less common than HBV) • Sharing needles for intravenous drug use • Mothers to unborn children • Transfusions (rare) • Organ transplants (rare)
<p>Symptoms:</p> <ul style="list-style-type: none"> • May be invisible during its most contagious phase • Extreme fatigue, headache, fever, hives • Lack of appetite, nausea, vomiting, tenderness in the right upper abdomen • May progress to dark urine, clay-colored stool, yellowing of the skin and whites of the eyes (jaundice) 		
<p>Treatment:</p> <ul style="list-style-type: none"> • No treatment • Often clears in 4-8 weeks, but sometimes does not <p>Prevention:</p> <ul style="list-style-type: none"> • series of vaccinations 	<p>Treatment:</p> <ul style="list-style-type: none"> • Can sometimes be treated with medication • Unlikely to clear spontaneously <p>Prevention:</p> <ul style="list-style-type: none"> • series of vaccinations 	<p>Treatment:</p> <ul style="list-style-type: none"> • medications can cure the virus • Unlikely to clear spontaneously <p>Prevention:</p> <p>no vaccination to prevent infection</p>
<p>If not treated:</p> <ul style="list-style-type: none"> • HAV, HBV, and HCV are all contagious • Can lead to severe or even permanent liver damage • Some people remain infected and contagious for the rest of their lives 		

Sexually Transmitted Infections: Information Page (4)

HERPES		Cause: virus
<p>How is it contracted?</p> <ul style="list-style-type: none"> • Spread during contact with an open sore/blister – can be from oral/vaginal/anal sexual intercourse or general contact. • Highest risk of transmission is during the active phase when a sore or blister is present, but it can be spread at other times too 		
<p>Symptoms:</p> <ul style="list-style-type: none"> • Symptoms show up 2-21 (average 6) days after having sex with an infected person • Initial breakout can be accompanied by flu-like feelings, run-down body, swollen glands, fever and chills, muscle ache, nausea • Blisters that last 1-3 weeks, often break and become open sores • Itching or burning before the blisters appear, followed by small, painful blisters on the sex organs, buttocks, or mouth (cold sores) • Blisters go away, but herpes virus remains in the body • Blisters reoccur • Possible triggers for breakouts include emotional stress, poor diet, menstruation, sunburn, friction from tight clothing and vigorous sexual intercourse • Some people have no symptoms 		
<p>Treatment:</p> <ul style="list-style-type: none"> • There is no cure • Treatment can help symptoms • Acyclovir is a prescription drug used to treat the pain of the blisters, but does not prevent a breakout, cure the infection, or prevent infecting another person 	<p>If not treated:</p> <ul style="list-style-type: none"> • Can be spread to sexual partners • A mother with an active herpes breakout may deliver early or miscarry. If the baby contracts herpes during delivery, they may suffer severe illness or death. Is there is an active breakout in the mother, she will usually deliver cesarean section. 	

Sexually Transmitted Infections: Information Page (5)

HUMAN PAPILLOMA VIRUS (HPV), GENITAL WARTS, CERVICAL/PENILE/ANAL CANCER		Cause: virus
Information: <ul style="list-style-type: none"> Over 100 strains of HPV exist. Different strains cause warts on the hands and feet but these strains are not STIs. Other strains only infect human genital organs and some of these strains can lead to cancer. 		
How is it contracted? <ul style="list-style-type: none"> Almost always spread through genital contact or during oral, anal, or vaginal sex with someone who has HPV Being exposed to HPV leads to a greater than 50% chance of contracting the virus 		
Symptoms: <ul style="list-style-type: none"> Usually appear within three months but can begin anywhere from six weeks to eight months after exposure Genital warts are white or gray in color, appear in clusters and may be described as “cauliflower-like”. Sometimes they are the same color as the person’s skin tone Sometimes there are no symptoms 		
Prevention: <ul style="list-style-type: none"> The HPV strains that are most likely to lead to cancer can be prevented by a vaccine Cervical cancer can be prevented if women get regular screening (called a Pap smear) starting at age 21 and every 3-5 years after. 		
Treatment: <ul style="list-style-type: none"> Cannot be cured without medication Warts can be removed by a doctor using freezing, medication, or surgical methods, but they can regrow Penile and anal cancer are treated by removing cancerous cells 	If not treated: <ul style="list-style-type: none"> Can be spread to another person Can lead to cervical, penile, or anal cancer 	
PELVIC INFLAMMATORY DISEASE (PID)		Cause: bacteria
How is it contracted? <ul style="list-style-type: none"> Spread during sexual intercourse Usually caused by an infection such as chlamydia that moves into the uterus (in women) 		
Symptoms: <ul style="list-style-type: none"> Occurs in both men and women Pelvic pain, chills, fever, irregular menstrual periods (women), lower back pain (women), pain and swelling of scrotum (men) 		
Treatment: <ul style="list-style-type: none"> Usually antibiotics based on the specific infection 	If not treated: <ul style="list-style-type: none"> Scar tissue in the fallopian tubes resulting in dangerous tubal pregnancy later in life Sterility Scar tissue in vas deferens May move into the abdomen and blood stream, causing an even more serious infection 	

Sexually Transmitted Infections: Information Page (6)

PEDICULOSIS PUBIS (pubic lice, crabs, lice)		Cause: parasite
Information: <ul style="list-style-type: none"> • Crab-like parasites that live in the pubic hair and feed on tiny human blood vessels. • They attach to the hair follicles and deposit their eggs near the base of the hair shaft. • They reproduce quickly and cannot be washed off. • The louse is a tiny white organism that looks like a crab. It has claws that enable it to attach itself to the hairs of the genitals, chest, armpits or scalp. • Once secured to the hairs, the louse inserts its mouthpiece into the skin and feeds on blood. During feeding, it injects saliva into the skin which causes irritation and severe itching 		
How is it contracted? <ul style="list-style-type: none"> • Spread by intimate physical contact with infected person • Could get from infected bedding, clothing or towels, hairbrush (as eggs can live up to 6 days) 		
Symptoms: <ul style="list-style-type: none"> • Symptoms usually show up 25-30 days after exposure • Small bumps at the base of the hair • Intense itching in pubic area • Bloodstains may be noticed on underwear 		
Diagnosis: <ul style="list-style-type: none"> • usually diagnosed by sight 	If not treated: <ul style="list-style-type: none"> • Can be spread to sexual partner(s) • Continued symptoms 	
Treatment: <ul style="list-style-type: none"> • special shampoos such as K-Well, A-200, and Cuprex, are available from the pharmacy without a prescription 		

Sexually Transmitted Infections: Information Page (7)

SYPHILIS	Cause: bacterium (treponema pallidum)
<p>How is it contracted?</p> <ul style="list-style-type: none"> • Spread during sexual intercourse, oral sex or anal sex with someone who has syphilis 	
<p>Symptoms:</p> <p>Primary syphilis – usually detected as a painless sore on the penis or vagina</p> <ol style="list-style-type: none"> 1. Incubation period is from 10 days to three months 2. Symptoms show up 1-2 weeks after having sex 3. A painless, reddish-brown sore (chancre) on the mouth or sex organs (penis, vagina, or cervix) 4. Sore goes away, but syphilis remains <p>Secondary syphilis</p> <ol style="list-style-type: none"> 1. Symptoms show up within 10 weeks after primary stage 2. An itchy, painless rash anywhere on the body caused by the infection as they enter the bloodstream on their way to the vital organs 3. Flu-like symptoms 4. Rash and flu-like symptoms go away within 2-6 weeks, but syphilis remains <p>Late syphilis is the final stage, during which the infection is reactivated, often years later, which can cause brain / neurologic symptoms and even death</p>	
<p>Treatment:</p> <ul style="list-style-type: none"> • Antibiotics, injection 	<p>If not treated:</p> <ul style="list-style-type: none"> • Syphilis can be spread to sexual partners • Infected mothers can spread it to their babies during childbirth or a stillbirth may occur • Complications as described above • Syphilis can be serious, even deadly, if left untreated. • Modern health care and screening methods almost always detect the disease before it progresses far enough to be fatal.

Sexually Transmitted Infections: Information Page (8)

<u>TRICHOMONIASIS (Trich)</u>		Cause: parasite
<p>How is it contracted?</p> <ul style="list-style-type: none"> • A microscopic one-celled organism called a trichomonad. • It is pear shaped and has a whip like tail • It moves by swimming • Sexually transmitted and can be passed to another person even if no symptoms appear • Usually contracted through sexual contact, but it can be transmitted through moist materials such as wet swim suits, wash cloths or towels 		
<p>Symptoms:</p> <ul style="list-style-type: none"> • Usually appears between 4-28 days after contact • Itching and burning in the vaginal area, pain during intercourse, redness or red marks on the vaginal walls and a frothy, yellow green discharge that has an odor 		
<p>Diagnosis:</p> <ul style="list-style-type: none"> • Diagnosed by an inflamed vagina or with a wet mount slide of vaginal or penile discharge <p>Treatment:</p> <ul style="list-style-type: none"> • oral antibiotic • Your partner(s) should be treated as well, even if they have no symptoms, to help prevent reinfection 	<p>If not treated:</p> <ul style="list-style-type: none"> • Infects the bladder or urinary tract in women and the prostate, bladder and urethra in men. 	

<u>BACTERIAL VAGINOSIS (BC)</u> (Not an STI, but may be confused for an STI, and has similar symptoms)		Cause: bacteria
<p>How is it contracted?</p> <ul style="list-style-type: none"> • Pregnancy, antibiotics, birth control pills, menstruation, diabetes, can lead to vaginitis due to change in bacterial level • Spread during sexual intercourse, oral sex or anal sex. Men can carry vaginitis 		
<p>Symptoms:</p> <ul style="list-style-type: none"> • Some women have no symptoms • Itching, burning, or pain in the vagina • More discharge (creamy white, white, yellow, watery, or blood tinged) from the vagina than normal • Discharge smells and or looks different (sometimes has a fishy odor) 		
<p>Diagnosis:</p> <ul style="list-style-type: none"> • Usually diagnosed by a smear of vaginal or cervical discharge or by a culture <p>Treatment: (depends on the type) May include:</p> <ul style="list-style-type: none"> • antibiotic suppositories • sulfa creams • Flagyl • antibacterial douche. 	<p>If not treated:</p> <ul style="list-style-type: none"> • Can be spread to sexual partners • Uncomfortable symptoms will continue • Men can get infections in the prostate gland and urethra 	

Sexually Transmitted Infections: Information Page (9)

<p>VAGINITIS (yeast infection) (Is NOT a sexually transmitted infection. It is a common vaginal infection that is especially frequent in women who are pregnant, diabetic, on antibiotics or birth control pills.)</p>	<p>Cause: yeast-like fungus called Candida Albicans</p>
<p>How is it contracted?</p> <ul style="list-style-type: none">• Usually brought on by pregnancy, diabetes, poor diet, stress, excessive douching, antibiotics	
<p>Symptoms:</p> <ul style="list-style-type: none">• Severe itching, redness, or soreness, and cruddy, white vaginal discharge• The fungus is normally present in healthy mouths, intestines and vaginas	
<p>Diagnosis:</p> <ul style="list-style-type: none">• Diagnosed by a vaginal swab examined under a microscope• When viewed under a microscope, the fungi look like long fibers attached to tiny buds <p>Treatment:</p> <ul style="list-style-type: none">• Various prescription drugs• Over the counter medicines	

Causes and Transmission of Sexually Transmitted Infections Study Guide

STI	ORGANISM RESPONSIBLE (CAUSE)	SIGNS & SYMPTOMS (MALE)	SIGNS & SYMPTOMS (FEMALE)
AIDS			
Chlamydia			
Gonorrhea			
Hepatitis			
Herpes			
HPV			
PID			
Pediculosis Pubis			
Syphilis			
Trichomoniasis			

Vocabulary Activity

STI	What I Know	Slang Terms	What I Now Know is Correct	Clear Definition
AIDS				
Chlamydia				
Gonorrhea				
Hepatitis				
Herpes				
HPV				
PID				
Pediculosis Pubis				
Syphilis				
Trichomoniasis				

Tucson Unified School District
Family Life Curriculum

<p>Grade: 7/8 Lesson: 9 (intended for 2 class periods)</p>	<p>Lesson Title/Focus: Personal Safety / Sexual Harassment / Sexual Abuse</p>	<p>Materials:</p> <ul style="list-style-type: none"> ● “Could It Be?” Worksheet ● Do’s and Don’ts Reference Sheet
<p>Lesson Objectives: Students will be able to</p> <ul style="list-style-type: none"> ● understand what constitutes sexual harassment and abuse ● learn the prevalence of child abuse and why victims/survivors do not speak out ● learn that abuse is never the victims /survivors fault ● understand the harmful effects of sexual harassment and abuse ● know that harassment is against the law ● know how and where to report and get help for sexual harassment and abuse ● apply boundary setting and assertiveness skills for achieving life goals to avoid and respond to sexual harassment and abuse ● understand the social implications of sexual abuse and harassment and the individual and collective roles and responsibilities 		
<p>Academic Vocabulary:</p> <ol style="list-style-type: none"> 1. sexual harassment 2. sexual abuse 3. consent and refusal 		
<p>Concepts:</p> <ol style="list-style-type: none"> 1. Sexual Harassment <ol style="list-style-type: none"> A) Sexual harassment is a serious problem among youth. <ul style="list-style-type: none"> ● According to research by the Harvard School of Education many youth report being victims of sexual harassment. B) According to TUSD’s policy, Sexual harassment includes unwelcome sexual advances, requests for sexual favors, and other verbal, graphic, written, or physical conduct of a sexual nature, where: <ul style="list-style-type: none"> ● Submission to such conduct is made either explicitly or implicitly; or ● Such conduct has the purpose or effect of substantially interfering with an individual's educational performance, or creating an intimidating, hostile, or offensive educational environment. C) According to TUSD’s policy, sexual harassment may include, but is not limited to: <ul style="list-style-type: none"> ● Suggestive or obscene letters, notes, invitations, derogatory comments, slurs, jokes, epithets, impeding or blocking movement, leering, gestures, display of sexually suggestive objects, posters or cartoons. ● Continuing to express romantic or sexual interest after being informed that the interest is unwelcome. ● Implying that grades would be withheld or affected; or suggesting a scholarship recommendation or college application will be denied. D) Sexual harassment is not limited to the educational setting, but may occur in one or more of the following settings: 		

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- The workplace
 - The public arena
 - The home
 - extracurricular activity
- E) Unfortunately, sexual harassment is often ignored or excused
- Some say that harassment is “just flirting” or “boys will be boys.” They may even blame the victim because of the way they dressed or they could say that they can’t take a joke. Relationships should be mutual and built on respect of one another’s boundaries. When one person is offended, it is harassment, not flirting.
 - Power Plays/Sexual harassment/sexual abuse are unhealthy power dynamics. Many individuals grow up believing in being competitive and in exercising power-especially over others. When subjected to harassment- or worse, sexual assault or rape-victims/survivors often wrongly assume it is their fault. Perpetrators manipulate victims to believe they have given their consent to participate in sexual activity.
 - Stereotypes play into the power dynamic and exist across cultures and across media: treating males and females the way they are portrayed in the media.
- F) Anyone can sexually harass others or be the target of harassment.
- Sexual harassment can occur among peers or between faculty and students.
- G) Sexual harassment is against the law. Title VII of the Civil Rights Act of 1964 and Title IX of the Educational Amendments of 1972 prohibit sexual harassment.
- TUSD has a policy that prohibits sexual harassment and stipulates consequences for such acts.
- H) Sexual harassment could cause someone to:
- Become physically ill
 - Withdraw from social or public situations
 - Turn to drugs
 - Feel unable to have comfortable relationships with others
 - Be limited in their academic choices
 - Feel angry, afraid, embarrassed, degraded, or intimidated
- I) Sexual abuse is never the victims/survivors fault.

2. Why Don’t Some Abuse victims/Survivors Speak Out, Get Help, Run Away from their Abuser?

- A) They may be under the control of their abuser, who mentally and/or emotionally brainwashes victims/survivors into believing what they want them to believe.
- Traumatic bonding to the abuser: “He loves me. He’s my boyfriend.”
 - Abuser may make the victim/survivor feel responsible for satisfying their sexual needs, relieving stress, - that the child is the only one that can do this for them.
- B) They may not be old enough to understand they are being abused. It may seem normal or loving.
- C) They do not see themselves as being abused: “It’s my choice.” or “ It’s my fault.”
- D) Their abuser may use fear and threaten them or their friends/family members. Threats may include physical, emotional, or financial harm.

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- E) They may experience feelings of shame and/or humiliation.
 - They may blame themselves for allowing the abuse, and not saying “no”
 - The abuse may “feel good” and they may not understand that the body responds in a pleasurable way to stimulation even when it is abusive. This can be confusing.
- F) Distrust or fear-of law enforcement, those in authority, or service providers.
 - This may be due to immigration status or involvement in the juvenile justice system
- G) Abuse may be normalized
- H) Fear of harming or losing their family
 - Disappointing their parents that they have somehow "allowed" the abuse to occur, that they are to blame (abusers may tell them this is how their family will respond)
 - Reporting a family member – which could cause a parent or other family member to have to leave
 - Feel obligated to keep it a secret to keep the family together and to avoid retaliation by family members.
 - fear of being abandoned
 - fear of not being believed

3. Harmful effects of sexual harassment or abuse can cause the survivor to:

- A) Become physically ill, i.e. I frequent headaches, stomach aches
- B) Withdraw from social or public situations, lose interest in favorite activities, runaway
- C) Turn to drugs, cutting, burning, sexual acting out/promiscuity, eating disorders
- D) Feel unable to have comfortable relationships with others
- E) Be limited in their academic choices, drop in grades, drop out of school
- F) Feel angry, afraid, embarrassed, degraded, intimidated
- G) Experience frequent nightmares, bed-wetting
- H) Hate themselves, put themselves down
- I) Experience anxiety, depression, and/or suicidal thoughts or a
- J) Assume a victim mentality, believing they lack the power to say “no,” to resist those who are domineering, controlling, abusive
- K) Become more susceptible to further abuse, assault, exploitation
- L) Have a lack of appropriate boundaries

4. Applying boundary setting and assertiveness skills to identify red flags of sexual harassment and abuse

- A) The majority of abuse occurs in private one to one situations. Should an unsafe situation arise, trust your intuition and leave.
- B) The majority of abuse involves someone you know. You have the power and permission to set and maintain personal boundaries even with people you love and trust.
- C) Be aware of tactics abusers may use such as excessive attention or flattery and unwarranted or frequent gifts.
- D) Be especially careful with sleepovers. They may increase opportunity for abuse.

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5. Responding to sexual harassment or abuse – regarding yourself or someone you know

A) Reporting harassment or abuse

- DO NOT STAY SILENT. Tell a responsible adult – not just a peer.
- When possible, talk with your parents, guardians or other family members
- If safe, you have the power to tell the harasser or abuser that you don't like the behavior and tell them to stop!
- If you confront the harasser or abuser face to face, ask a-trusted adult to join you.
- Professionals such as physicians, nurses, psychologists, teachers, school personnel, social workers, and police officers are obligated to report sexual molestation, abuse, or physical neglect to law enforcement or the Department of Child Safety (DCS)
- Tell law enforcement yourself by dialing 911. If you are not sure it is something that needs to be reported, or if you are not yet prepared to identify yourself, there are ways to make anonymous reports through some of the resources listed.
- Don't feel guilty. You didn't cause harassment and you are not responsible for it.

B) Get the help you need to heal and re-establish your life goals and boundaries

- Get referrals from your parents, guardians, other family members, school counselor, clergy
- Speaking out is the first step to healing.

C) Be an advocate for someone you believe is being harassed or abused. Friends don't stay silent, they believe and support one another in finding safety.

D) Resources available

- School counselor
- Abuse at home – The Mama Bear Effect: 1-888-428-0101
- DCS Child Abuse Hotline: 1-888-767-2445 (1-888-SOS-CHILD)
- RAINN Rape and Incest National Network: (1-800-656-HOPE)

Anticipatory Set:

- Have students make a T chart, listing everything they already know about sexual harassment and abuse on the left and everything they want to know on the right.
- Use their charts as a way of teaching. Dispel misinformation and help students learn what they want to know.

Direct Instruction:

- Introduce and discuss the concepts presented in this lesson.

Guided Practice:

- Before discussing the definitions of sexual harassment and abuse, have students complete the "Could it Be?" worksheet individually.
- Discuss with the class their answers to "Could it Be?" and see if any of their answers change after viewing approved media
- Show and discuss approved media.
- Discuss with the class the causes of sexual harassment and abuse, and why most victims do not report harassment or abuse

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Independent Practice:

- Before discussing the definitions of sexual harassment and abuse, have students complete the “Could it Be?” worksheet individually.

Closure:

Have students respond in writing (exit ticket) to one of the closing questions below:

- Why most victims do not report harassment or abuse?
- List 3 things you learned in today’s lesson?
- What are some of the resources available to survivors sexual harassment and/or abuse?

Additional Information:

Applicable Arizona Laws

13-1401. Definitions

5. "Without consent" includes any of the following:

- (a) The victim is coerced by the immediate use or threatened use of force against a person or property.
- (b) The victim is incapable of consent by reason of mental disorder, mental defect, drugs, alcohol, sleep or any other similar impairment of cognition and such condition is known or should have reasonably been known to the defendant.
- (c) The victim is intentionally deceived as to the nature of the act.

13-1402. Indecent exposure; classifications

A. A person commits indecent exposure if he or she exposes his or her genitals or anus or she exposes the areola or nipple of her breast and another person is present, and the defendant is reckless about whether such other person would be offended or alarmed by the act.

B. Indecent exposure to a person under the age of fifteen years is a class 6 felony [1 yr].

13-1403. Public sexual indecency; public sexual indecency to a minor; classifications

A. A person commits public sexual indecency by intentionally or knowingly engaging in any of the following acts, if another person is present, and the defendant is reckless about whether such other person would be offended or alarmed by the act:

1. An act of sexual contact.
2. An act of oral sexual contact.
3. An act of sexual intercourse.

B. A person commits public sexual indecency to a minor if he intentionally or knowingly engages in any of the acts listed in subsection A and such person is reckless whether a minor under the age of fifteen years is present.

C. Public sexual indecency to a minor is a class 5 felony [1.5 yrs.]

13-1404. Sexual abuse; classifications

A. A person commits sexual abuse by intentionally or knowingly engaging in sexual contact with any person fifteen or more years of age without consent of that person or with any person who is under fifteen years of age if the sexual contact involves only the female breast.

B. Sexual abuse is a class 5 felony [1.5 yrs] unless the victim is under fifteen years of age in which case sexual abuse is a class 3 felony [3.5 yrs].

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13-1417. Continuous sexual abuse of a child; classification

B. Continuous sexual abuse (three or more acts over three months or more) of a child under fourteen years of age is a class 2 felony [5 yrs].

13-3553. Sexual exploitation of a minor

A. A person commits sexual exploitation of a minor by knowingly:

1. Recording, filming, photographing, developing or duplicating any visual depiction in which minors are engaged in exploitive exhibition or other sexual conduct.
2. Distributing, transporting, exhibiting, receiving, selling, purchasing, electronically transmitting, possessing or exchanging any visual depiction in which minors are engaged in exploitive exhibition or other sexual conduct.

B. Sexual exploitation of a minor is a class 2 felony [5 yrs.].

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COULD IT BE?

Place an **X** beneath *agree* if the statement is an example of sexual harassment or abuse and an **X** below the *disagree* if the statement is **not** an example of sexual harassment or abuse.

Agree	Disagree	
		Discussing or “rating” another person’s body or sex appeal.
		Unwelcome touching of breasts, buttocks, or genitals.
		Calling other students derogatory names.
		Exposing someone by removing clothing against their will.
		Using an electronic device to send unwanted sexual messages.(sexting)
		Being best friends with someone of the opposite sex.
		Spreading a sexual rumor about someone.
		Kissing someone.
		Girls using vulgar language to a boy.
		A teacher offering a better grade in exchange for sex.
		Writing something sexual about another person on the bathroom wall.
		Continuing to follow someone around or communicate with them after they have asked you to stop.
		Bra snapping.
		Mooning someone.
		Encouraging someone by patting them on the butt.
		Unwanted hugging.
		Blocking a doorway or grabbing someone’s arm to keep them from leaving.
		Using sexual language or derogatory language in an online game.

DO'S AND DON'TS

DON'T

- Make unwanted sexual demands or advances.
- Touch a person who doesn't want to be touched.
- Make sexually demeaning remarks or gestures to or about others.
- Laugh at or repeat other's sexually harassing words or behavior.
- Pressure someone to say or do something they don't want to do.
- Make someone feel like you are hindering their ability to leave.
- Keep pursuing someone who doesn't want you to.

DO

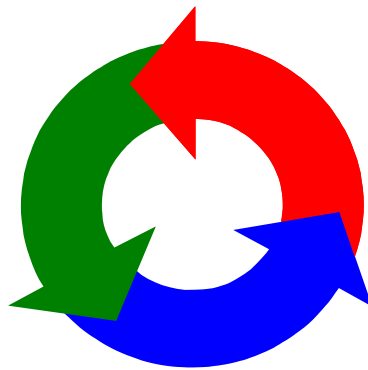
- Put yourself in the other person's shoes. How would you feel?
- Ask if you would want this said or done to someone you care about - or if you would want them to see or hear your comment or behavior.
- Treat others in a fair and respectful way.
- Think about how you want others to treat you.
- Stand up for yourself and others.
- Report harassment or abuse and get help.

Family Life Curriculum

HUMAN GROWTH AND DEVELOPMENT

HUMAN SEXUALITY

High School



TUCSON UNIFIED SCHOOL DISTRICT

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FAMILY LIFE CURRICULUM

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**TUCSON UNIFIED SCHOOL DISTRICT
FAMILY LIFE CURRICULUM**

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TUCSON UNIFIED SCHOOL DISTRICT FAMILY LIFE CURRICULUM

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TUCSON UNIFIED SCHOOL DISTRICT FAMILY LIFE CURRICULUM

Philosophy

Education is a life long process that begins with parents as the primary teachers. It is the parent's right and responsibility to initiate a child's education in all areas including sexuality. From the time a child begins formal education, the responsibility becomes a shared effort among home, school, and community.

This curriculum is designed to supplement each student's personal family life education inclusive of an understanding of healthy attitudes, interpersonal relationships, decision making, understanding consequences of decisions, and growth and development which arise with emerging sexuality. Additionally, it is intended to encourage open parent-child discussions.

All curricula convey a set of values that are supported in a democratic society. Thus, sensitivity and respect for individual beliefs are of critical importance in presenting a sex education curriculum. The main values espoused by this curriculum include:

- Show respect for the values and uniqueness of each individual.
- Show respect for every family unit.
- Accept responsibility for one's own actions.
- Accept responsibility to protect self and others.
- Accept responsibility as a member of society.

TUCSON UNIFIED SCHOOL DISTRICT FAMILY LIFE CURRICULUM

Goal

Students will acquire scientifically accurate information about human maturation and will develop knowledge of physical, social and emotional aspects of personal maturation, human sexuality and family life. Students will develop critical thinking skills leading to positive self-esteem, effective communication skills, responsible decision-making, and personal safety strategies.

Curriculum Objectives

The purpose of the curriculum is to provide students with information to

- discuss the significance of parents' roles and family life
- demonstrate an awareness of strategies for personal safety
- demonstrate self-worth, ownership of body, and rights of privacy
- explain the importance of human interdependence for mental, emotional, social, and physical health
- explain the different stages of human growth and development
- explain human reproduction
- describe the responsibilities involved in interpersonal relationships and in decision-making concerning sexuality
- identify abstinence/sexual risk avoidance as the only 100% effective method of preventing pregnancy and sexually transmitted infections

TUCSON UNIFIED SCHOOL DISTRICT FAMILY LIFE CURRICULUM

Overview

Growth is a life-long process. People grow in many different ways. Growth means positive change, and change brings challenge, excitement, apprehension and new problems to solve. Knowing what to expect eases anxiety, dispels misconceptions and facilitates adjustment to the changes that occur. This curriculum addresses these needs.

Sexuality is an inherent part of each individual's personality and humanity. The Tucson Unified School District's Family Life Curriculum (FLC) helps students learn more about themselves, refine communication skills and develop respect for themselves and others. Successful FLC are those that are a cooperative effort between parents, guardians, families and the school.

Tucson Unified School District's curriculum encourages and stresses communication within the family to learn about sexuality and shared values that influence decisions. The concepts presented are based on the recommendations of the TUSD Family Life Curriculum Advisory Committees.

For those students who have open discussions about human maturation and sexuality with their families, this curriculum serves as a supplemental guide of factual information to be shared at home. For those students who do not have the same familial opportunities, this curriculum provides accurate information about sexuality and the growth processes, personal safety strategies and serves to foster respect for all people and their beliefs.

TUCSON UNIFIED SCHOOL DISTRICT FAMILY LIFE CURRICULUM

Classroom Climate

In order to create a climate conducive to effective learning within a comfortable, non-threatening environment:

- clear rules and regulations of behavior must be emphasized.
- teachers need to introduce themselves as trained and knowledgeable about human growth and development.
- all students' questions will be considered valid and answered using age-appropriate, scientifically -accurate information.
- proper terminology will be used by the teacher and student slang words or expressions will be interpreted to correct terminology.
- teachers will encourage students to discuss the course content and their questions with their parents, guardians and families.
- students' questions or vocabulary that are not included in the grade-level lessons will be identified and the student will then be referred to their parents, guardians and family, if the questions can not be answered using age-appropriate, scientifically accurate information.
- teachers will emphasize that students' peers, social media, and the internet do not always have correct information about human growth and development.

Parent Participation

Parent participation is highly valued by TUSD. An informational meeting for parents, guardians and families will be held prior to classroom presentations to allow for a review of curriculum content, classroom processes and viewing of materials to be used in teaching the lessons. A content outline will be provided for parents/guardians with a letter requesting permission for students to participate. Information regarding alternative lessons will also be presented at this time.

TUCSON UNIFIED SCHOOL DISTRICT FAMILY LIFE CURRICULUM

Guidelines

Arizona State Guidelines (State Board of Education R7-2-303) for sex education:

- Lessons will not exceed the equivalent of one class period per day for four weeks of the school year (K-4).
- Lessons will not exceed the equivalent of one class period per day for nine weeks of the school year (5-8).
- Alternative elective lessons(s) from the state adopted optional subject list (K-8).
- Lessons will be taught to boys and girls separately (K-8).
- Lessons will not be graded and teachers may not require homework (K-8).
- Lessons will be a supplement to the Health Course of Study (K-8).
- Evaluations are anonymous and shall not be retained or recorded (K-8).
- Questions about the students' or his/her parents' beliefs, morals or practices shall not be asked (K-8).
- Written parental permission will be secured (K-8), TUSD requires this for (K-12).

THE QUESTION BOX

At the beginning of the Family Life Curriculum, introduce the question box. Explain to the students that people of all ages have questions about sexual matters. Some may feel uncomfortable asking questions in public although it is very natural to have questions about sex. The question box should be available to all class members throughout the lessons to help address concerns and questions of students in a non-threatening way.

Guidelines for submitting/answering questions in the question box:

1. There is no such thing as a “dumb” question.
2. All questions are valid except for personal questions about the teacher or other students.
3. Questions are anonymous, unless the student wants to be identified.
4. If a question is not answered in class, it may be considered inappropriate for class discussion. (Questions might be answered privately should the student choose to raise this topic with the teacher.)
5. Correct and appropriate vocabulary will be used in the course, but students may use words they know or may have heard. Answers will be translated from the slang words used to correct terminology.
6. Questions will be read by the teacher daily or periodically to insure a prompt response. (The teacher may read them one day and answer the next to give time for response.)
7. Teachers will answer questions simply and in a scientifically accurate manner.

**TUCSON UNIFIED SCHOOL DISTRICT
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**High School
Grade Level Lessons**

1. Healthy Relationships and Dating
2. Decision Making / Healthy Boundaries / Consent
3. Overcoming Peer Pressure / Problem Solving
4. Puberty & Gender
5. Reproductive Systems & Sexual Intercourse
6. Contraception
7. Sexually Transmitted Infections (STIs)
8. Pregnancy / Fetal Development
9. Teenage Pregnancy and Parenthood
10. Media Influence on Sex and Sexuality
11. Sexual Harassment and Abuse
12. Rape / Sexual Assault / Sexual Abuse

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<p>Grade: HS Lesson: 1</p> <p>(may take 2-3 class sessions)</p>	<p>Lesson Title/Focus: Healthy Relationships and Dating</p>	<p>Materials:</p> <ul style="list-style-type: none"> • “A Hierarchy of Needs” – Teacher Info • Handout – Maslow’s Hierarchy of Needs • Healthy vs Toxic Relationship Questionnaire • Defining Toxic Relationships Activity • Defining Toxic Relationships Activity Answer Key
<p>Lesson Objectives: Students will be able to</p> <ul style="list-style-type: none"> • define Maslow’s Hierarchy • discuss values and personal goals • improve self-awareness by identifying personal strengths and areas of growth • discuss how strengths can impact relationships • identify and choose behaviors that promote healthy relationships with family, dates, and friends • identify behaviors that might lead to toxic relationships • discuss reasons for not dating • discuss healthy and responsible approaches to dating and ending dating relationships 		
<p>Academic Vocabulary:</p> <ol style="list-style-type: none"> 1. self-actualization 2. Maslow’s Hierarchy 3. esteem 4. physiological 		
<p>Concepts:</p> <ol style="list-style-type: none"> 1. Maslow’s theory states that individuals have needs that can be classified as physiological, safety, emotional, esteem and self-actualization. Understanding these needs is important for healthy and responsible friendships as well as dating. 2. Adolescents with high self-esteem may be less likely to succumb to peer pressure, tobacco, alcohol, or other drugs. 3. The family, as the basic unit of security, serves two essential functions; <ol style="list-style-type: none"> A. The primary support system to which individuals turn in order to have their basic needs met. B. Provide the essential mechanism by which a child develops the capability to survive and function as an adequate person in this world. 4. Personal values are reflections of our needs, desires, and what we care about most in life. Values are great cohesive forces for our identities, and can be thought of as decision-making guidelines that help us connect to our true selves. Defining your values will help you figure out what to pursue and what to avoid. <p>Here are some examples of core values from which you may wish to choose: dependability, reliability, loyalty, commitment, open-mindedness, consistency, honesty, efficiency.</p>		

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Anticipatory Set:

- As a class, brainstorm personal strengths you admire in others (peers, family members, friends, teammates, etc.). Then, in partners, discuss how these strengths contribute to a positive and healthy relationship. Share out with the class.

Direct Instruction:

- Discuss what students perceive as basic needs. List these on the board. Have students prioritize needs and discuss examples of how the family may help meet these needs. How do friends meet these needs? How does dating meet these needs?
- Introduce Maslow's Hierarchy of Needs.
- Have students compare their work with Maslow's Hierarchy of Needs.

Guided Practice:

- Discuss self-actualization/self-fulfillment by identifying strengths and setting personal goals.
- On an index card, have each student create one or two goals and then post on a central chart. What are some of the common themes?
- Introduce the importance of choosing friends who contribute to wellness.
- Ask how one would know if a friendship is healthy. Answers might include: a healthy friendship emphasizes strong points, contributes to positive family relationships, and encourages one to put forth their best efforts in activities.
- Discuss the importance of being friends with members of both sexes

Independent Practice:

- Use the Healthy vs Toxic Questionnaire to determine characteristics of a healthy relationship.
- Complete the Defining Toxic Relationships activity.

Closure:

- Have students generate a list of reasons why you might want to date during high school years and a list of reasons why you might not want to date during high school years.
- Discuss the types of dates (double, group, blind, party, etc) and the advantages and disadvantages of each.
- Discuss safety issues involved in dating. Emphasize that it is wise to let parents know the "details (where and when)" of the date.
- Have students brainstorm a list of respectful and disrespectful ways and what they might say if they want to end a relationship.
- Discuss the importance of showing mutual respect while maintaining healthy boundaries.

**A HIERARACHY OF NEEDS
*TEACHER INFORMATION***

Abraham Maslow, an American psychologist, presented human needs in the form of a triangle. His idea was that all have basic needs, but some are more basic than others. Consequently, there is a hierarchy of needs. The most basic needs come first. These needs must be met before becoming aware of the others.

Physiological Needs

1. The most basic human needs are the biological requirements for human survival – food, water, sleep, etc.
2. If the first level of physical needs is not satisfied, there is little awareness of other needs.

Safety Needs

1. Freedom from fear.
2. Security, stability, order, law.

Emotional Needs

1. Feelings of belonging.
2. Friendship, intimacy, trust, acceptance.
3. Receiving and giving love and affection.

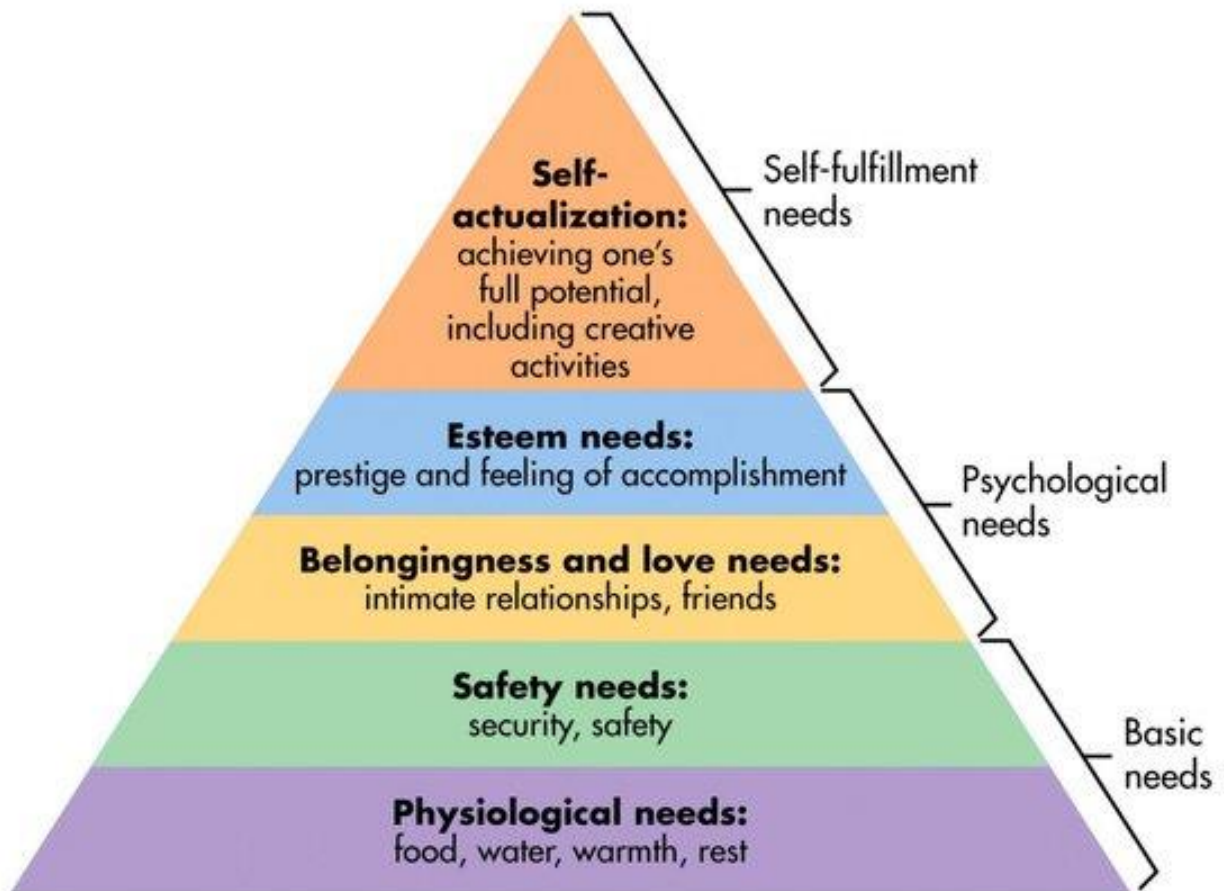
Esteem Needs

1. Esteem for oneself (achievement, independence, dignity, mastery)
2. Desire for reputation or respect from others (prestige, status)

Self-actualization Needs

1. Reach or strive for full potential as a person. This is a life-long process.
2. A desire “to become everything one is capable of becoming.” (Maslow)

Maslow's Hierarchy of Needs



Healthy vs Toxic Relationship Questionnaire

Relationships, which include friendships, play an important role in everyone's life and they come in all different shapes and sizes. They also can serve different purposes in your life.

This exercise is to help you reflect on:

- your strengths and
- areas in which you would like to grow
- how these relationships can help or hinder you in being who you desire to be

Directions: Read and respond to each statement.

Think about one of your friends...

1. Am I able to be myself with this person?
2. Do I feel comfortable and accepted around this person?
3. Does this person share the same values as me?
4. Is this relationship one-sided (one person giving and the other person receiving)?
5. Does this person criticize or judge me?
6. Does this person help me feel good about myself?
7. Does this person have the same level of commitment to the relationship as I do?
8. Does this person share my level of integrity?
9. Do I feel safe when I am with this person?
10. Are they happy for me when I succeed and there for me when I am discouraged?
11. Does this person help you achieve or accomplish your goals?

After completing this inventory, do you think this friendship qualifies as a healthy relationship?

Defining Toxic Relationships
(e.g., friends, dating, family)

Directions: Match the toxic relationship (e.g., friends, dating, family) with the definition. Write the letter on the blank space next to the matching definition.

a. The Gossiper	f. The Controller
b. The User	g. The Competitor
c. The Judger	h. The Manipulator
d. The Taker	i. The Self-Centered
e. The Betrayer	j. The Promise Breaker

_____ This person is a friend based on what YOU can do for them.

_____ This person tells others what you told them in confidence.

_____ This person is very bossy and likes to control everything.

_____ This person is excessively critical of you and others.

_____ This person rarely follows through and is not dependable.

_____ This person likes to spread rumors and share private information.

_____ This person is egocentric and only cares about themselves.

_____ This person likes to “one up” others and likes to compete all the time.

_____ This person is needy, may get jealous and often expects you to fulfill their every need.

_____ This person knows how to convince you to do things you normally would not do.

Defining Toxic Relationships
(Answer Key)

a. The Gossiper	f. The Controller
b. The User	g. The Competitor
c. The Judger	h. The Manipulator
d. The Taker	i. The Self-Centered
e. The Betrayer	j. The Promise Breaker

 b This person is a friend based on what YOU can do for them.

 e This person tells others what you told them in confidence.

 f This person is very bossy and likes to control everything.

 c This person is excessively critical of you and others.

 j This person rarely follows through and is not dependable.

 a This person likes to spread rumors and share private information.

 i This person is egocentric and only cares about themselves.

 g This person likes to “one up” others and likes to compete all the time.

 d This person is needy, may get jealous and often expects you to fulfill their every need.

 h This person knows how to convince you to do things you normally would not do.

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<p>High School Lesson: 2</p>	<p>Lesson Title/Focus: Decision Making / Healthy Boundaries / Consent</p>	<p>Materials:</p> <ul style="list-style-type: none"> • Activity Sheet “A Responsible Student’s Approach to Problem Solving and Decision Making.”
<p>Lesson Objectives: Students will be able to</p> <ul style="list-style-type: none"> • use problem-solving steps to solve problems and make decisions • understand that one must be proactive and learn to make decisions and solve problems • identify possible results of impaired decision-making on sexual behavior • list commonly used specific drugs and their potential effects on behavior • discuss reasons teens use drugs in a social situation • define and understand consent in the context of relationships 		
<p>Academic Vocabulary:</p> <ol style="list-style-type: none"> 1. self-awareness 2. self-esteem 3. consent 4. impaired/impairment 5. implicit 6. explicit 		
<p>Concepts:</p> <ol style="list-style-type: none"> 1. The problem solving approach will assist students in making responsible decisions. 2. Realize that self-awareness is an important factor in making responsible decisions, including: <ol style="list-style-type: none"> a. developing self-esteem. b. utilizing responsible decision making to promote healthy relationships. c. promote good health. d. enable one to choose responsible sexual behavior. e. promote responsible parenthood. f. enable one to make choices that do not conflict with personal values. 3. Protect one’s health and the health of others. 4. Drugs, including alcohol, affect the brain’s decision-making abilities. (See chart) <ol style="list-style-type: none"> a. Certain drugs can be given without the users consent to lower people’s inhibitions, causing impaired judgement, impaired motor skills, and amnesia that can lead to sexual assault. b. Improper use of prescription medication, including sharing, is also drug abuse. c. Alcohol (beer, wine, liquor) is a potentially addictive and a powerful drug that can impair decision making.. d. Mixing drugs can intensify the impairment and increase the risk of overdose. 5. Consent can be both implicit (perceived) and explicit (stated) and can be withdrawn at any time. 		
<p>Anticipatory Set:</p> <p>Option 1) What does it mean to make a healthy decision? What is involved in this process? Option 2) Think about a time when you made a healthy decision. What helped you make this decision?</p>		

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Direct Instruction:

- Discuss with the students the elements that go into making responsible decisions and solutions. (Think-Pair-Share)
- Write the steps in the problem solving approach on whiteboard or flip chart

Guided Practice:

- Have students brainstorm a list of ideas for enhancing self-awareness. For example, how might studying hard to get good grades, striving to perfect a skill, or helping someone who is ill, enhance one's self-awareness?

Independent Practice:

- Small group work on specific, commonly misused drugs, and their effects.

Closure:

Closing conversation questions:

- Why might drugs be appealing and conversely, why you would not want to do drugs?
- How might drugs influence your decision to engage in sexual activity?
- How might your decision-making process be altered under the influence of the different drugs?

**A RESPONSIBLE STUDENT’S APPROACH TO
PROBLEM SOLVING AND DECISION MAKING**

Directions: Read the following scenario. Apply the problem solving approach and criteria for responsible decision making to this situation.

You and your date go to a party given by some students you do not know well. When you get to the party, you learn that there are a variety of drugs such as alcohol, marijuana, and cocaine available. You know your parents would prefer that you not attend parties with these drugs. Your date says, “As long as we don’t use drugs, what harm is there in staying?”

1. Identify the problem.
2. Identify ways to deal with the problem.
3. Apply criteria for responsible decision making to each alternative.
4. What are the possible consequences of each alternative?
5. Make a responsible decision and act upon it.
6. Evaluate actions.

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Grade: HS Lesson: 3	Lesson Title/Focus: Overcoming Peer Pressure / Problem Solving / Refusal Strategies	Materials: <ul style="list-style-type: none">• Activity sheet “Refusal Strategies”
Lesson Objectives: Students will be able to <ul style="list-style-type: none">• discuss examples of peer pressure• identify reasons to abstain from sex• identify sexual pressures that teenagers experience• practice refusal strategies• identify and discuss power differentials		
Academic Vocabulary: <ol style="list-style-type: none">1. power differential2. refusal strategies3. self-empowered4. abstinence5. peer pressure		
Concepts: <ol style="list-style-type: none">1. Every individual is self-empowered to make decisions based on their needs, preferences, and values.2. The decision to engage in sexual activity is a personal one that requires self-introspection of your personal and family values.3. Being able to understand and reject peer pressure is a vital skill.4. There are power differentials in a variety of relationships, and being able to recognize and understand them will help you to make decisions based on your needs, preferences and values.5. The development of problem-solving strategies enables one to confront situations in which the social dynamic goes against your values.6. Refusal strategies are a way to stay true to your own values. Establishing boundaries. .is a way to reinforce you own values in the context of any relationship.		
Anticipatory Set: <ul style="list-style-type: none">• The first step in dealing with pressure is learning how to recognize it. How can a person tell if they are being pressured? (Brainstorm and share out)		
Direct Instruction: <ul style="list-style-type: none">• Work with your students to identify examples of power dynamics in relationships and discuss how power differentials can influence your decisions.		
Guided Practice: <p>. Discuss the following (in small groups):</p> <ul style="list-style-type: none">• How can you communicate your boundaries when you are being pressured?		

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- Sometimes pressure can be sexual. If pressure has to do with sex, then it is sexual pressure. At what point does pressure become sexual?
- Give reasons that people have for becoming sexually active or for waiting (practicing abstinence). Discuss how you may feel pressured to become sexually active if you choose to be sexually abstinent.
- Some may feel they have no choices about becoming sexually involved. What are some of the situations where people feel they have no choices about becoming sexually involved? Brainstorm things you can do or say to navigate this situation.

Independent Practice:

- Have students complete “Refusal Strategies Activity”

Closure:

- On the back of the “Refusals Strategies Activity” have students summarize today’s learning in a short paragraph.

Refusal Strategies Activity

Directions: Use the refusal strategies steps to resolve the following pressures:
These may be done by role-play or in written form.

- a. **“Let’s do it this one time.”**

- b. **“No one will know if we _____.”**

- c. **“Everyone is _____, why not us?”**

- d. **“Being a virgin is obsolete.”**

- e. **“You’ve already had sex before, so it’s no big deal.”**

- f. **The partner refuses to use a condom.**

Refusal strategy steps for acting out or responding to each scenario:

1. Say “No.” It’s okay to say no.
2. Give a reason for your refusal. Be honest and direct. Say what you mean, mean what you say.
3. Stand up for one’s rights and values without putting the other person down
4. Look directly at the person and reinforce your boundaries.
5. Suggest alternative activities or options, but remember your “no” is non-negotiable.
6. Take a definite action; if pressure persists, tell the person that the relationship cannot continue. You can walk away.
7. Request more time.

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Grade: HS Lesson: 4	Lesson Title/Focus: Puberty & Gender	Materials: (not for use as handouts) <ul style="list-style-type: none">• Adolescent Physical Development Chart• Menstrual Cycle Chart
Lesson Objectives: Students will be able to <ul style="list-style-type: none">• discuss the physiological (physical and hormonal), emotional, and social changes that occur during puberty• understand the phases of the menstrual cycle• recognize that some variations with an individual's menstrual cycle may be normal and healthy, or could be abnormal and in need of further medical testing and treatment		
Academic Vocabulary: <ol style="list-style-type: none">1. puberty2. menstruation3. menstrual Cycle4. ovulation5. gender6. sexuality		
Concepts: <ol style="list-style-type: none">1. Puberty involves physiological (physical and hormonal), emotional and social changes over time.<ol style="list-style-type: none">a. Each person's growth is different and individualized, and can vary from average experiences.b. Sometimes, puberty can occur outside of the expected range. For example:<ul style="list-style-type: none">- Signs of puberty before age 8 in girls or age 9 in boys may not be healthy; or if there are NO signs of puberty by age 13 in girls or age 14 in boys, that may not be healthy either (see chart below for first signs of puberty); for girls that do have breast development or other secondary sex characteristics, no start of menstruation by age 15 may not be healthy.- During normal visits with your doctor, they may check to see what stage of puberty you are in to ensure a healthy process.2. Physical development during puberty – see “Adolescent Physical Development” chart.<ol style="list-style-type: none">a. Femalesb. Males3. Emotional development during puberty:<ol style="list-style-type: none">a. In addition to the physical changes of puberty, psychological changes can also occur. These are triggered by the production of the sex hormones, such as estrogen and testosterone. Interest in sex increases. Mood swings are also common during puberty, however extreme mood swings, irritability and other changes may be signs of depression or other health conditions, and you should speak with your doctor.		

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4. Menstrual Cycle (see Menstrual Cycle chart)
 - a. The four phases of the menstrual cycle: pre-ovulatory, ovulation, post-ovulatory, and the menstrual phase
 - b. Healthy vs. unhealthy cycles
 - When periods first start, it is common for them to be irregular, and may take years for a regular cycle to develop.
 - Average bleeding throughout one menstrual cycle is about 1/3 cup; heavy bleeding may be if you are soaking a pad or tampon in 2 hours or less.
 - Some individuals experience severe pain during periods, heavy vaginal bleeding during periods, periods that are too frequent or too long apart, vaginal bleeding between periods, severe mood changes, headaches, abdominal cramps, or other symptoms during, before, or after periods, that may or may not be healthy.
 - Those concerned about their periods should talk with their doctor.

5. Gender, Sex and Sexuality
 - Sex
 - a. Genetic sex = chromosomes someone has
XX (“female”), XY (“male”)
Variations may include: XO (Turner Syndrome), XXY (Klinefelter Syndrome)
 - b. Anatomic sex = genitalia that someone has
Vagina, uterus, ovaries, mammary glands (female)
Penis, testicles (male)
Other (such as intersex, for example, a hormone exposure during fetal development leads to incomplete or variations in genitalia development)
 - Gender
 - a. Gender identity = gender someone identifies as: Women, Man, other
 - b. Gender expression = outward appearance (hair, clothing) and other expressions (such as mannerisms, personas, etc.) and the culture’s perception of that appearance as it relates to gender: Feminine, Masculine, other
 - Sexuality
 - a. Sexual orientation = who someone is sexually and emotionally attracted to (often based on someone’s gender)
 - b. Sexual identity = how someone identifies their sexuality
 - Gay / Lesbian (someone who is sexually and emotionally attracted to someone of the same gender)
 - Straight (someone who is sexually and emotionally attracted to someone of the opposite gender)
 - Bisexual (someone who is sexually and emotionally attracted to someone of both genders)
 - c. Sexual behavior = what someone does sexually and with whom

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6. Medical Relationships/Support

- a. As you enter adolescence, the importance of having a personal primary care physician with whom you have a long-term relationship is increasingly important. As you grow closer to adulthood, it is helpful to have someone you trust and can talk to about your body's changes.

Anticipatory Set:

- Introduce and assess prior knowledge of lesson vocabulary.

Direct Instruction:

- Introduce and discuss the concepts listed above.
- Discuss the physical changes that occur during puberty. Use the chart "Adolescent Physical Development."
- Understand the similarities and differences in male and female development.
- Discuss the social and emotional changes that occur during puberty.

Guided Practice:

- Think-Pair-Share: How is gender/sex/sexuality reflected in today's media? Where and how does it not always align with societal expectations?
- Have you ever seen or witnessed somebody being treated poorly because of these expectations? How could you support them?
-

Independent Practice:

- Explore or compare/contrast masculine and feminine stereotypes, expectations, and archetypes from different time periods.

Closure:

- Have you ever seen or witnessed somebody being treated poorly because of the way they look, the way they dress, or the way they express themselves? How could you support them? Complete a written response (exit ticket) or share out answers.

Additional Resources:

The following examples are provided for teacher clarity and understanding of the concepts discussed in this lesson. The examples aren't intended to be given directly to students.

1. Noah has a male sex, has short hair and wears clothes commonly worn by males in the culture, identifies as a man and uses male pronouns like he/him/his ("cisgender" is when birth sex and gender are the same), is attracted sexually and emotionally to women and identifies as straight, and has sex with a woman.

2. Maria has a female sex, has short hair and wears clothes commonly worn by males in her culture, but identifies as a woman (is cisgender, but may be considered by the culture as gender non-conforming). She is attracted sexually and emotionally to men and identifies as straight.

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3. Lucas has a male sex, has the masculine gender expression based on his culture and identifies as a man. He is sexually and emotionally attracted to other men and identifies as gay.

4. Bobbie has a male sex, has long hair and wears jewelry and clothing commonly worn by females in the culture, and identifies as a woman and uses female pronouns like she/her/hers (is “transgender”). She is sexually and emotionally attracted to men and identifies as a straight woman.

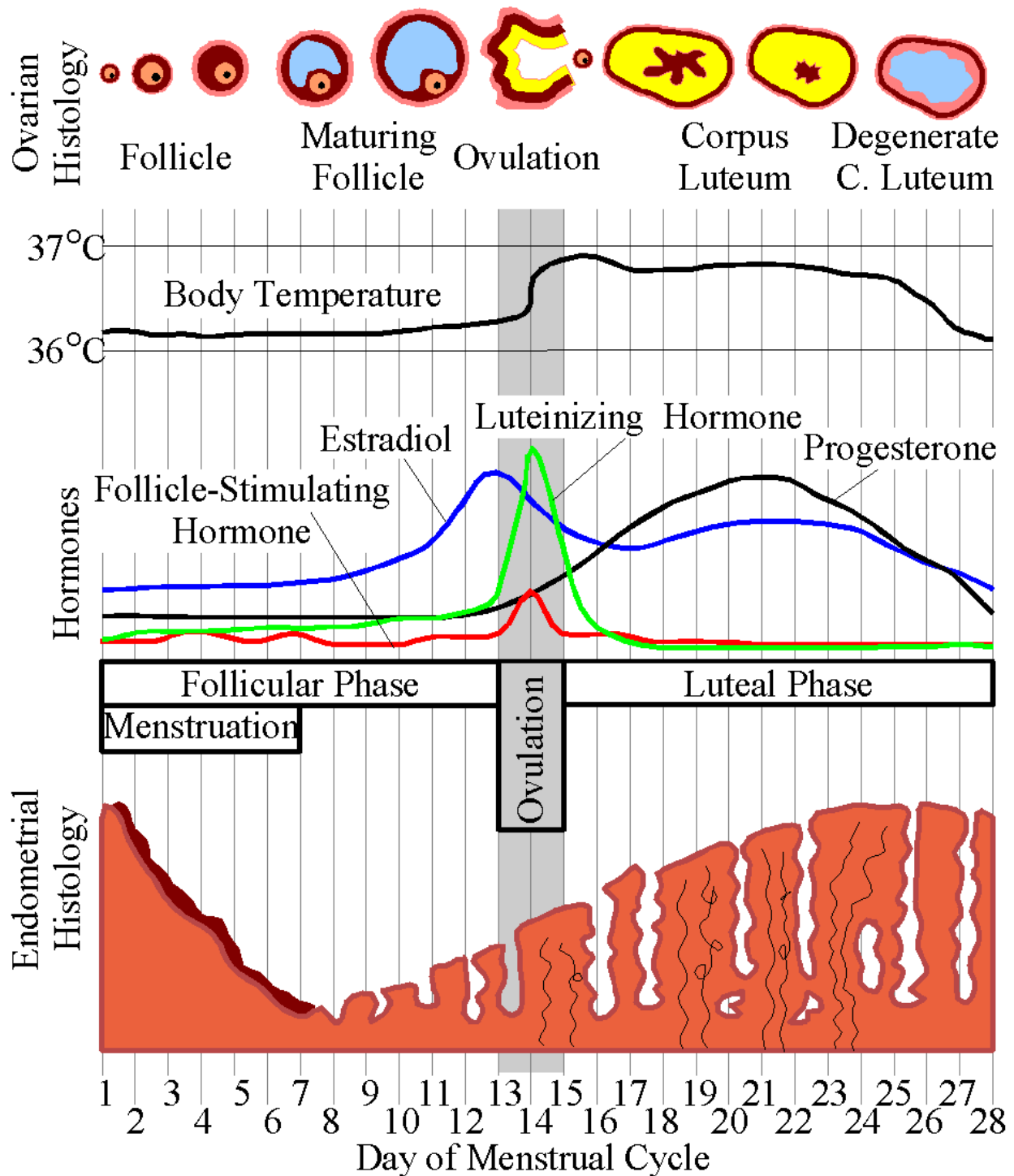
5. Mateo has a male sex, has a masculine gender expression based on his culture and identifies as a man. He is sexually and emotionally attracted to other men, but due to societal pressures does not identify as gay and has sex with women.

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Adolescent Physical Development Chart

Aspects of Development	Age when change usually begins	Description of the change	Aspect of Development	Age when change usually begins	Description of the change
Increase in height and weight	10-12	One of the earliest signs of puberty is an increase in height and weight gains. The growth spurt can last four years, but is most rapid during the first two.	Increase in height and weight	12-13	One of the earliest signs of puberty is an increase in height and weight gains. The growth spurt can last four years, but is most rapid during the first two.
Breast development	10-12	This stage begins with “budding,” an enlargement of the nipple and surrounding area. A year or so later the breasts will begin to enlarge.	Genital development and ejaculation	11-13	Hormonal activity at the start of puberty stimulates the growth of the testicles. The skin of the scrotum darkens and the penis lengthens and broadens. The ejaculation of the seminal fluid usually occurs within two years of this genital development.
Growth of pubic hair Underarm hair	10-11 12-13	Pubic hair first grows as light, soft hair in the external genital area. The hair darkens and covers a larger area during the next few years. Underarm hair begins to grow approximately 1-2 years after pubic hair.	Growth of pubic, underarm and facial hair	11-15	The growth of pubic hair normally starts first and is followed a year or so later by facial hair. Heredity will affect the growth of body and facial hair.
Development of apocrine sweat glands	12-13	Apocrine sweat glands become active in the underarm, in the groin and around the nipples. These glands produce a different type of sweat than other sweat glands (eccrine) that results in body odor if not regularly washed.	Development of apocrine sweat glands	13-15	Apocrine sweat glands become active in the underarm, in the groin and around the nipples. These glands produce a different type of sweat than other sweat glands (eccrine) that results in body odor if not regularly washed.
Onset of menstruation (First Period)	11-14		Deepening of the voice	13-15	The voice box (larynx) begins to enlarge. An “Adam’s Apple” may develop. The voice deepens about a year after the enlargement of the larynx.

Menstrual Cycle Chart



(Average values. Durations and values may differ between different females or different cycles.)

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Grade: HS Lesson: 5	Lesson Title/Focus: Reproductive Systems & Sexual Intercourse	Materials: <ul style="list-style-type: none"> • Male reproductive system diagram • Female reproductive system diagram
Lesson Objectives: Students will be able to <ul style="list-style-type: none"> • develop knowledge of the structures and functions of the female and male reproductive system • be able to explain human reproduction 		
Academic Vocabulary: 1. Reference reproductive systems vocabulary.		
Concepts: <ol style="list-style-type: none"> 1. It is important that everyone know and understand reproductive systems. <ol style="list-style-type: none"> a. Male reproductive system b. Female reproductive system c. Process of sexual intercourse <ol style="list-style-type: none"> i. Function of male and female reproductive organs. ii. When pregnancy is possible 2. Forms of sexual intercourse and stimulation <ol style="list-style-type: none"> A) What is required before any sexual activity with another individual <ol style="list-style-type: none"> 1. Consent by all partners <ol style="list-style-type: none"> (1) Someone under the influence of drugs or alcohol, who feels coerced or pressured, or some intellectual disabilities cannot NOT give consent 2. Plan to avoid pregnancy and infections 3. (1) The only 100% (same phrase as previous lessons) 4. 3. Privacy B) "Sexual intercourse" means penetration into the penis, vulva or anus by any part of the body or by any object or masturbatory contact with the penis or vulva. C) "Oral sexual contact" means oral contact with the penis, vulva or anus. <ol style="list-style-type: none"> 1. Low risk of HIV but other /STIs may be possible 3. How prevalent is sexual intercourse among teens? <ol style="list-style-type: none"> 1. More than half of students surveyed are not sexually active 2. Statistics from the CDC: Among U.S. high school students surveyed in 2017: <ul style="list-style-type: none"> • 40% had ever had sexual intercourse. • 10% had four or more sexual partners. • 7% had been physically forced to have sexual intercourse when they did not want to. • 30% had had sexual intercourse during the previous 3 months, and, of these <ul style="list-style-type: none"> ○ 46% did not use a condom the last time they had sex. ○ 14% did not use any method to prevent pregnancy. ○ 19% had drunk alcohol or used drugs before last sexual intercourse. 		

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- Less than 10% of all students have ever been tested for human immunodeficiency virus (HIV).
- STIs
 - Half of the 20 million new STIs reported each year were among young people, between the ages of 15 to 24
- Teen Pregnancy
 - Nearly 194,000 babies were born to teen girls aged 15–19 years in 2017, down 7% from 2016.

Anticipatory Set:

- Review vocabulary for student understanding.

Direct Instruction:

- Present the information and statistics listed in the concepts section.

Guided Practice:

- Explain the path of the sperm as it travels in the male reproductive system and the structures that contribute to the formation of semen.
- Explain the functions of the male and female reproductive systems and how sexual intercourse and fertilization occurs.
- Review vocabulary for student understanding.
- Show and discuss an approved instructional resource.

Independent Practice:

- Label external and internal parts of the male and female reproductive systems.
- Have students discuss the statistics about teens and sexual activity. Are you surprised by these results?

Closure:

- Why might the rate of unprotected sex be so high? Think about the decision making lesson and the problem solving lesson. How might this rate of unprotected sex be lowered? Respond in writing (exit ticket) or share out responses.

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Grade: HS Lesson: 6	Lesson Title/Focus: Contraception	Materials: <ul style="list-style-type: none"> • Worksheet “Myth or Facts” • Worksheet “Myth or Facts” Answer Key • Birth Control Choices Information Sheets (for teacher reference, not for use as hand-out)
Lesson Objectives: Students will be able to <ul style="list-style-type: none"> • make educated choices about their family planning / birth control methods 		
Academic Vocabulary: <ol style="list-style-type: none"> 1. abstinence 2. contraceptives 3. douching 4. prescription barrier methods 5. spermicide 		
Concepts: <ol style="list-style-type: none"> 1. It is important to make decisions about sexual behavior before becoming involved in a relationship where there is a desire to express physical affection. 2. Learning about birth control and having birth control access does not increase a teen’s chances of being sexually active 3. Before someone starts exploring sexual activity, they should have a plan in place on how to avoid unintended pregnancy 4. emergency contraception (Plan B) is a safe and effective way to reduce the chances of unintended pregnancy if taken within 3 days after penile/vaginal intercourse 5. The contents contained in this lesson address pregnancy and contraception, for more information about STIs see Lesson 7 of this curriculum. 		
Anticipatory Set: <ul style="list-style-type: none"> • Assess understanding of vocabulary 		
Direct Instruction: <ul style="list-style-type: none"> • Discuss abstinence as the only 100% effective method of preventing pregnancy and sexually transmitted infections. • Discuss methods of birth control and prevention of unintended pregnancies. 		
Guided Practice: <ul style="list-style-type: none"> • Using the information in the “Contraception Choices” document discuss the effectiveness, side effects, timing and convenience of birth control methods. Also discuss access to birth control, such as which are over-the-counter and which are prescription items. 		
Independent Practice: <ul style="list-style-type: none"> • Complete the “Myth and Fact” worksheet. 		
Closure: <ul style="list-style-type: none"> • Review the answers and explanations for the “Myth and Fact” worksheet. 		

MYTH OR FACT?

Directions: Read each statement. Write FACT on the line if you think the statement is true. Write MYTH on the line if you think the statement is false.

_____ THE BEST WAY TO USE A CONDOM IS TO PUT IT ON TIGHTLY

_____ IF A MALE REMOVES THE PENIS FROM THE VAGINA BEFORE
EJACULATION OCCURS, HE CAN BE SURE TO PREVENT PREGNANCY.

_____ ABSTINENCE IS THE MOST EFFECTIVE METHOD OF AVOIDING STI'S.

_____ DOUCHING OR PEEING AFTER SEX WILL WASH THE SPERM OUT OF
THE VAGINA AND PROTECT AGAINST PREGNANCY AND DISEASE.

_____ BIRTH CONTROL PILL USE ALONE IS EFFECTIVE IN PREVENTING
SEXUALLY TRANSMITTED INFECTIONS (STI'S)

_____ A WOMAN IS PROTECTED FROM PREGNANCY THE DAY SHE BEGINS
TAKING THE PILL

_____ HORMONAL BIRTH CONTROL CAN INCREASE MY RISK OF CANCER
AND MAY CAUSE ME TO BE INFERTILE.









MYTH OR FACT?

Answer Key







- MYTH** THE BEST WAY TO USE A CONDOM IS TO PUT IT ON TIGHTLY
A condom shouldn't be worn tightly because one needs to prevent the thin sheath of rubber from damage or breakage as well as to prevent sperm from entering the vagina. The tip of the condom must be positioned correctly to receive the sperm following ejaculation.
- MYTH** IF A MALE REMOVES THE PENIS FROM THE VAGINA BEFORE EJACULATION OCCURS, HE CAN BE SURE TO PREVENT PREGNANCY
Pregnancy can still occur because prior to ejaculation there are sperm present in the pre-ejaculate ("pre-cum") fluid.
- FACT** ABSTINENCE IS THE MOST EFFECTIVE METHODS OF AVOIDING STI'S AND INFECTIONS
Abstinence IS the only 100% guaranteed effective method of avoiding STIs and infections.
- MYTH** DOUCHING OR PEEING AFTER SEX WILL WASH THE SPERM OUT OF THE VAGINA AND PROTECT AGAINST PREGNANCY AND DISEASE
Douching or peeing after sex will NOT protect one against pregnancy and STIs. Douching can actually lead to vaginal infections and is not recommended. Peeing after vaginal intercourse may help reduce the risk of bladder infections (UTIs) but NOT prevent pregnancy or STIs
- MYTH** BIRTH CONTROL PILL USE ALONE IS EFFECTIVE IN PREVENTING SEXUALLY TRANSMITTED INFECTIONS (STI'S)
Birth control pills will not prevent Sexually Transmitted Infections.
- MYTH** A WOMAN IS PROTECTED FROM PREGNANCY THE DAY SHE BEGINS TAKING THE PILL
A woman may need to take birth control pills for the full cycle before it can help prevent pregnancy.
- MYTH** HORMONAL BIRTH CONTROL CAN INCREASE MY RISK OF CANCER AND MAY CAUSE ME TO BE INFERTILE.
Hormonal birth control pills, patches, Depo shot, arm implant, IUD, and other forms of hormonal birth will NOT increase the risk of cancer and will NOT cause infertility. However, there can be risks involved with taking medication. Certain methods of birth control may not be appropriate for you. Talk to you doctor about the risks and benefits of each method.

**Tucson Unified School District
Family Life Curriculum**

Your Birth Control Choices

Method	How well does it work?	How to Use	Pros	Cons
The Implant Nexplanon® 	> 99%	A health care provider places it under the skin of the upper arm It must be removed by a health care provider	Long lasting (up to 5 years) No pill to take daily Often decreases cramps Can be used while breastfeeding You can become pregnant right after it is removed	Can cause irregular bleeding After 1 year, you may have no period at all Does not protect against human immunodeficiency virus (HIV) or other sexually transmitted infections (STIs)
Progestin IUD Liletta®, Mirena®, Skyla® and others 	> 99%	Must be placed in uterus by a health care provider Usually removed by a health care provider	May be left in place 3 to 7 years, depending on which IUD you choose No pill to take daily May improve period cramps and bleeding Can be used while breastfeeding You can become pregnant right after it is removed	May cause lighter periods, spotting, or no period at all Rarely, uterus is injured during placement Does not protect against HIV or other STIs
Copper IUD ParaGard® 	> 99%	Must be placed in uterus by a health care provider Usually removed by a health care provider	May be left in place for up to 12 years No pill to take daily Can be used while breastfeeding You can become pregnant right after it is removed	May cause more cramps and heavier periods May cause spotting between periods Rarely, uterus is injured during placement Does not protect against HIV or other STIs
The Shot Depo-Provera® 	94%	Get a shot every 3 months	Each shot works for 12 weeks Private Usually decreases periods Helps prevent cancer of the uterus No pill to take daily Can be used while breastfeeding	May cause spotting, no period, weight gain, depression, hair or skin changes, change in sex drive May cause delay in getting pregnant after you stop the shots Side effects may last up to 6 months after you stop the shots Does not protect against HIV or other STIs
The Pill 	91%	Must take the pill daily	Can make periods more regular and less painful Can improve PMS symptoms Can improve acne Helps prevent cancer of the ovaries You can become pregnant right after stopping the pills	May cause nausea, weight gain, headaches, change in sex drive – some of these can be relieved by changing to a new brand May cause spotting the first 1-2 months Does not protect against HIV or other STIs
Progestin-Only Pills 	91%	Must take the pill daily	Can be used while breastfeeding You can become pregnant right after stopping the pills	Often causes spotting, which may last for many months May cause depression, hair or skin changes, change in sex drive Does not protect against HIV or other STIs
The Patch Ortho Evra® 	91%	Apply a new patch once a week for three weeks No patch in week 4	Can make periods more regular and less painful No pill to take daily You can become pregnant right after stopping patch	Can irritate skin under the patch May cause spotting the first 1-2 months Does not protect against HIV or other STIs
The Ring Nuvaring® 	91%	Insert a small ring into the vagina Change ring each month	One size fits all Private Does not require spermicide Can make periods more regular and less painful No pill to take daily You can become pregnant right after stopping the ring	Can increase vaginal discharge May cause spotting the first 1-2 months of use Does not protect against HIV or other STIs

**Tucson Unified School District
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Method	How well does it work?	How to Use	Pros	Cons
External Condom 	82%	Use a new condom each time you have sex Use a polyurethane condom if allergic to latex	Can buy at many stores Can put on as part of sex play/foreplay Can help prevent early ejaculation Can be used for oral, vaginal, and anal sex Protects against HIV and other STIs Can be used while breastfeeding	Can decrease sensation Can cause loss of erection Can break or slip off
Internal Condom 	79%	Use a new condom each time you have sex Use extra lubrication as needed	Can put in as part of sex play/foreplay Can be used for anal and vaginal sex May increase pleasure when used for anal and vaginal sex Good for people with latex allergy Protects against HIV and other STIs Can be used while breastfeeding	Can decrease sensation May be noisy May be hard to insert May slip out of place during sex Requires a prescription from your health care provider
Withdrawal Pull-out	78%	Pull penis out of vagina before ejaculation (that is, before coming)	Costs nothing Can be used while breastfeeding	Less pleasure for some Does not work if penis is not pulled out in time Does not protect against HIV or other STIs Must interrupt sex
Diaphragm Caya® and Millex® 	88%	Must be used each time you have sex Must be used with spermicide	Can last several years Costs very little to use May protect against some infections, but not HIV Can be used while breastfeeding	Using spermicide may raise the risk of getting HIV Should not be used with vaginal bleeding or infection Raises risk of bladder infection
Fertility Awareness Natural Family Planning 	76%	Predict fertile days by: taking temperature daily, checking vaginal mucus for changes, and/or keeping a record of your periods It works best if you use more than one of these Avoid sex or use condoms/spermicide during fertile days	Costs little Can be used while breastfeeding Can help with avoiding or trying to become pregnant	Must use another method during fertile days Does not work well if your periods are irregular Many things to remember with this method Does not protect against HIV or other STIs
Spermicide Cream, gel, sponge, foam, inserts, film 	72%	Insert spermicide each time you have sex	Can buy at many stores Can be put in as part of sex play/foreplay Comes in many forms: cream, gel, sponge, foam, inserts, film Can be used while breastfeeding	May raise the risk of getting HIV May irritate vagina, penis Cream, gel, and foam can be messy
Emergency Contraception Pills Progestin EC (Plan B® One-Step and others) and ulipristal acetate (ella®) 	58 - 94%	Works best the sooner you take it after unprotected sex You can take EC up to 5 days after unprotected sex If pack contains 2 pills, take both together	Can be used while breastfeeding Available at pharmacies, health centers, or health care providers: call ahead to see if they have it People of any age can get progestin EC without a prescription	May cause stomach upset or nausea Your next period may come early or late May cause spotting Does not protect against HIV or other STIs Ulipristal acetate EC requires a prescription May cost a lot

**Tucson Unified School District
Family Life Curriculum**

<p>Grade: HS Lesson: 7</p>	<p>Lesson Title/Focus: Sexually Transmitted Infections (STIs)</p>	<p>Materials:</p> <ul style="list-style-type: none"> • Teacher resource: STI Information Pages (9) • Worksheet “Causes and Transmission of Sexually Transmitted Infection Study Guide” • Worksheet “Vocabulary Activity”
<p>Lesson Objectives: Students will be able to</p> <ul style="list-style-type: none"> • discuss the cause and transmission of sexually transmitted infections (STIs) • define the term sexually transmitted infection • identify and describe the symptoms and treatment for the most common STIs • discuss the importance of seeking medical attention for any sign of a STIs • describe consequences of STIs if left untreated • discuss abstinence as the only 100% effective method of preventing pregnancy and STIs 		
<p>Academic Vocabulary:</p> <ol style="list-style-type: none"> 1) sexually transmitted infections (STIs) 2) AIDS (taught separately in Health Education Curriculum under communicable diseases) 3) chlamydia 4) gonorrhea 5) hepatitis 6) herpes 7) HPV 8) pelvic inflammatory disease (PID) 9) pediculosis (pubic lice) 10) syphilis 11) trichomoniasis 12) bacterial vaginosis 13) vaginitis 		
<p><u>Concepts</u></p> <ol style="list-style-type: none"> 1. STIs are diseases that are passed from person to person during sexual contact. Most STIs can only be transmitted through intimate sexual contact, but there are a few exceptions. Students must be aware of the causes, signs, symptoms, treatment and complications of STIs, and when to seek medical care. 2. All sexual partners of anyone treated for an STI must be tested and / or treated. 3. Many people with an STI may not have any symptoms at all, but can still transmit the infection to another person or have symptoms in the future themselves. Teens(or adolescents) who are sexually active should be tested for STIs regularly even if they don’t have symptoms. 4. Abstinence is the only 100% effective way to prevent STI transmission, 5. Using a condom or other barrier method reduces the risk of STI transmission. 6. For individuals at higher risk for HIV transmission, they should talk to their doctor about using medicine to prevent HIV (“Pre-exposure prophylaxis” or PrEP) 7. The HPV vaccine can help prevent the highest risk of HPV and reduce the risk of cervical cancer 		

**Tucson Unified School District
Family Life Curriculum**

Anticipatory Set:

- Have students make a T chart, listing everything they already know about STIs on the left and everything they want to know on the right.
- Use their charts as a way of teaching. Dispel misinformation and help students learn what they want to know.

Direct Instruction:

- Use the Teacher Resource: STI Information Pages to present this information to your students.

Guided Practice:

- Choose from the approved media list on STIs to show to students. Discuss issues presented in the films.
- Invite speaker from Pima County Health Department to discuss STIs as covered in this curriculum.
 - A. Have students prepare questions ahead of time.
 - B. Review questions before giving them to the speaker. If time allows, have speaker talk a few minutes on careers in public health.

Independent Practice:

- Have students complete the “Causes and Transmission of Sexually Transmitted Infections Vocabulary and Study Guide.”
- Have students complete the “Vocabulary Activity” worksheet.

Closure:

- Have each student pick one STI and write a paragraph about what they have learned.

Sexually Transmitted Infections: Information Page (1)

AIDS (Acquired Immune Deficiency Syndrome) caused by the Human Immunodeficiency Virus	Cause: virus
How is it contracted? It is spread through contact with someone who has the HIV virus by: <ul style="list-style-type: none"> • Sharing needles • Mother to unborn child • Breast milk (low risk) • Blood to blood contact • Sexual contact (most commonly anal or vaginal) 	
Symptoms: Acute HIV (weeks to months after transmission) <ul style="list-style-type: none"> • Flu-like feelings that do not go away • General rash AIDS <ul style="list-style-type: none"> • Unexplained weight loss • Long-term otherwise unexplained diarrhea • Frequent and recurrent infections • Infections in the mouth • Unusual changes to the skin 	
Treatment: <ul style="list-style-type: none"> • No cure • Medication suppresses HIV to slow the progressions of the infection 	If not treated: <ul style="list-style-type: none"> • It can be spread to sexual partners and anyone who has blood to blood contact • AIDS can be deadly • Mothers can pass the virus on to their unborn children
Medicines: <ul style="list-style-type: none"> • HAART may be used so that HIV is no longer detectable in the blood 	Prevention: <ul style="list-style-type: none"> • Medication (pre-exposure prophylaxis or PReP) may be used in those with higher risk of acquiring HIV to help prevent HIV

Sexually Transmitted Infections: Information Page (2)

CHLAMYDIA (the most common STI) It is the primary cause of Pelvic Inflammatory Disease (PID)		Cause: bacterium (Chlamydia Trachomatis)
How is it contracted? <ul style="list-style-type: none"> Spread during sexual intercourse, oral sex or anal sex with someone who has chlamydia 		
Symptoms: <ul style="list-style-type: none"> Symptoms usually begin 7-21 days after having sex with an infected person Most people have no obvious symptoms but may still transmit the infection and they may still get complications of the infection Discharge (usually white/watery/pus) from the vagina or penis Burning pain during urination or sex Throat pain (similar to strep throat) Anal/rectal pain or discharge 		
Diagnosis: <ul style="list-style-type: none"> Testing of the urine or a special swab of the source area Treatment: <ul style="list-style-type: none"> Oral antibiotics Treatment should always be for both the infected individual and their partner(s) to prevent reinfection 	If not treated: <ul style="list-style-type: none"> Can be passed on to sexual partners Can lead to more serious infection, such as Pelvic Inflammatory Disease, which can cause infertility 	

GONORRHEA	Cause: bacterium (Neisseria gonorrhoea, more commonly called gonococcus)	
How is it contracted? <ul style="list-style-type: none"> Spread during sexual intercourse, oral sex or anal sex with someone who has gonorrhea 		
Symptoms: <ul style="list-style-type: none"> Symptoms usually begin 2-5 days after having sex with an infected person Discharge (usually white/yellow/pus) from the vagina or penis Burning pain during urination or sex Throat pain (similar to strep throat) Anal/rectal pain or discharge Most people have no obvious symptoms but may still transmit the infection and they may still get complications of the infection 		
Diagnosed by: Testing the urine or a special swab of the source area		
Treatment: <ul style="list-style-type: none"> Antibiotics (usually injection) Treatment should always be for both the infected individual and their partner(s) to prevent reinfection 	If not treated: <ul style="list-style-type: none"> Can be passed on to sexual partners Can lead to more serious infection, such as Pelvic Inflammatory Disease, which can cause infertility Can cause more serious complications by spreading throughout the body 	

Sexually Transmitted Infections: Information Page (3)

HEPATITIS A (HAV)	HEPATITIS B (HBV)	HEPATITIS C (HCV)
Cause: virus		
How is it contracted? <ul style="list-style-type: none"> • Oral contact with fecal matter (poop) through: <ul style="list-style-type: none"> ○ Unsafely prepared food ○ Poor hand washing ○ Oral-rectal sexual contact 	How is it contracted? <ul style="list-style-type: none"> • Spread in semen and blood • Sexual contact • Mothers to unborn children • Transfusions (rare) • Organ transplants (rare) 	How is it contracted? <ul style="list-style-type: none"> • Spread through blood • Sexual contact (less common than HBV) • Sharing needles for intravenous drug use • Mothers to unborn children • Transfusions (rare) • Organ transplants (rare)
Symptoms: <ul style="list-style-type: none"> • May be invisible during its most contagious phase • Extreme fatigue, headache, fever, hives • Lack of appetite, nausea, vomiting, tenderness in the right upper abdomen • May progress to dark urine, clay-colored stool, yellowing of the skin and whites of the eyes (jaundice) 		
Treatment: <ul style="list-style-type: none"> • No treatment • Often clears in 4-8 weeks, but sometimes does not Prevention: <ul style="list-style-type: none"> • series of vaccinations 	Treatment: <ul style="list-style-type: none"> • Can sometimes be treated with medication • Unlikely to clear spontaneously Prevention: <ul style="list-style-type: none"> • series of vaccinations 	Treatment: <ul style="list-style-type: none"> • medications can cure the virus • Unlikely to clear spontaneously Prevention: <ul style="list-style-type: none"> no vaccination to prevent infection
If not treated: <ul style="list-style-type: none"> • HAV, HBV, and HCV are all contagious • Can lead to severe or even permanent liver damage • Some people remain infected and contagious for the rest of their lives 		

Sexually Transmitted Infections: Information Page (4)

HERPES		Cause: virus
<p>How is it contracted?</p> <ul style="list-style-type: none"> • Spread during contact with an open sore/blister – can be from oral/vaginal/anal sexual intercourse or general contact. • Highest risk of transmission is during the active phase when a sore or blister is present, but it can be spread at other times too 		
<p>Symptoms:</p> <ul style="list-style-type: none"> • Symptoms show up 2-21 (average 6) days after having sex with an infected person • Initial breakout can be accompanied by flu-like feelings, run-down body, swollen glands, fever and chills, muscle ache, nausea • Blisters that last 1-3 weeks, often break and become open sores • Itching or burning before the blisters appear, followed by small, painful blisters on the sex organs, buttocks, or mouth (cold sores) • Blisters go away, but herpes virus remains in the body • Blisters reoccur • Possible triggers for breakouts include emotional stress, poor diet, menstruation, sunburn, friction from tight clothing and vigorous sexual intercourse • Some people have no symptoms 		
<p>Treatment:</p> <ul style="list-style-type: none"> • There is no cure • Treatment can help symptoms • Acyclovir is a prescription drug used to treat the pain of the blisters, but does not prevent a breakout, cure the infection, or prevent infecting another person 		<p>If not treated:</p> <ul style="list-style-type: none"> • Can be spread to sexual partners • A mother with an active herpes breakout may deliver early or miscarry. If the baby contracts herpes during delivery, they may suffer severe illness or death. If there is an active breakout in the mother, she will usually deliver cesarean section.

Sexually Transmitted Infections: Information Page (5)

HUMAN PAPILLOMA VIRUS (HPV), GENITAL WARTS, CERVICAL/PENILE/ANAL CANCER		Cause: virus
Information:		
<ul style="list-style-type: none"> Over 100 strains of HPV exist. Different strains cause warts on the hands and feet but these strains are not STIs. Other strains only infect human genital organs and some of these strains can lead to cancer. 		
How is it contracted?		
<ul style="list-style-type: none"> Almost always spread through genital contact or during oral, anal, or vaginal sex with someone who has HPV Being exposed to HPV leads to a greater than 50% chance of contracting the virus 		
Symptoms:		
<ul style="list-style-type: none"> Usually appear within three months but can begin anywhere from six weeks to eight months after exposure Genital warts are white or gray in color, appear in clusters and may be described as “cauliflower-like”. Sometimes they are the same color as the person’s skin tone Sometimes there are no symptoms 		
Prevention:		
<ul style="list-style-type: none"> The HPV strains that are most likely to lead to cancer can be prevented by a vaccine Cervical cancer can be prevented is women get regular screening (called a Pap smear) starting at age 21 and every 3-5 years after. 		
Treatment:	If not treated:	
<ul style="list-style-type: none"> Cannot be cured without medication Warts can be removed by a doctor using freezing, medication, or surgical methods, but they can regrow Penile and anal cancer are treated by removing cancerous cells 	<ul style="list-style-type: none"> Can be spread to another person Can lead to cervical, penile, or anal cancer 	

PELVIC INFLAMMATORY DISEASE (PID)		Cause: bacteria
How is it contracted?		
<ul style="list-style-type: none"> Spread during sexual intercourse Usually caused by an infection such as chlamydia that moves into the uterus (in women) 		
Symptoms:		
<ul style="list-style-type: none"> Occurs in both men and women Pelvic pain, chills, fever, irregular menstrual periods (women), lower back pain (women), pain and swelling of scrotum (men) 		
Treatment:	If not treated:	
<ul style="list-style-type: none"> Usually antibiotics based on the specific infection 	<ul style="list-style-type: none"> Scar tissue in the fallopian tubes resulting in dangerous tubal pregnancy later in life Sterility Scar tissue in vas deferens May move into the abdomen and blood stream, causing an even more serious infection 	

Sexually Transmitted Infections: Information Page (6)

PEDICULOSIS PUBIS (pubic lice, crabs, lice)		Cause: parasite
<p>Information:</p> <ul style="list-style-type: none"> • Crab-like parasites that live in the pubic hair and feed on tiny human blood vessels. • They attach to the hair follicles and deposit their eggs near the base of the hair shaft. • They reproduce quickly and cannot be washed off. • The louse is a tiny white organism that looks like a crab. It has claws that enable it to attach itself to the hairs of the genitals, chest, armpits or scalp. • Once secured to the hairs, the louse inserts its mouthpiece into the skin and feeds on blood. During feeding, it injects saliva into the skin which causes irritation and severe itching 		
<p>How is it contracted?</p> <ul style="list-style-type: none"> • Spread by intimate physical contact with infected person • Could get from infected bedding, clothing or towels, hairbrush (as eggs can live up to 6 days) 		
<p>Symptoms:</p> <ul style="list-style-type: none"> • Symptoms usually show up 25-30 days after exposure • Small bumps at the base of the hair • Intense itching in pubic area • Bloodstains may be noticed on underwear 		
<p>Diagnosis:</p> <ul style="list-style-type: none"> • usually diagnosed by sight <p>Treatment:</p> <ul style="list-style-type: none"> • special shampoos such as K-Well, A-200, and Cuprex, are available from the pharmacy without a prescription 	<p>If not treated:</p> <ul style="list-style-type: none"> • Can be spread to sexual partner(s) • Continued symptoms 	

Sexually Transmitted Infections: Information Page (7)

SYPHILIS		Cause: bacterium (treponema pallidum)
<p>How is it contracted?</p> <ul style="list-style-type: none"> • Spread during sexual intercourse, oral sex or anal sex with someone who has syphilis 		
<p>Symptoms:</p> <p>Primary syphilis – usually detected as a painless sore on the penis or vagina</p> <ol style="list-style-type: none"> 1. Incubation period is from 10 days to three months 2. Symptoms show up 1-2 weeks after having sex 3. A painless, reddish-brown sore (chancre) on the mouth or sex organs (penis, vagina, or cervix) 4. Sore goes away, but syphilis remains <p>Secondary syphilis</p> <ol style="list-style-type: none"> 1. Symptoms show up within 10 weeks after primary stage 2. An itchy, painless rash anywhere on the body caused by the infection as they enter the bloodstream on their way to the vital organs 3. Flu-like symptoms 4. Rash and flu-like symptoms go away within 2-6 weeks, but syphilis remains <p>Late syphilis is the final stage, during which the infection is reactivated, often years later, which can cause brain / neurologic symptoms and even death</p>		
<p>Treatment:</p> <ul style="list-style-type: none"> • Antibiotics, injection 	<p>If not treated:</p> <ul style="list-style-type: none"> • Syphilis can be spread to sexual partners • Infected mothers can spread it to their babies during childbirth or a stillbirth may occur • Complications as described above • Syphilis can be serious, even deadly, if left untreated. • Modern health care and screening methods almost always detect the disease before it progresses far enough to be fatal. 	

Sexually Transmitted Infections: Information Page (8)

TRICHOMONIASIS (Trich)		Cause: parasite
How is it contracted?		
<ul style="list-style-type: none"> • A microscopic one-celled organism called a trichomonad. • It is pear shaped and has a whip like tail • It moves by swimming • Sexually transmitted and can be passed to another person even if no symptoms appear • Usually contracted through sexual contact, but it can be transmitted through moist materials such as wet swim suits, wash cloths or towels 		
Symptoms:		
<ul style="list-style-type: none"> • Usually appears between 4-28 days after contact • Itching and burning in the vaginal area, pain during intercourse, redness or red marks on the vaginal walls and a frothy, yellow green discharge that has an odor 		
Diagnosis:	Treatment:	If not treated:
<ul style="list-style-type: none"> • Diagnosed by an inflamed vagina or with a wet mount slide of vaginal or penile discharge 	<ul style="list-style-type: none"> • oral antibiotic • Your partner(s) should be treated as well, even if they have no symptoms, to help prevent reinfection 	<ul style="list-style-type: none"> • Infects the bladder or urinary tract in women and the prostate, bladder and urethra in men.

BACTERIAL VAGINOSIS (BV)		Cause: bacteria
(Not an STI, but may be confused for an STI, and has similar symptoms)		
How is it contracted?		
<ul style="list-style-type: none"> • Pregnancy, antibiotics, birth control pills, menstruation, diabetes, can lead to vaginitis due to change in bacterial level • Spread during sexual intercourse, oral sex or anal sex. Men can carry vaginitis 		
Symptoms:		
<ul style="list-style-type: none"> • Some women have no symptoms • Itching, burning, or pain in the vagina • More discharge (creamy white, white, yellow, watery, or blood tinged) from the vagina than normal • Discharge smells and or looks different (sometimes has a fishy odor) 		
Diagnosis:	Treatment: (depends on the type)	If not treated:
<ul style="list-style-type: none"> • Usually diagnosed by a smear of vaginal or cervical discharge or by a culture 	<p>May include:</p> <ul style="list-style-type: none"> • antibiotic suppositories • sulfa creams • Flagyl • antibacterial douche. 	<ul style="list-style-type: none"> • Can be spread to sexual partners • Uncomfortable symptoms will continue • Men can get infections in the prostate gland and urethra

Sexually Transmitted Infections: Information Page (9)

<p>VAGINITIS (yeast infection) (Is NOT a sexually transmitted infection. It is a common vaginal infection that is especially frequent in women who are pregnant, diabetic, on antibiotics or birth control pills.)</p>	<p>Cause: yeast-like fungus called Candida Albicans</p>
<p>How is it contracted?</p> <ul style="list-style-type: none">• Usually brought on by pregnancy, diabetes, poor diet, stress, excessive douching, antibiotics	
<p>Symptoms:</p> <ul style="list-style-type: none">• Severe itching, redness, or soreness, and cruddy, white vaginal discharge• The fungus is normally present in healthy mouths, intestines and vaginas	
<p>Diagnosis:</p> <ul style="list-style-type: none">• Diagnosed by a vaginal swab examined under a microscope• When viewed under a microscope, the fungi look like long fibers attached to tiny buds <p>Treatment:</p> <ul style="list-style-type: none">• Various prescription drugs• Over the counter medicines	

Causes and Transmission of Sexually Transmitted Infections Study Guide

STI	ORGANISM RESPONSIBLE (CAUSE)	SIGNS & SYMPTOMS (MALE)	SIGNS & SYMPTOMS (FEMALE)
AIDS			
Chlamydia			
Gonorrhea			
Hepatitis			
Herpes			
HPV			
PID			
Pediculosis Pubis			
Syphilis			
Trichomoniasis			

Vocabulary Activity

STI	What I Know	Slang Terms	What I Now Know is Correct	Clear Definition
AIDS				
Chlamydia				
Gonorrhea				
Hepatitis				
Herpes				
HPV				
PID				
Pediculosis Pubis				
Syphilis				
Trichomoniasis				

Tucson Unified School District
Family Life Curriculum

<p>Grade: HS Lesson: 8</p>	<p>Lesson Title/Focus: Pregnancy / Fetal Development</p>	<p>Materials:</p> <ul style="list-style-type: none"> • Materials to facilitate student research and presentations • Pre-natal development chart (not for use as student hand-out)
<p>Lesson Objectives: Students will be able to</p> <ul style="list-style-type: none"> • discuss how pregnancy occurs • discuss prenatal care and development in each trimester • determine factors that influence prenatal development such as diet, lifestyle, and care • describe the development of the fertilized egg through pregnancy • explain the physical changes that occur in the body from conception through birth 		
<p>Academic Vocabulary:</p> <ol style="list-style-type: none"> 1. pregnancy 2. pre-natal care 3. fertilization 4. immunizations 5. infant mortality 6. vertical transmission 		
<p>Concepts:</p> <ol style="list-style-type: none"> 1. The stages of development from fertilization to birth are divided into weekly and monthly stages, from implantation to birth. 2. Pre-pregnancy and during pregnancy nutrition, stress and mood, lifestyle exposures (such as tobacco use, alcohol, caffeine, and other drugs), and other factors have significant impacts on the healthy growth and development of the fetus. 3. Pre-natal care by a doctor is important for the health of the mother and the baby. 		
<p>Anticipatory Set:</p> <ul style="list-style-type: none"> • Introduce and assess prior knowledge of vocabulary. 		
<p>Direct Instruction:</p> <ul style="list-style-type: none"> • Discuss the fact that when planning to become pregnant, a female should be in optimum physical health to increase chances of a healthy baby. Some health precautions to take before pregnancy: <ol style="list-style-type: none"> A. Avoid pregnancy until adulthood B. make sure immunizations are current C. maintain a healthy, well balanced diet including the proper vitamins and minerals (especially folic acid) D. maintain a healthful level of physical fitness E. abstain from harmful substances F. manage chronic illnesses G. treat minor infections H. avoid closely spaced pregnancies • Discuss the factors surrounding infant mortality and vertical transmission of STIs. 		

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Guided Practice:

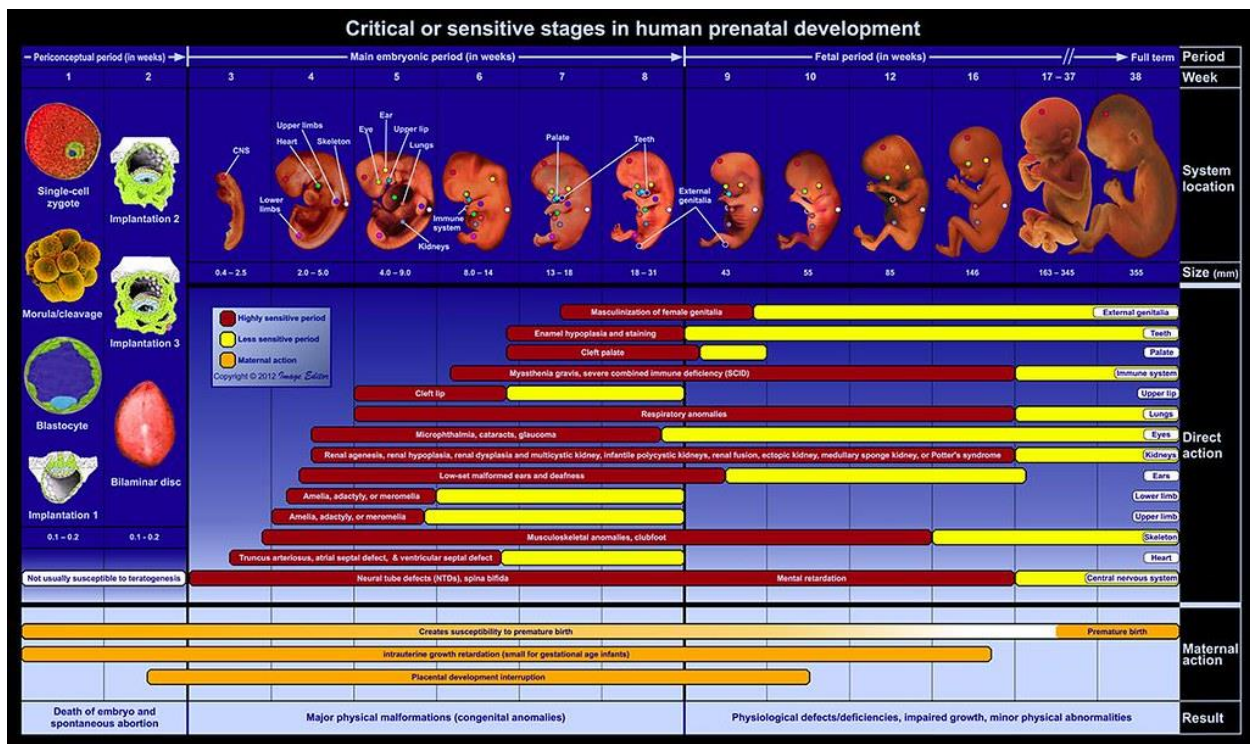
- Divide the class into groups. Assign each group one stage of development starting with the first week after fertilization and continuing for nine months. Assist students with research as needed.

Independent Practice:

- Have students create a presentation based on their research regarding the stage of development assigned. Include the impact of the mother's health and behavior on the developing baby.

Closure:

- Student presentations. If time, allow for questions, reflection and feedback.



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<p>Grade: HS Lesson: 9</p>	<p>Lesson Title/Focus: Teenage Pregnancy and Parenthood</p>	<p>Materials:</p> <ul style="list-style-type: none"> • Materials to facilitate student research.
<p>Lesson Objectives: Students will be able to</p> <ul style="list-style-type: none"> • demonstrate knowledge of life management skills • discuss disadvantages of teenage pregnancy • discuss abstinence as the only 100% effective method of preventing pregnancy and sexually transmitted infections • take responsibility for making decisions and choosing actions consistent with personal values • understand advantages and disadvantages of the choices available to pregnant teens • discuss Arizona Laws as they pertain to the duties, responsibilities and rights of parenting • discuss Arizona Laws as they pertain to the financial responsibilities of parenting • understand the Arizona state statute giving preference to childbirth and adoption as preferred options to abortion 		
<p>Academic Vocabulary:</p> <ol style="list-style-type: none"> 1. pre-natal care 2. custodial arrangements 3. paternity 4. adoption 		
<p>Concepts:</p> <ol style="list-style-type: none"> 1. Personal, religious, cultural, familial and moral values affect decisions regarding pregnancy, please refer your students to their parents 2. Decisions around pregnancy can be difficult, please seek out support (e.g., physically, spiritually, mentally, and emotionally). 3. Options when pregnant <ol style="list-style-type: none"> A. Carrying to term and parenting <ol style="list-style-type: none"> a. Parental / family and partner involvement and support b. The rights and responsibilities of a mother <ol style="list-style-type: none"> i. A pregnant teen under 18 is able to make medical decisions for her pregnancy and for her child(ren) ii. Options for prenatal care (obstetrician, family doctor, nurse midwife) c. The rights and responsibilities of a father <ol style="list-style-type: none"> i. Establishing paternity (this could be court ordered) d. Shared rights and responsibilities <ol style="list-style-type: none"> i. Custodial arrangements ii. Co-parenting iii. Financial responsibilities B. Carrying to term and placing child for adoption <ol style="list-style-type: none"> a. Shared rights and responsibilities 		

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- C. Terminating the pregnancy (elective or induced abortion)
 - a. Options include medication-induced abortion and surgical abortion
 - b. Legality, consent for minors (i.e., parental consent, ultrasound, waiting period). The laws regarding abortion can be found in the AZ revised statute as well as the AZ Department of Health Services.
 - c. As a medical procedure, there are potential financial costs.

Anticipatory Set:

- Discuss vocabulary for student understanding

Direct Instruction:

- Discuss the following topics:
 - goal setting prior to parenthood
 - unique challenges of teenage parenthood
 - awareness of healthy behaviors for a pregnant woman
 - advantages of prepared childbirth
 - choices available to both parents in the event of pregnancy
 - expenses involved in prenatal care and childbirth
 - the legal responsibilities and rights of the father and the mother

Guided Practice:

- Assign groups and/or or topics (pros and/or cons) for student research. Assist student with their research as needed.

Independent Practice:

- Research potential pros and cons for parenting, placing for adoption and elective abortion.

Closure:

- Have students present or discuss what they found in their research.

Additional Information:

Relevant Arizona Laws:

ARS 15-115 Preference for childbirth and adoption; allowable presentations

- A. In view of the state’s strong interest in promoting childbirth and adoption over elective abortion, no school district or chart school in this state may endorse or provide financial or instructional program support to any program that does not present childbirth and adoption as preferred options to elective abortion.
- B. In view of the state’s strong interest in promoting childbirth and adoption over elective abortion, no school district or chart school in this state may allow any presentation during instructional time or furnish any materials to pupils as part of any instruction that does not give preference, encouragement and support to childbirth and adoption as preferred options to elective abortion.

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<p>Grade: HS Lesson: 10</p>	<p>Lesson Title/Focus:</p> <ul style="list-style-type: none"> Media Influence on Sex and Sexuality 	<p>Materials:</p> <ul style="list-style-type: none"> “Myth or Fact” Worksheet “Myth or Fact” Answer Key
<p>Lesson Objectives: Students will be able to</p> <ul style="list-style-type: none"> identify and understand the roles that media play in sex and sexuality 		
<p>Academic Vocabulary:</p> <ol style="list-style-type: none"> depersonalization decontextualization perpetuate cyber sexual harassment 		
<p>Concepts:</p> <ol style="list-style-type: none"> Emotional consequences and effects on relationships. Depersonalization and decontextualization that can lead to riskier sexual behavior. How media shapes views of healthy relationships. Stereotypes can be perpetuated across all media. Negative impacts: <ol style="list-style-type: none"> representations of types of relationships (false expectations) expected sexual experiences increased cyber sexual harassment and bullying (online gaming, social media, dating apps, sexting - online experiences) can cause increased anxiety, stress and depression An awareness of laws regarding the recording and distribution of sexual content (and possible legal ramifications). Review decision-making and problem-solving strategies. 		
<p>Anticipatory Set:</p> <ul style="list-style-type: none"> Brainstorm examples of TV commercials, magazine ads, social media ads, and advertising jingles that pressure the consumer to buy a product. What messages do they give about sex and sexual relationships? Do they stereotype, give unhealthy messages, give incorrect messages? 		
<p>Direct Instruction:</p> <ul style="list-style-type: none"> Review decision-making and problem solving strategies from previous lessons. 		
<p>Guided Practice:</p> <ul style="list-style-type: none"> Discuss pros and cons of different social media. Discuss how does social media, media, and pornography shape views around consent? What are some examples of positive and negative representations of sexual relationships found in media (TV, movies, music)? Have students work through the following scenarios through writing, discussion or role playing: 		

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- Someone sent a screenshot of a compromising photo of a friend and it has begun to go viral at school. What do you do?
- You are in a chat room in an online game. One player begins to harass another player by calling them inappropriate names and using abusive language. What would / should you do?
- Your current partner watches pornography and it makes you feel sexually pressured. How would you tell them how you feel?
- Your friend posted an inappropriate video or photo on social media. What would some of the social and emotional ramifications be?
- You are at a party. Someone approaches you and asks if you would be willing to participate in a photo shoot. How do you respond?

Independent Practice:

- Complete the “Myths or Facts” worksheet

Closure:

- Review the answers to the “Myths or Facts” worksheet and answer any questions that arise.

MYTH OR FACT?
Consent, Online Dating and Other Media Influences

Directions: Read each statement. Write FACT on the line if you think the statement is true.
Write MYTH on the line if you think the statement is false.

_____ MEDIA HAS NO INFLUENCE ON HOW WE VIEW OURSELVES

_____ MUSIC ALWAYS PORTRAYS RELATIONSHIPS IN A POSITIVE LIGHT

_____ IT IS IMPORTANT TO VIEW MEDIA WITH A CRITICAL LENS.

_____ YOU WILL ALWAYS KNOW HOW MANY SEXUAL PARTNERS YOUR
ONLINE DATE HAS HAD

_____ IT IS POSSIBLE THAT PEOPLE ON DATING APPS DO NOT ALWAYS
PRESENT THE TRUTH IN THEIR PROFILE

_____ EVERYTHING SEEN IN INTERNET PORN IS SOMETHING YOUR
PARTNER WILL ENJOY

_____ WHEN SEXTING, ONLY YOUR PARTNER WILL SEE IT

_____ SHARING A PHOTO OR VIDEO OF YOURSELF OR OTHER MINORS
WITHOUT CLOTHING IS ILLEGAL AND A FELONY

MYTH OR FACT?

Answer Key

- MYTH** MEDIA HAS NO INFLUENCE ON HOW WE VIEW OURSELVES
- MYTH** MUSIC ALWAYS PORTRAYS RELATIONSHIPS IN A POSITIVE LIGHT
- FACT** IT IS IMPORTANT TO VIEW MEDIA WITH A CRITICAL LENS.
- MYTH** YOU WILL ALWAYS KNOW HOW MANY SEXUAL PARTNERS YOUR ONLINE DATE HAS HAD
- FACT** IT IS POSSIBLE THAT PEOPLE ON DATING APPS DO NOT ALWAYS PRESENT THE TRUTH IN THEIR PROFILE
- MYTH** EVERYTHING SEEN IN INTERNET PORN IS SOMETHING YOUR PARTNER WILL ENJOY
- MYTH** WHEN SEXTING, ONLY YOUR PARTNER WILL SEE IT
- FACT** SHARING A PHOTO OR VIDEO OF YOURSELF OR OTHER MINORS WITHOUT CLOTHING IS ILLEGAL AND A FELONY

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<p>Grade: HS Lesson: 11 (may take 2-3 class periods)</p>	<p>Lesson Title/Focus: Sexual Harassment and Abuse</p>	<p>Materials:</p> <ul style="list-style-type: none"> • “Could It Be?” Worksheet • Do’s and Don’ts Reference Sheet
<p>Lesson Objectives: Students will be able to</p> <ul style="list-style-type: none"> • understand what constitutes sexual harassment and abuse • learn the prevalence of child abuse and why victims/survivors do not speak out • learn that abuse is never the victims /survivors fault • understand the harmful effects of sexual harassment and abuse • know that harassment is against the law • know how where to report and get help for sexual harassment and abuse • apply boundary setting and assertiveness skills for achieving life goals to avoid and respond to sexual harassment and abuse • understand the social implications of sexual abuse and harassment and the individual and collective roles and responsibilities 		
<p>Academic Vocabulary:</p> <ol style="list-style-type: none"> 1. sexual harassment 2. sexual abuse 3. consent 		
<p>Concepts:</p> <ol style="list-style-type: none"> 1. Sexual Harassment <ol style="list-style-type: none"> A) Sexual harassment is a serious problem among youth. <ul style="list-style-type: none"> • According to research by the Harvard School of Education many youth report being victims of sexual harassment. B) According to TUSD’s policy, Sexual harassment includes unwelcome sexual advances, requests for sexual favors, and other verbal, graphic, written, or physical conduct of a sexual nature, where: <ul style="list-style-type: none"> • Submission to such conduct is made either explicitly or implicitly; or • Such conduct has the purpose or effect of substantially interfering with an individual's educational performance, or creating an intimidating, hostile, or offensive educational environment. C) According to TUSD’s policy, sexual harassment may include, but is not limited to: <ul style="list-style-type: none"> • Suggestive or obscene letters, notes, invitations, derogatory comments, slurs, jokes, epithets, impeding or blocking movement, leering, gestures, display of sexually suggestive objects, posters or cartoons. • Continuing to express romantic or sexual interest after being informed that the interest is unwelcome. • Implying that grades would be withheld or affected; or suggesting a scholarship recommendation or college application will be denied. D) Sexual harassment is not limited to the educational setting, but may occur in one or more of the following settings: <ul style="list-style-type: none"> • The workplace 		

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- The public arena
 - The home
 - extracurricular activity
- E) Unfortunately, sexual harassment is often ignored or excused
- Some say that harassment is “just flirting” or “boys will be boys.” They may even blame the victim because of the way they dressed or they could say that they can’t take a joke. Relationships should be mutual and built on respect of one another’s boundaries. When one person is offended, it is harassment, not flirting.
 - Power Plays/Sexual harassment/sexual abuse are unhealthy power dynamics. Many individuals grow up believing in being competitive and in exercising power-especially over others. When subjected to harassment- or worse, sexual assault or rape-victims/survivors often wrongly assume it is their fault.
 - Stereotypes play into the power dynamic and exist across cultures and across media: treating males and females the way they are portrayed in the media.
- F) Anyone can sexually harass others or be the target of harassment.
- Sexual harassment can occur among peers or between faculty and students.
- G) Sexual harassment is against the law. Title VII of the Civil Rights Act of 1964 and Title IX of the Educational Amendments of 1972 prohibit sexual harassment.
- TUSD has a policy that prohibits sexual harassment and stipulates consequences for such acts.
- H) Sexual harassment could cause someone to:
- Become physically ill
 - Withdraw from social or public situations
 - Turn to drugs
 - Feel unable to have comfortable relationships with others
 - Be limited in their academic choices
 - Feel angry, afraid, embarrassed, degraded, or intimidated
- I) Sexual abuse is never the victims/survivors fault.

2. Why Don’t Some Abuse victims/Survivors Speak Out, Get Help, Run Away from their Abuser?

- A) They may be under the control of their abuser, who mentally and/or emotionally brainwashes victims/survivors into believing what they want them to believe.
- Traumatic bonding to the abuser: “He loves me. He’s my boyfriend.”
 - Abuser may make the victim/survivor feel responsible for satisfying their sexual needs, relieving stress, - that the child is the only one that can do this for them.
- B) They may not be old enough to understand they are being abused. It may seem normal or loving.
- C) They do not see themselves as being abused: “It’s my choice.” or “ It’s my fault.”
- D) Their abuser may use fear and threaten them or their friends/family members. Threats may include physical, emotional, or financial harm.
- E) They may experience feelings of shame and/or humiliation.
- They may blame themselves for allowing the abuse, and not saying “no”

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- The abuse may “feel good” and they may not understand that the body responds in a pleasurable way to stimulation even when it is abusive. This can be confusing.
- F) Distrust or fear-of law enforcement, those in authority, or service providers.
- This may be due to immigration status or involvement in the juvenile justice system
- G) Abuse may be normalized
- H) Fear of harming or losing their family
- Disappointing their parents that they have somehow "allowed" the abuse to occur, that they are to blame (abusers may tell them this is how their family will respond)
 - Reporting a family member – which could cause a parent or other family member to have to leave
 - Feel obligated to keep it a secret to keep the family together and to avoid retaliation by family members.
 - fear of being abandoned
 - fear of not being believed
- 3. Harmful effects of sexual harassment or abuse can cause the survivor to:**
- A) Become physically ill, i.e. frequent headaches, stomach aches
 - B) Withdraw from social or public situations, lose interest in favorite activities, runaway
 - C) Turn to drugs, cutting, burning, sexual acting out/promiscuity, eating disorders
 - D) Feel unable to have comfortable relationships with others
 - E) Be limited in their academic choices, drop in grades, drop out of school
 - F) Feel angry, afraid, embarrassed, degraded, intimidated
 - G) Experience frequent nightmares, bed-wetting
 - H) Hate themselves, put themselves down
 - I) Experience anxiety, depression, and/or suicidal thoughts or a
 - J) Assume a victim mentality, believing they lack the power to say “no,” to resist those who are domineering, controlling, abusive
 - K) Become more susceptible to further abuse, assault, exploitation
 - L) Have a lack of appropriate boundaries
- 4. Applying boundary setting and assertiveness skills to identify red flags of sexual harassment and abuse**
- A) The majority of abuse occurs in private one to one situations. Should an unsafe situation arise, trust your intuition and leave.
 - B) The majority of abuse involves someone you know. You have the power and permission to set and maintain personal boundaries even with people you love and trust.
 - C) Be aware of tactics abusers may use such as excessive attention or flattery and unwarranted or frequent gifts.
 - D) Be especially careful with sleepovers. They may increase opportunity for abuse.

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5. Responding to sexual harassment or abuse – regarding yourself or someone you know

A) Reporting harassment or abuse

- DO NOT STAY SILENT. Tell a responsible adult – not just a peer.
- When possible, talk with your parents, guardians or other family members
- If safe, you have the power to tell the harasser or abuser that you don't like the behavior and tell them to stop!
- If you confront the harasser or abuser face to face, ask a-trusted adult to join you.
- Professionals such as physicians, nurses, psychologists, teachers, school personnel, social workers, and police officers are obligated to report sexual molestation, abuse, or physical neglect to law enforcement or the Department of Child Safety (DCS)
- Tell law enforcement yourself by dialing 911. If you are not sure it is something that needs to be reported, or if you are not yet prepared to identify yourself, there are ways to make anonymous reports through some of the resources listed.
- Don't feel guilty. You didn't cause harassment and you are not responsible for it.

B) Get the help you need to heal and re-establish your life goals and boundaries

- Get referrals from your parents, guardians, other family members, school counselor, clergy
- Speaking out is the first step to healing.

C) Be an advocate for someone you believe is being harassed or abused. Friends don't stay silent, they believe and support one another in finding safety.

D) Resources available

- School counselor
- Abuse at home – The Mama Bear Effect: 1-888-428-0101
- DCS Child Abuse Hotline: 1-888-767-2445 (1-888-SOS-CHILD)
- RAINN Rape and Incest National Network: (1-800-656-HOPE)

Anticipatory Set:

- Have students make a T chart, listing everything they already know about sexual harassment and abuse on the left and everything they want to know on the right.
- Use their charts as a way of teaching. Dispel misinformation and help students learn what they want to know.

Direct Instruction:

- Introduce and discuss the concepts presented in this lesson.

Guided Practice:

- Before discussing the definitions of sexual harassment and abuse, have students complete the "Could it Be?" worksheet individually.

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- Discuss with the class their answers to “Could it Be?” and see if any of their answers change after viewing approved media
- Show and discuss approved media.
- Discuss with the class the causes of sexual harassment and abuse, and why most victims do not report harassment or abuse

Independent Practice:

- Before discussing the definitions of sexual harassment and abuse, have students complete the “Could it Be?” worksheet individually.

Closure:

Have students respond in writing (exit ticket) to one of the closing questions below:

- Why most victims do not report harassment or abuse?
- List 3 things you learned in today’s lesson?
- What are some of the resources available to survivors sexual harassment and/or abuse?

Additional Information:

Applicable Arizona Laws

13-1401. Definitions

5. "Without consent" includes any of the following:

- (a) The victim is coerced by the immediate use or threatened use of force against a person or property.
- (b) The victim is incapable of consent by reason of mental disorder, mental defect, drugs, alcohol, sleep or any other similar impairment of cognition and such condition is known or should have reasonably been known to the defendant.
- (c) The victim is intentionally deceived as to the nature of the act.

13-1402. Indecent exposure; classifications

A. A person commits indecent exposure if he or she exposes his or her genitals or anus or she exposes the areola or nipple of her breast and another person is present, and the defendant is reckless about whether such other person would be offended or alarmed by the act.

B. Indecent exposure to a person under the age of fifteen years is a class 6 felony [1 yr].

13-1403. Public sexual indecency; public sexual indecency to a minor; classifications

A. A person commits public sexual indecency by intentionally or knowingly engaging in any of the following acts, if another person is present, and the defendant is reckless about whether such other person would be offended or alarmed by the act:

1. An act of sexual contact.
2. An act of oral sexual contact.
3. An act of sexual intercourse.

B. A person commits public sexual indecency to a minor if he intentionally or knowingly engages in any of the acts listed in subsection A and such person is reckless whether a minor under the age of fifteen years is present.

C. Public sexual indecency to a minor is a class 5 felony [1.5 yrs.]

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13-1404. Sexual abuse; classifications

A. A person commits sexual abuse by intentionally or knowingly engaging in sexual contact with any person fifteen or more years of age without consent of that person or with any person who is under fifteen years of age if the sexual contact involves only the female breast.

B. Sexual abuse is a class 5 felony [1.5 yrs] unless the victim is under fifteen years of age in which case sexual abuse is a class 3 felony [3.5 yrs].

13-1417. Continuous sexual abuse of a child; classification

B. Continuous sexual abuse (three or more acts over three months or more) of a child under fourteen years of age is a class 2 felony [5 yrs].

13-3553. Sexual exploitation of a minor

A. A person commits sexual exploitation of a minor by knowingly:

1. Recording, filming, photographing, developing or duplicating any visual depiction in which minors are engaged in exploitive exhibition or other sexual conduct.
2. Distributing, transporting, exhibiting, receiving, selling, purchasing, electronically transmitting, possessing or exchanging any visual depiction in which minors are engaged in exploitive exhibition or other sexual conduct.

B. Sexual exploitation of a minor is a class 2 felony [5 yrs].

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COULD IT BE?

Place an **X** beneath *agree* if the statement is an example of sexual harassment or abuse and an **X** below the *disagree* if the statement is **not** an example of sexual harassment or abuse.

Agree	Disagree	
		Discussing or “rating” another person’s body or sex appeal.
		Unwelcome touching of breasts, buttocks, or genitals.
		Calling other students derogatory names.
		Exposing someone by removing clothing against their will.
		Using an electronic device to send unwanted sexual messages.(sexting)
		Being best friends with someone of the opposite sex.
		Spreading a sexual rumor about someone.
		Kissing someone.
		Girls using vulgar language to a boy.
		A teacher offering a better grade in exchange for sex.
		Writing something sexual about another person on the bathroom wall.
		Continuing to follow someone around or communicate with them after they have asked you to stop.
		Bra snapping.
		Mooning someone.
		Encouraging someone by patting them on the butt.
		Unwanted hugging.
		Blocking a doorway or grabbing someone’s arm to keep them from leaving.
		Using sexual language or derogatory language in an online game.

DO'S AND DON'TS

DON'T

- Make unwanted sexual demands or advances.
- Touch a person who doesn't want to be touched.
- Make sexually demeaning remarks or gestures to or about others.
- Laugh at or repeat other's sexually harassing words or behavior.
- Pressure someone to say or do something they don't want to do.
- Make someone feel like you are hindering their ability to leave.
- Keep pursuing someone who doesn't want you to.

DO

- Put yourself in the other person's shoes. How would you feel?
- Ask if you would want this said or done to someone you care about - or if you would want them to see or hear your comment or behavior.
- Treat others in a fair and respectful way.
- Think about how you want others to treat you.
- Stand up for yourself and others.
- Report harassment or abuse and get help.

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Grade: HS Lesson: 12	Lesson Title/Focus: Rape / Sexual Assault / Sexual Abuse	Materials: <ul style="list-style-type: none"> • Drawing paper/poster paper
Lesson Objectives: Students will be able to <ul style="list-style-type: none"> • define rape, sexual assault, and abuse • identify and dispel common myths about rape • know ways to increase personal safety and awareness • understand rape, sexual assault and sexual abuse as crimes of violence not just as sexual acts • identify medical, legal, and social resources available to victims of sexual assaults • discuss the psychological processes involved for victims & survivors of sexual assault 		
Academic Vocabulary: <ol style="list-style-type: none"> 1. date rape 2. acquaintance rape 3. rohypnol 4. consent 		
Concepts: <ol style="list-style-type: none"> 1. Rape is a violent crime which should be reported to parents/guardians, counselor/teacher, doctor/nurse and the police (any adult you trust). 2. Anyone can be a victim of rape, sexual assault, or abuse, regardless of gender, race or socioeconomic status. 3. Rape/sexual assault/sexual abuse victims should seek medical and psychological support regardless of whether or not a crime is reported to authorities. 4. Rape is never a victim's fault. 5. Regardless of how well a person knows the rapist, if sex is forced against a person's will, it is rape. 6. Consent is always required for sexual activity. <ol style="list-style-type: none"> a. Consent can be implicit or explicit b. Consent can be implicit or explicit c. Consent can be withdrawn at any time, even if sexual activity has started. This means both partners must stop. d. A person who is sleeping, intoxicated, underage or otherwise unable to actively consent is unable to consent. 7. Males can be victims of rape or sexual assault and abuse. Views on masculinity often mean these crimes go unreported. 8. Rape/sexual assault/sexual abuse victims usually experience psychological and emotional reactions like guilt, anger, fear, helplessness, feeling responsible, isolation, and depression. It is important for the victim to seek support. Date Rape/Acquaintance Rape: <ol style="list-style-type: none"> 1. Rape and sexual assault can happen with someone that a victim knows. Often this person is in a position of trust. The perpetrators may groom the victim, so sometimes the rape/abuse/assault does not appear to the victim as rape/assault. 2. Rape and sexual assault can also happen in dating situations. This can include when one person pressures another into engaging in sexual activities against their will or refusing to stop when their partner indicates they no longer consent to sexual activity. You can say no 		

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after you have been kissing someone...pressure to engage after “no” is coercion. Nobody is “owed” sex because of a date. Date rape can happen in relationships. For example, a partner may continue to pressure to engage in other activities that their partner does not wish to engage in.

3. Rape and sexual assault can also happen with acquaintances, such as a “friend of a friend” or someone met at a party/social event.
4. Regardless of the degree to which the victim knows the perpetrator, the victim is never to blame. The way that a person is dressed does not indicate that they are agreeing to have sex or are to blame.
5. There are safety and awareness measures that can be taken such as, not taking rides, being aware of your surroundings (situational awareness), such as not leaving your beverage unattended or accepting a beverage.
6. The drug Flunitrazepam or brand name **Rohypnol** (ruffies, roche, R-2, rib, and rope) is also known as the “date rape” or “club drug.” Often taken to enhance other drugs, it is typically taken orally and has the effects of a sleeping pill. It is a physically and psychologically dangerous drug. Rohypnol is being used to lower inhibitions causing impaired judgement, impaired motor skills, and amnesia. Many people have reported waking up and having been sexually assaulted while under the influence of the drug and having no memory of events.
7. A victim should report date/acquaintance rape or assault.

Anticipatory Set:

- Discuss the fact that “Everyone has the right to say no, or to change their mind.” No one has the right to force themselves upon another.

Direct Instruction:

- Using an instructional method of your choice, discuss/review the concepts presented above.
- Invite a speaker from the Rape Crisis Center to speak to the class. Have the class make a list of questions they might want to ask. (Question box questions that have been submitted)

Guided Practice:

- Practice assertiveness skills to handle a situation where one student changes their mind about sexual activity.

Independent Practice:

- Have students make posters illustrating assertiveness skills

Closure:

- Discuss with students that date rape is a growing concern and occurs more frequently than many people realize; often it is not reported. It is critical that students consider ways to protect themselves and avoid getting into situations where they have less chance to get help or get away if necessary.