Policy: A-CHE -- Comprehensive Health Education Program

Recommendation: Modify

The Board of Education is committed to a sound, comprehensive health education program that provides students with accurate information and encourages them to be responsible for their own health and behavior. The Board recognizes the primary role of parents in providing for the health and well-being of their children and seeks to involve parents as provided in this policy. The CMS health education program will, at a minimum, meet all legal requirements, including the standards established by the North Carolina legislature in the Basic Education Program.

I. Comprehensive Health Education Program

A comprehensive health education program must be taught to students from kindergarten through ninth grade. As required by law, the health education program must include age-appropriate instruction on bicycle safety, nutrition, dental health, environmental health, family living, consumer health, disease control, growth and development, first aid and emergency care, mental and emotional health, drug and alcohol abuse prevention, and reproductive health and safety education.

In high school, the Healthy Living curriculum is part of the Health/PE course typically taken in ninth grade. In some instances, students take this course after ninth grade, generally because of scheduling issues.

II. Reproductive Health and Safety Education Program

A. Reproductive Health and Safety Education Curriculum

The Reproductive Health and Safety Education curriculum shall be taught to students beginning in fifth grade and shall include the following topics*:

*language taken directly from NCGS § 115C-81.30

(1) Teach that abstinence from sexual activity outside of marriage is the expected standard for all school-age children.

(2) Present techniques and strategies to deal with peer pressure and offering positive reinforcement.
(3) Present reasons, skills, and strategies for remaining or becoming abstinent from sexual activity.

(4) Teach that abstinence from sexual activity is the only certain means of avoiding out-of-wedlock pregnancy, sexually transmitted diseases when transmitted through sexual contact, including HIV/AIDS, and other associated health and emotional problems. As used in this section, "HIV/AIDS" means Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome.

(5) Teach that a mutually faithful monogamous heterosexual relationship in the context of marriage is the best lifelong means of avoiding sexually transmitted diseases, including HIV/AIDS.

(6) Teach the positive benefits of abstinence until marriage and the risks of premarital sexual activity.

(7) Provide opportunities that allow for interaction between the parent or legal guardian and the student.

(8) Provide factually accurate biological or pathological information that is related to the human reproductive system.

(9) Teach about the preventable risks for preterm birth in subsequent pregnancies, including induced abortion, smoking, alcohol consumption, the use of illegal drugs, and inadequate prenatal care.

(10) Teach about sexually transmitted diseases. Instruction shall include how sexually transmitted diseases are and are not transmitted, the effectiveness and safety of all federal Food and Drug Administration (FDA)-approved methods of reducing the risk of contracting sexually transmitted diseases, and information on local resources for testing and medical care for sexually transmitted diseases. Instruction shall include the rates of infection among pre-teen and teens of each known sexually transmitted disease and the effects of contracting each sexually transmitted disease. In particular, the instruction shall include information about the effects of contracting the Human Papilloma Virus, including sterility and cervical cancer.

(11) Teach about the effectiveness and safety of all FDA-approved contraceptive methods in preventing pregnancy.

(12) Teach awareness of sexual assault, sexual abuse, and risk reduction. The instruction and materials shall:
   a. Focus on healthy relationships.
b. Teach students what constitutes sexual assault and sexual abuse, the causes of those behaviors, and risk reduction.
c. Inform students about resources and reporting procedures if they experience sexual assault or sexual abuse.
d. Examine common misconceptions and stereotypes about sexual assault and sexual abuse.

(13) Teach about sex trafficking prevention and awareness. Each local school administrative unit shall:

a. Collaborate with a diverse group of outside consultants where practical, including law enforcement with expertise in sex-trafficking prevention education, to address the threats of sex trafficking.
b. Collaborate with a diverse group of outside consultants, including law enforcement with expertise in sex trafficking, on a referral protocol for high-risk pupils and minors.

B. Parental Opportunity to Review Materials and Consent or Withhold Consent for Student Participation

1. Opportunity for Parent Review of Materials

A copy of all objectives and instructional materials in the reproductive health and safety curriculum must be available for review in each school where these subjects will be taught for at least sixty (60) days prior to instruction. Before a student may participate in the reproductive health and safety education program, the principal or designee shall notify the student’s parents/guardians of the opportunity to review the instructional materials and objectives that will be used.

2. Parent/guardian Consent for Student Participation

Pursuant to N.C.G.S. § 115C-76.35-(b)-(5) and N.C.G.S. § 115C-81.30, the Board directs the Superintendent to establish procedures for the principal or principal’s designee to notify a student’s parents of the right to review materials and consent or withhold consent from the student’s participation in all or specified portions of the reproductive health and safety education curriculum, as follows:

a. the entire Reproductive Health And Safety Education curriculum, described above in Section IIA, 1 - 13; or
b. the instruction on topics described in Section IIA, 1 - 7; or
c. the instruction on topics described in Section IIA, 8 - 13.
Any parent wishing to withhold consent must do so in writing to the principal.

The principal or principal’s designee shall not allow any student to participate in a reproductive health and safety education program unless parental consent is given.

C. Standards for Instruction

In teaching the Reproductive Health and Safety Education curriculum, teachers shall follow the instructional objectives and only use the age-appropriate materials that have been made available to parents for review in accordance with this policy. Information conveyed during instruction will be objective and based upon scientific research that is peer reviewed and accepted by professionals and credentialed experts in the field of sexual health education.

In all grades and throughout the program of instruction, the curriculum shall provide opportunities that allow for interaction between the parent or legal guardian and the student.

NC Licensed Health Teachers will provide instruction for the Comprehensive Health Education Program. Teachers will be provided professional development that will keep them abreast of current trends, statistics, instructional materials and resources.

A determination of what is an appropriate education for any student with identified exceptionalities must be made in accordance with the student’s individualized education program, following all procedures as provided in North Carolina law and State Board of Education policies.

Legal Reference: N.C.G.S. § 115C art. 9; § 115C-36, -81(e1); §115C-76.35; 143 art. 33C; SBE Policy SCOS-007

Previous CMS Policy Code: IHAM