

# Sexuality Education and Your School

Volunteer _____	Telephone (____) _____	Date of Visit _____
Person(s) Spoke to _____	Title _____	Business Number (____) _____

**Instructions:** This is a worksheet designed by Planned Parenthood to help guide parents in gathering information regarding sexuality education and HIV/AIDS prevention education that is being taught in your child's school. This easy to use checklist was developed based on the current sexuality education and HIV/AIDS prevention education requirements for CA public schools. If you have any questions, you may contact Planned Parenthood at 619-881-4525.

School Name _____	School District _____
<p><b>1. Does your school teach sex education/family life education?</b> (please circle) Yes No</p> <p>If yes, what grade(s) is sex education/family life education taught (circle all that apply) K 1 2 3 4 5 6 7 8 9 10 11 12</p>	
<p><b>2. Does your school teach HIV/AIDS education?</b> (please circle) Yes No</p> <p>If yes, what grade(s) is it taught? (circle all that apply) K 1 2 3 4 5 6 7 8 9 10 11 12</p>	

General Questions for Comprehensive Sexual Health and HIV/AIDS Prevention Education		Y	N
<b>3. Trained Instructors</b>	Do teachers have to complete any special training before teaching sex ed/family life ed? If yes, <ul style="list-style-type: none"> <li>▪ Who teaches the lesson? _____</li> </ul> Do teachers have to receive periodic in-service trainings to learn new information on HIV/AIDS?	Y	N
<b>4. Parental Notification</b>	<b>Are parents notified prior to instruction and given an opportunity to request that their child not participate?</b>	Y	N
<b>5. Contraception</b>	Does the curriculum provide information about the effectiveness and safety (not just failure rates) of <i>all</i>	Y	N

	FDA-approved contraceptive methods, including emergency contraception?		
<b>6. Sexually Transmitted Infections</b>	Does the curriculum provide information about sexually transmitted diseases, including modes of transmission, all FDA- approved methods of prevention, and local resources for treatment and diagnosis?	<b>Y</b>	<b>N</b>
<b>7. Safe Haven Law</b>	Does the curriculum mention the law on surrendering custody of newborn infants?	<b>Y</b>	<b>N</b>
<b>Specific Questions for HIV/AIDS Prevention Education</b>			
<b>8. HIV Transmission</b>	Does the curriculum provide accurate information of HIV transmission?	<b>Y</b>	<b>N</b>
<b>9. HIV Prevention</b>	Does the curriculum discuss methods to prevent HIV transmission? (Covers both abstinence and the effectiveness of condoms.)	<b>Y</b>	<b>N</b>
<b>10. HIV Resources for Testing and Treatment</b>	Does the curriculum provide information on local resources for HIV testing and medical care?	<b>Y</b>	<b>N</b>

<b>Additional Inquiries</b>			
<b>11. Duration</b>	What is the duration of the lesson (i.e. one day, one week)? (write answer in next column)		
<b>12. Materials</b>	What materials are used in the lesson: <ul style="list-style-type: none"> <li>✓ Textbooks (include title, author, year, page numbers)             <ul style="list-style-type: none"> <li>• _____</li> <li>• _____</li> </ul> </li> <li>✓ Videos (include title, year)             <ul style="list-style-type: none"> <li>• _____</li> <li>• _____</li> </ul> </li> <li>✓ Handouts (get copies if possible)             <ul style="list-style-type: none"> <li>• _____</li> <li>• _____</li> </ul> </li> <li>✓ Other             <ul style="list-style-type: none"> <li>• _____</li> <li>• _____</li> </ul> </li> </ul>		
<b>32. Follow Up</b>	If you asked any additional questions, please write down the question and answer.		

**Please write down any thoughts, observations, and/or questions you have as soon after the meeting as possible. Once again, thank you for your time.**