



LYNDEN SCHOOL DISTRICT
 Meeting: Health Review Committee
 Date: 3/23/2021 Time: 4:00-5:30 pm
 Zoom

Theory of Action:

It is our belief that strengthening the instructional core by:

- Supporting and strengthening educators' knowledge and skills through collaborative adult learning
- Developing classroom environments that are highly engaging to our students
- Providing academically challenging standards based curriculum

Our students will be college, career, and citizenship ready when they graduate.

Purpose of Committee:

Review materials to meet **Senate Bill 5395**: Requirements. Review **Comprehensive Sexual Health Education Legislation: Frequently Asked Questions**

Community Member Attendees:

Matt Bateman, Sarah Stewart, Jamie Williams, Amy VanMersbergen

Lynden School District Member Attendees:

Stacey Anderson, Coral Bartlett, Elizabeth Hamming, Chris Elsner, Liz Grant, Laura Lupo, Christina Lynch, Amy Ohligschlager, Tiffany Sahagian, Aimee Speer

Recorder:

Kelly Hoekstra

Topic	Activity/Notes
Introductions	<p>Who are we? Purpose of the Health Review Committee. Members introduce themselves and explanation about their role.</p> <p>Committee was provided with a copy of the State Sexual Health Education Requirements <i>(attached)</i>.</p> <p>Committee was provided a copy of the Comprehensive Sexual Health Education Legislation: Frequently Asked Questions <i>(attached)</i>.</p> <p>State Standards for K-12</p> <ul style="list-style-type: none"> ▪ Districts prioritize standards using Healthy Youth Survey results and Counselor input ▪ Not enough instructional time to address all of the standards <p>Curriculum Adoption Steps:</p> <ul style="list-style-type: none"> • Health Committee reviews and recommends curriculum materials, presented by teacher teams or Adoption Committees • Recommended curriculum materials go before the Instructional Materials Committee (IMC) for further review and recommendation • Recommended materials from the Instructional Materials Committee (IMC) go before the Lynden School Board members for <u>approval</u> • Lengthy process
Lynden Middle School Curriculum materials	<p>Lynden Middle School Health teacher reviewed current courses being taught, new units to cover and curriculum to be reviewed <i>(attached)</i>.</p> <ul style="list-style-type: none"> • Overview of the Health courses the Lynden Middle School teaches. Sixth (6th) grade elective is about 25 classes in a trimester. Seventh (7th) grade is about 55 class times in a trimester. • Shared what is being taught in 6th and 7th grade, 2021-22. Current topics for 6th and 7th, and proposed topics for 8th grade, 2022-23 <i>(attached)</i> • Affirmative Consent is being able to say, no. Assertiveness • Bystander was defined as someone who witnesses but not does not participate in, an act or event in person or online. • Selected lessons from curriculums are being proposed

Proposed Curriculum Sources:

Project School Wellness

Relate – Healthy Relationships

Erika's Lighthouse

TOPIC 1. DEPRESSION & SUICIDE PREVENTION

What suicide prevention is currently used? Not currently included in Botvin (approved curriculum).

Proposing:

1. [Erika's Lighthouse](#)
2. [Project School Wellness](#)

Other Resources in the Lynden School District:

1. [Mental Health First Aid for Youth](#)
2. Counselors, Principal, trusted adult

Suggestions to Consider:

1. [M.A.D. - H.O.P.E.](#)
2. [SCREENAGERS](#) Comprehensive start with basic and add. View video easy.
3. Peers as first contacts when friends are in crisis so, train families on how to support their student
4. Trainings and resources used after Lynden Middle School student suicide were very helpful
5. Suicide Prevention Program
6. WA State Teen Mental Health

TOPIC 2. BYSTANDER

Bystander training how to handle it? Cyber space Bystander online. Invisible bystander online. What is a bystander's role and what to do. What are Bystander ramifications?

Proposing:

1. [Erika's Lighthouse](#)
2. [Project School Wellness](#)

Other Resources in the Lynden School District:

1. [Botvin Lifeskills Training](#)
2. [The White Hatter School Programs](#)

Suggestions to Consider:

1. [SCREENAGERS](#)
2. Parental controls on digital devices
3. Knowledge of safety measures

TOPIC 3. AFFIRMATIVE CONSENT**Proposing:**

1. [Project School Wellness](#)

Other Resources in the Lynden School District:

1. [Botvin Lifeskills Training](#)

Suggestions to Consider:

1. Criminal implications, age of consent
2. Conversation skills are essential

	3. Build relationship with child and talk
General Discussion	<ul style="list-style-type: none"> • Committee appreciates addition of 8th grade Health • Addition of 8th grade Health was a joint effort of Principal, District, and staff to address student needs • Topics are aligned across the grade levels • Parents expressed appreciation for the work and caring efforts of Teachers and Curriculum to serve students • How do we increase parent awareness in Health topics so they can support at home? • Parents can feel disconnected • Parents want to support and discuss topics at home • It is critical that parents be involved and can be scary to know what students are exposed to in our culture.
General Suggestions	<ul style="list-style-type: none"> • Summary of Health topics by Grade level available online • Town Hall • SCREENAGERS
Action Items	<ul style="list-style-type: none"> ➤ Review 3.23.21 Minutes at next Committee Meeting ➤ Survey will be sent to Committee to arrange review of curriculum materials ➤ Committee members review the WA State Health Standards ➤ Adoption timeline <p>Excitement for a variety of parent input at next meeting</p>
End Meeting 5:30 p.m.	<p><i>Human Development and HIV/AIDS are both taught at the Lynden Middle School. Both Opt-Out forms are available at the beginning of year at time of registration.</i></p>

Parking Lot Items:

K-5 Health Curriculum addressed in 2021-2022

Next Meetings:

March 30, 2021 | 4:00 p.m. – 5:30 p.m.

April 13, 2021 | 4:00 p.m. – 5:30 p.m.

Introductions

Review Lynden High School Recommendations

Discuss curriculum as needed

Final meeting – recommend materials to Instructional Materials Committee (IMC) or staff reviews further materials and come back to committee.

Sexual Health Education Requirements: Summary <https://www.k12.wa.us/student-success/resources-subject-area/sexual-health-education>

	K-3	4-5	6-8	9-12
Currently required 2020-2021	<p>No sexual health content is currently required for grades K-3.</p> <p>If districts choose to provide sexual health education, it must be consistent with requirements in the Healthy Youth Act.</p>	<p>HIV/STD prevention must start no later than 5th grade and be provided annually through 12th grade.</p> <p>If districts choose to provide sexual health education, it must be consistent with requirements in the Healthy Youth Act</p>	<p>HIV/STD prevention must start no later than 5th grade and be provided annually through 12th grade.</p> <p>If districts choose to provide sexual health education, it must be consistent with requirements in the Healthy Youth Act</p> <p>Age appropriate instruction and information about the legal elements of sexual (sex) offences where a minor is a victim and the consequences upon conviction.</p> <p>New Requirements 2020-2021: If schools are already providing sexual health education they must ensure that students get age-appropriate instruction on affirmative consent and bystander training. Affirmative consent is an approach to giving and receiving consent that includes clear, voluntary, enthusiastic permission to</p>	<p>HIV/STD prevention must start no later than 5th grade and be provided annually through 12th grade.</p> <p>If districts choose to provide sexual health education, it must be consistent with requirements in the Healthy Youth Act</p> <p>Age appropriate instruction and information about the legal elements of sexual (sex) offences where a minor is a victim and the consequences upon conviction.</p> <p>New Requirements 2020-2021: If schools are already providing sexual health education they must ensure that students get age-appropriate instruction on affirmative consent and bystander training. Affirmative consent is an approach to giving and receiving consent that includes clear, voluntary, enthusiastic permission to</p>

			engage in sexual activity. It is not just the absence of “no.” In 6th through 8th grades it might focus on hugs, hand-holding, kissing or sexual touch, as well as virtual contact such as texts or emails or taking photos. Bystander training teaches students how to safely intervene when they see bullying, sexual harassment or unwanted sexual activity. They are included in this legislation as a way for schools to combat the high rates of unwanted sexual contact experienced by youth in our state.	engage in sexual activity. It is not just the absence of “no.” In 6th through 8th grades it might focus on hugs, hand-holding, kissing or sexual touch, as well as virtual contact such as texts or emails or taking photos. Bystander training teaches students how to safely intervene when they see bullying, sexual harassment or unwanted sexual activity. They are included in this legislation as a way for schools to combat the high rates of unwanted sexual contact experienced by youth in our state.
2021-2022		<p>If schools are already providing sexual health education they must ensure that students get age-appropriate instruction on affirmative consent and bystander training.</p> <p>Affirmative consent is an approach to giving and receiving consent that includes clear, voluntary, enthusiastic permission to</p>	<p>Currently required HIV/STD prevention instruction will continue to be required.</p> <p>Schools must start providing sexual health education at least twice in grades 6-8. Ideally this would be a unit in at least two different grades, and there are many possible strategies for providing all required content. Best practice suggests providing</p>	<p>Schools must start providing comprehensive sexual health education at least twice in grades 9-12. Ideally this would be a unit of instruction in at least two different grades, and there are many possible strategies for providing all required content. Best practice suggests providing instruction over time, building on earlier instruction. Instruction must be consistent</p>

		<p>engage in any activity. It is not just the absence of “no.” In 4th or 5th grade it might focus on hugs or horseplay, hand-holding or other touch, as well as virtual contact such as texts or emails or taking photos. Bystander training teaches students how to safely intervene when they see bullying, sexual harassment, or unwanted sexual activity. They are included in this legislation as a way for schools to combat the high rates of unwanted sexual contact experienced by youth in our state.</p>	<p>instruction over time, building on earlier instruction. Instruction must be consistent with Health Education K-12 Learning Standards. Grade-level outcomes are provided as examples only and do not represent a required course of instruction.</p> <p>Required topics of instruction are described in ESSB 5395, with a focus on helping students understand and respect personal boundaries, develop healthy friendships and dating relationships, gain a deeper understanding of human growth and development, and develop skills to support choosing healthy behaviors and reduce health risks, including understanding the influence of family and society on healthy sexual relationships.</p>	<p>with <u>Health Education K-12 Learning Standards</u>. Grade-level outcomes are provided as examples only and do not represent a required course of instruction.</p> <p>Required topics of instruction are described in <u>SB 5395</u>, with a focus on helping students understand and respect personal boundaries, develop healthy friendships and dating relationships, gain a deeper understanding of human growth and development, and develop skills to support choosing healthy behaviors and reduce health risks, including abstinence and other STD/pregnancy prevention methods, how to access valid health care and prevention resources and understanding the influence of family and society on healthy sexual relationships. Currently required HIV/STD prevention instruction will continue to be required.</p>
2022-2023	Schools must provide social emotional learning (SEL) to students in grades K-3. SEL	Currently required HIV/STD prevention instruction will continue to be required.		

	<p>provides skills to do things like cope with feelings, set goals, and get along with others.</p> <p>No sexuality content or curriculum will be required.</p>	<p>Schools must start providing sexual health education no later than 5th grade. Instruction must be consistent with Health Education K-12 Learning Standards. Grade-level outcomes are provided as examples only and do not represent a required course of instruction.</p> <p>Required topics of instruction are described in ESSB 5395, with a focus on helping students understand and respect personal boundaries, develop healthy friendships, and gain a basic understanding of human growth and development.</p>		

ESSB 5395 required topics of instruction:



Comprehensive Sexual Health Education Legislation: Frequently Asked Questions

Where can I find the new sexual health curriculum?

There is not a new curriculum that will be required or developed for sexual health education statewide. Most districts already provide sexual health education and will be able to continue using the same instructional materials. Families should check with their children's district to see what is currently used or planned for use.

Does new legislation (Senate Bill 5395) take away local flexibility?

No. School districts that don't already have a curriculum in place will still work with parents, families, and the community to select or create a curriculum that best meets the needs of their students and communities.

Will OSPI need to approve districts' curriculum choices?

No. The new legislation maintains OSPI's role in reviewing curricula for consistency with state requirements and making a list available for districts to use as a resource. The authority to approve curricula for use in schools currently rests with school districts and that will continue. Districts will need to provide the name of the curriculum they are using and describe how it meets state requirements, but OSPI does not have the authority to approve or deny districts' choices.

Can parents opt their child out of sexual health instruction?

Yes, parents and guardians will still be able to opt their children out of sexual health instruction. Senate Bill 5395 strengthens this provision by requiring districts to honor parent/guardian requests.

How will parents be involved and informed about the sexual health education being provided by their child's school?

Parents and guardians will be notified by the district of planned instruction and what curriculum will be used. They will still be allowed to review their district's curriculum at any time. Parents and guardians are critical partners in their children's sexual health education, and several comprehensive curricula include family homework assignments for every lesson to encourage and foster family-based values discussions as they pertain to sexual health.

What will be required in kindergarten?

Isn't Rights, Respect, Responsibility (3Rs) the only curriculum reviewed by OSPI for grades K–3? Will districts be required to use it?

No. Districts will not be required to use *Rights, Respect, Responsibility (3Rs)*. The only requirement for K–3 instruction is social and emotional learning, with or without a curriculum. *3Rs* contains lessons on friendship and personal boundaries that address social and emotional learning skills, but it is not a social-emotional learning curriculum and it is not required for district use. While a curriculum is not required for grades K–3, the use of an evidence-informed program is needed to see the benefits offered by SEL.¹

At what grade level does instruction on sexual health education begin?

Currently required HIV prevention instruction must begin no later than 5th grade. Beginning in the 2020–21 school year, sexual health education must be offered to students in grades 6–12. Starting in the 2022–23 school year, sexual health instruction will begin in 4th or 5th grade, depending on district decisions. Instruction must be consistent with Washington's Health & Physical Education K–12 Learning Standards, but grade level outcomes will continue to be optional for districts. Required instruction for grades 4–5 focuses on helping students understand and respect personal boundaries, develop healthy friendships, and gain a basic understanding of human growth and development.

What is meant by “comprehensive” sexual health education?

Comprehensive sexual health education, as defined in Senate Bill 5395, is recurring instruction in human development and reproduction. It is medically and scientifically accurate, age-appropriate, and appropriate for all students, regardless of protected class. The word “comprehensive” refers to instruction covering a wide variety of topics over time, as reflected in the next question. It does not refer to instruction that is embedded in other content areas.

Who determines what is “age-appropriate”?

The Health & Physical Education K–12 Learning Standards are based on guidance from the U.S. Centers for Disease Control and Prevention (CDC), the American Academy of Pediatrics, and other sources with expertise in healthy child development. While the Learning Standards provide guidelines for what instruction might look like in each grade, the decision on when and how to introduce instruction to students rests with each school district.

What topics are required to be taught in grades 4–12?

Legislation requires the following topics, at developmentally appropriate times:

- Abstinence and other methods of preventing unintended pregnancy and sexually transmitted diseases;
- The development of meaningful relationships and avoidance of exploitative relationships;
- Understanding the influences of family, peers, community and the media throughout life on healthy sexual relationships;
- Affirmative consent and recognizing and responding safely and effectively when violence or a risk of violence is or may be present, with strategies that include bystander training.

Where did the graphic illustrations come from that I saw on social media?

Several social media posts inserted illustrations from a book intended for parents and guardians into a lesson plan for 4th graders. The book was one of several optional books on a handout for parents and guardians wishing to continue talking with their child about puberty and reproduction. The book is not part of a lesson, curriculum, or instruction that a teacher or school would provide to a student. Images showing sexual positions would never be used in Washington state classrooms. Other graphic images in social media posts are from websites and not part of the curriculum itself. Students are never provided “how-to” instruction related to sex.

The bill says instruction must be consistent with state learning standards – does that mean all health education grade-level outcomes for K–12 must be taught?

No. The grade-level outcomes in the Health & Physical Education K–12 Learning Standards provide an example of what comprehensive instruction **might** look like, but they are not required to be taught. Since the only requirement for grades K–3 is social-emotional learning (SEL), only the SEL standards will apply for those grades. For grades 4–12, the eight overarching Health Education Standards are required, but grade-level outcomes serve as examples of what districts might consider teaching in each grade. Instructional decisions are up to each district.

What does it mean to teach “once” or “twice” in a grade band?

Districts will want to look at the list of required content and the K–12 Learning Standards to determine how many lessons will be offered in each grade band. In districts already providing sexual health education, a unit of instruction is typically provided that includes multiple lessons. Districts have flexibility in determining how instruction will be fit into each school’s schedule.

Isn’t sexual abuse prevention education already required in schools?

No. The Washington State Legislature passed “Erin’s Law” (House Bill 1539) in 2018. It directed OSPI to review sexual abuse curricula and to develop recommendations for schools wishing to provide sexual abuse prevention instruction. It did not require schools to provide such instruction

What is “affirmative consent” and “bystander training” and why are they included in this legislation?

Affirmative consent is an approach to giving and receiving consent for any activity that includes clear, voluntary, enthusiastic permission. It is not just the absence of “no.” While the bill defines affirmative consent in relation to sexual activity, instruction must be age appropriate. In earlier grades it might focus on hugs or horseplay, and in older grades on hugs, exchanging photos, or romantic or sexual contact. This approach reinforces and honors every student’s right to set healthy boundaries for themselves and for every student to feel their needs are respected. Bystander training teaches students how to safely intervene when they see bullying, sexual harassment, or unwanted sexual activity.

These topics are included in this legislation as a way for schools to combat the high rates of unwanted sexual contact experienced by youth in our state. According to the 2018 Healthy Youth Survey, 12.3% of 8th graders, 18.9% of 10th graders, and 25.2% of 12th graders had been forced into kissing, sexual touch, or intercourse when they did not want to.

How does sexual health education improve the safety of students?

Research shows comprehensive sexual health education is an important and effective sexual abuse and violence prevention strategy.ⁱⁱ When students learn about and develop skills related to affirmative consent, they are more able to set personal boundaries and respect the boundaries of others.

Doesn’t comprehensive sexual health education give students permission or encouragement to have sex?

No. Research on comprehensive sexual health education shows just the opposite. Students who receive comprehensive sexual health education are more likely to delay having sex, and more likely to have fewer partners and use protection when they do have sex.ⁱⁱⁱ Additional benefits include improved knowledge, attitudes, and outcomes related to healthy relationships and personal safety and touch; increased intentions for communicating with parents and guardians about sexuality in the media; reduced bullying related to sexual orientation; and increased empathy and respect.^{iv}

ⁱ CASEL (2012). Effective Social and Emotional Learning Programs - Preschool and Elementary School Edition.

ⁱⁱ Schneider, M., & Hirsch, J. S. (2018). Comprehensive sexuality education as a primary prevention strategy for sexual violence perpetration. *Trauma, Violence, & Abuse*. <https://doi.org/10.1177/1524838018772855>.

ⁱⁱⁱ Advocates for Youth (2014). *Sexuality Education: Building an evidence- and rights-based approach to healthy decision-making*. <http://advocatesforyouth.wideeyeclient.com/resources/fact-sheets/sexuality-education-2/>.

Curriculum for 6th and 7th grade 2021-22

Curriculum for 8th grade 2022-23

6th grade-currently taught

- Self-Image/ Self-Improvement
 - Making Decisions
 - Smoking/Vaping, Alcohol, Marijuana-myths and realities
 - Coping with Anger and Anxiety (Botvin)
 - HIV/AIDS training (Redefine Positive (youtube))
-

New Units to Cover:

- Affirmative Consent
- Bystander Training/Bullying
- Depression and Suicide Prevention

Curriculum to be approved for 6th grade:

- Project School Wellness
- Relate
- Erika's Lighthouse

7th grade-currently taught

- HIV/AIDS training (Redefine Positive (youtube))
 - Nutrition Lessons (Choosemyplate.gov)
-

New Units to Cover:

- Puberty-Growth and Development-physical, mental and social
- Body Systems: Reproductive, Immune, Endocrine, Nervous
- Affirmative Consent
- Bystander Training

Curriculum to be approved for 7th grade:

- Project School Wellness

8th grade

- Self-Image/ Self-Improvement
 - Making Decisions
 - Smoking/Vaping, Alcohol, Marijuana-myths and realities
 - Drug Abuse/Violence: Causes and Effects
 - Media Influences
 - Coping with Anger and Anxiety
 - Communication/Social Skills
 - Assertiveness
 - Resolving Conflicts
 - Resisting Peer Pressure (Botvin)
 - HIV/AIDS training (Redefine Positive (youtube))
-

Other units to be covered

- Suicide Prevention/Self Harm and Depression
- Social Media Dangers/Cyber Bullying
- Body Image & Disordered Eating
- Affirmative Consent
- Bystander Training

Curriculum to be approved for 8th grade:

- Erika's Lighthouse
- Project School Wellness